European
Crohn's and Colitis
Organisation

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ECCO News SUMMER

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European
Crohn's and Colitis
Organisation

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

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Dear ECCO Friends,

In the editorial for this issue of ECCO News, I would like to share with you some reflections on a topic that has become centre stage in discussions of quality: ***patient-centred care.*** Health care institutions, health planners, congressional representatives and the pharmaceutical industry now include the phrase in their lexicons. Lost in many of the discussions of patient-centred care, however, is the essential and revolutionary meaning of what it means to be patient centred. Basically, the term implies a deep respect for patients as unique living beings and the obligation to care for them on their terms. Thus, patients are to be perceived as persons in the context of their own social worlds and, during their health care journey, are listened to, informed, respected and involved in their care. Involving patients in the different layers of health care represents a change from centuries of physician-dominated dialogues to the engagement of patients as active participants.

Confusion about what patient-centred care really means, however, can give rise to efforts that are superficial and unconvincing. In the name of patient-centredness, some proposals from hospitals and the pharmaceutical industry have been adopting models revolving around infrastructural changes, in particular electronic and telematic health records and health information. Simply implementing an electronic health record in itself, or providing access to electronic disease information files, is not patient centred unless it strengthens the patient–clinician relationship, promotes communication about things that matter, helps patients to understand more about their health and facilitates involvement of patients in their own care. Too often, patient-centred care is designed without the involvement of patients. The involvement of patients in a true patient-centred health system must be extended to all aspects of health care. The inner layer of this structured care is a particular type of patient–physician relationship in which the patient is actively invited to be involved in care and in decision-making about the management of the disease. But there are more layers to this approach. Patients should be involved in the redesign of health structures at all levels. For example, in a redesign of an IBD outpatient clinic, physicians may be particularly worried about delays in patient visits and prioritise ways to avoid them, but when patients are asked, a majority display a good level of acceptance of delays because they know that sometimes their own visits take longer; one aspect that patients do not approve of, however, is being seen by a different physician on successive visits. This is what the redesign should prioritise. There are also very positive experiences of involving patients in human resources selection committees, multidisciplinary team meetings and quality control.

Patient-centred care is prominently positioned on the political agenda, but our measures have not yet risen to the challenge of ensuring that such care is indeed happening. Fortunately, several groups with sufficient expertise and infrastructure are developing new measures. In order to provide actionable feedback to individual clinicians, health systems and scientific organisations about what needs to be changed to achieve patient-centred care, more detailed surveys, standardised patient assessments and direct observation will be necessary. Strengthening the collaboration and dialogue between ECCO and EFCCA is one of the efforts being taken by our organisation in this direction.

JULIÁN PANÉS
ECCO President

Julián Panés © ECCO

Preliminary Scientific Programme at the 13th Congress of ECCO

The theme for the next ECCO Congress in 2018 is ***"Science improving patients' lives"***. And this is the principle that has directed the selection of topics to receive special attention in the programme for the Congress, with high priority being given to the advances in IBD knowledge that may result in improved care within the foreseeable future.

Inflammatory Bowel Diseases are heterogeneous diseases because the factors involved in their pathogenesis are extremely variable from patient to patient, including genetics, environment, microbiome and immune response. Furthermore, in any given patient, disease components may change over time. We need to understand this heterogeneity to treat our patients more effectively and efficiently. To that end, the main Congress programme will include sessions specifically devoted to diagnosis and disease prediction in Inflammatory Bowel Disease, with optimal use and integration of new pharmacological entities in novel treatment strategies; we will also learn about the differential characteristics that the disease may present over time.

The programme will also contain sessions devoted to the development of a patient-centred approach to IBD care, taking into account the new tools for disease monitoring and all the steps that have to be taken to return patients with IBD to a normal life. The patient needs to be surrounded by a competent and experienced multidisciplinary team, and this year we will devote special attention to surgery, and how we can provide the best perioperative management of IBD.

Safety aspects of new drugs and therapeutic strategies are among the main concerns of patients, nurses and physicians involved in IBD patient care, and these concerns are magnified particularly when we treat patients at the extremes of age: paediatric patients and the elderly. The paradigms that can be adopted to increase safety and prevent complications, both of treatments and of the disease, including dysplasia and cancer, will be the main topics of other sessions. After the successful introduction of the Basic Science Session in 2017, we will have a second edition of this session in 2018, centred on evolving concepts of IBD pathogenesis.

Over recent years, the ECCO Congress has become the reference meeting for the presentation of original clinical and translational studies. This role will continue to be a high priority for our meeting, and for 2018 we have increased the number of original presentations in the main session to 38, and the number of digital oral presentations to 90.

The ECCO Congress, representing the gathering that attracts the highest number of IBD specialists, offers an excellent opportunity for communication of new information, exchange and networking. It also provides a chance to enjoy friendship, throughout the Congress and particularly in the "ECCO Interaction: Hearts and Minds". ***Our next Congress will be on February 14–17, 2018 in the lovely city of Vienna. Make sure to mark these days in your agenda.***

The Organising Committee for the ECCO'18 Vienna Congress:
Julián Panés
Silvio Danese
Laurent Peyrin-Biroulet
Florian Rieder
Pascal Juillerat

Preliminary programme: Thursday, February 15, 2018

11:00 - 12:00	Industry sponsored satellite symposia, 1a & 1b (tbc)	
12:15 - 12:20	Welcome	
12:20 - 12:30	Opening	
12:30 - 14:00	Scientific session 1: Exploring IBD over time	
	12:30 - 12:50	Can we diagnose pre-symptomatic IBD?
	12:50 - 13:00	Oral presentation 1
	13:00 - 13:20	Targeting early disease – lessons from rheumatoid arthritis
	13:20 - 13:30	Oral presentation 2
	13:30 - 13:40	Oral presentation 3
	13:40 - 14:00	Evolution of disease pathways over time in CD – early versus late disease
14:00 - 14:30	Coffee break	
14:30 - 16:00	Scientific session 2: Novel treatment strategies	
	14:30 - 14:50	Combining new drugs with different mechanisms
	14:50 - 15:00	Oral presentation 4
	15:00 - 15:20	Stem cell therapy for perianal CD – multidisciplinary management
	15:20 - 15:30	Oral presentation 5
	15:30 - 15:40	Oral presentation 6
	15:40 - 16:00	Small molecules are back
16:00 - 17:20	Scientific session 3: The future of IBD Diagnosis and Disease Prediction	
	16:00 - 16:20	ECCO–ESGAR Guidelines: Present and future of diagnostic techniques for IBD
	16:20 - 16:40	Molecular endoscopy for IBD
	16:40 - 16:50	Oral presentation 7
	16:50 - 17:00	Oral presentation 8
	17:00 - 17:20	Integration of "omics" and potential for clinical practice
17:30 - 18:30	DOPs	
18:45 - 19:45	Industry sponsored satellite symposia, 2a & 2b & 2c (tbc)	

Preliminary programme: Friday, February 16, 2018

07:15 - 08:15	Industry sponsored satellite symposia, 3a & 3b (tbc)	
08:30 - 10:30	Scientific session 4: Returning to a normal life with IBD	
	08:30 - 08:50	Sexual dysfunction in IBD patients
	08:50 - 09:00	Oral presentation 9
	09:00 - 09:10	Oral presentation 10
	09:10 - 09:20	Oral presentation 11
	09:20 - 09:40	How to prevent disability
	09:40 - 09:50	Oral presentation 12
	09:50 - 10:00	Oral presentation 13
	10:00 - 10:10	Oral presentation 14
	10:10 - 10:30	Patient perspective on treatment goals
10:30-11:00	Coffee break	
11:00 - 12:30	Scientific session 5: New opportunities for IBD care and research	
	11:00 - 11:20	Remote monitoring
	11:20 - 11:40	Point of care tests
	11:40 - 12:00	Web-based registries
	12:00 - 12:10	Oral presentation 15
	12:10 - 12:30	Can the patient become an investigator?
12:30 - 13:30	Lunch	
12:30 - 13:30	Guided poster session	
12:40 - 13:20	Lunchtime Satellite Symposia	
13:30 - 15:00	Scientific session 6: Best perioperative management of IBD	
	13:30 - 13:50	Get your patient fit for surgery
	13:50 - 14:00	Oral presentation 16
	14:00 - 14:20	Enhanced postoperative recovery pathways
	14:20 - 14:30	Oral presentation 17
	14:30 - 14:40	Oral presentation 18
	14:40 - 15:00	Preventive strategy after resection surgery in CD
15:00 - 15:30	Coffee break	
choose		
15:30 - 16:10	Scientific session 7: ECCO Fellowship and Grants	
	15:30 - 15:37	Outcomes from the ECCO-IOIBD Fellowship 2016
	15:37 - 15:44	Outcomes from the ECCO-IOIBD Fellowship 2017
	15:44 - 15:50	Announcement of Fellowships and Grants 2018
	15:50 - 16:00	Oral presentation 19
	16:00 - 16:10	Oral presentation 20
16:10 - 17:10	Scientific session 8: IBD Horizons	
	16:10 - 16:20	Oral presentation 21
	16:20 - 16:30	Oral presentation 22
	16:30 - 16:40	Oral presentation 23
	16:40 - 16:50	Oral presentation 24
	16:50 - 17:00	Oral presentation 25
	17:00 - 17:10	Oral presentation 26
or		
15:30-17:10	Scientific session 9: Basic Science: Evolving concepts of IBD pathogenesis	
	15:30 - 15:50	Pathogenesis of fistulising IBD
	15:50 - 16:00	Oral presentation 27
	16:00 - 16:10	Oral presentation 28
	16:10 - 16:30	Stress-induced controllers of intestinal inflammatory reactions
	16:30 - 16:40	Oral presentation 29
	16:40 - 16:50	Oral presentation 30
	16:50 - 17:10	How the gut speaks to the liver: Novel insights from PSC pathogenesis
17:20 - 18:20	DOPs	
18:35 - 19:35	Industry sponsored satellite symposia, 4a & 4b & 4c (tbc)	

Preliminary programme: Saturday, February 17, 2018

07:15 - 08:15	Industry sponsored satellite symposia, 5a & 5b (tbc)	
08:30 - 10:20	Scientific session 10: Growing up with IBD safely	
	08:30 - 08:50	Safe use of drugs in paediatric and elderly populations
	08:50 - 09:00	Oral presentation 31
	09:00 - 09:10	Oral presentation 32
	09:10 - 09:30	ESPGHAN-ECCO Guidelines: Update on Paediatric UC Treatment
	09:30 - 09:40	Oral presentation 33
	09:40 - 09:50	Oral presentation 34
	09:50 - 10:00	Oral presentation 35
	10:00 - 10:20	Monitoring and improving safety of new agents
10:20 - 10:50	Coffee break	
10:50 - 12:20	Scientific session 11: Colorectal Cancer in IBD	
	10:50 - 11:10	Molecular basis of dysplasia in IBD – clues for cancer prevention therapies?
	11:10 - 11:20	Oral presentation 36
	11:20 - 11:40	Serrated lesions in IBD
	11:40 - 11:50	Oral presentation 37
	11:50 - 12:00	Oral presentation 38
	12:00 - 12:20	Endoscopic resection of dysplasia – Mucosal and submucosal resection
12:20 - 13:00	Scientific session 12: ECCO Lecture	
	12:20 - 12:50	ECCO Lecture
	12:50 - 12:55	Awards and closing remarks
	12:55 - 13:00	The ECCO Film 2018

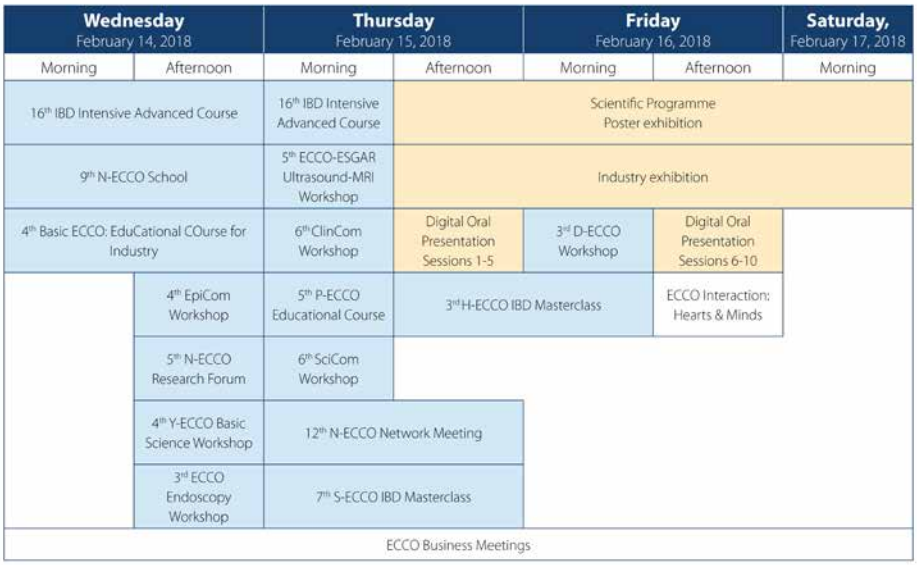
Preliminary Educational Programme at the 13th Congress of ECCO

As of June 2017

The educational programme of the 13th Congress of ECCO starts prior to the official start of the ECCO Congress and courses take place from February 14–16, 2018. These activities are targeted towards ECCO's different interest groups including young gastroenterologists, surgeons, paediatricians, IBD nurses and allied health professionals and scientists.

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

We look forward to seeing you in Vienna!



Dear ECCO National Representatives,

Call for Nominations of Participants at the 16th IBD Intensive Advanced Course

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

The **16th ECCO Intensive Advanced Course in IBD** for residents, fellows in gastroenterology and junior faculty will take place in Vienna, Austria, on **February 14–15, 2018** just prior to our next Congress. We are pleased to inform you that the **preliminary programme** for this course is already available.

Since ECCO wants to make this course as attractive as possible for participants, we are generally limiting the number of participants for each ECCO Member Country to two, thereby ensuring a more interactive atmosphere. Three seats will be available for countries with a population of over 50 million (Italy, France, Germany, Russia, United Kingdom and Turkey). We do, however, encourage you to submit one or two back-up nominees to cover any cancellations.

Minimum criteria for nominees:
- ECCO Member status (2018)
- Trainees in at least their third year, preferably with one year of GI experience
- Sufficient level of English to follow the course

Nomination process for candidates from ECCO Country Member states:

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

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

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

Deadline for receipt of nominations from ECCO National Representatives: **September 8, 2017**.

Nominated candidates will be informed of their application status by **the beginning of October 2017**.

Nomination process for candidates from outside of Europe:

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

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

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

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

Deadline for receipt of nominations from candidates from outside of Europe: **September 8, 2017**.

Nominated candidates will be informed of the status of their application by the **beginning of October 2017**.

To find out more about the 16th IBD Intensive Advanced Course, please visit the ECCO'18 Vienna Congress website.

PASCAL JUILLERAT
EduCom Member & Course director

Preliminary programme: 16th IBD Intensive Advanced Course
Wednesday, February 14, 2018

07:15 - 08:15	IBD Advanced Course Satellite Symposium tbc	
08:45 - 09:00	Arrival and distribution of voting pads	
09:00 - 09:10	Welcome	
09:10 - 10:05	Session 1: Pathogenesis	
	09:10 - 09:25	Exposome
	09:25 - 09:40	Genetics
	09:40 - 09:55	Inflammatory pathways
	09:55 - 10:05	Discussion / Questions
10:05 - 10:20	Coffee break	
10:20 - 11:35	Session 2: Drug management sessions. Part I: Conventional drugs	
	10:20 - 10:40	5-ASA compounds
	10:40 - 11:00	Thiopurines
	11:00 - 11:15	Methotrexate
	11:15 - 11:35	Steroids
11:35 - 12:55	Session 2: Drug management sessions. Part II: Biologics	
	11:35 - 11:55	Anti-TNF agents
	11:55 - 12:10	Vedolizumab
	12:10 - 12:25	Ustekinumab
	12:25 - 12:40	Tofactinib
	12:40 - 12:55	Discussion / Questions
12:55 - 13:30	Lunch	
13:30 - 15:00	Session 3: Seminars: Part I: Special clinical situations	
	13:30 - 14:15	EITHER: a. Managing IBD and pregnancy OR: b. Managing extraintestinal manifestations of IBD
	14:15 - 15:00	EITHER: a. Managing IBD and pregnancy OR: b. Managing extraintestinal manifestations of IBD
15:00 - 15:15	Coffee break	
15:15 - 16:45	Session 3: Seminars: Part II: Long term management	
	15:15 - 16:00	EITHER: a. Managing complications associated with anti-TNF therapy OR: b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation
	16:00 - 16:45	EITHER: a. Managing complications associated with anti-TNF therapy OR: b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation
17:15 - 18:15	IBD Advanced Course Satellite Symposium tbc	

Preliminary programme: 16th IBD Intensive Advanced Course
Thursday, February 15, 2018

07:45 - 09:25	Session 4: Interactive case discussions	
	07:45 - 08:30	Case-based discussion: Fistulizing Crohn's Disease: Medical and surgical approaches
	08:30 - 08:35	Discussion
	08:35 - 09:20	Case based discussion: Optimal management of patient with severe Crohn's disease treated with anti-TNF agents
	09:20 - 09:25	Discussion / Questions
09:25 - 09:45	Coffee break	
09:45 - 11:50	Session 5: Special cases scenarios	
	09:45 - 10:15	Medical management of acute severe ulcerative colitis
	10:15 - 10:45	Management of refractory pouchitis
	10:45 - 11:15	Pre- and postoperative management of Crohn's Disease
	11:15 - 11:50	Case based discussion: Investigation and management of mild/moderate Crohn's Disease
11:50 - 12:00	Feedback and closing remarks	

Responsible Committee: EduCom
Target audience: Junior gastroenterologists
Registration: Upon invitation

ECCO Membership 2018 required: Regular/Y-ECCO Member
Registration fee: n.a.

Call for Abstracts for the 13th Congress of ECCO

To submit an abstract for the 13th Congress of ECCO, please use our online abstract submission system. Please also view important information on the submission process and the guidelines for abstract submission.

Presentation format

- The 38 best abstracts will receive an **oral presentation** slot in the Scientific Programme of the 13th Congress of ECCO.
- The next best ~90 abstracts will be **digital oral presentations**, with a 5-minute oral presentation on either Thursday, February 15, 2018 from 17:30 to 18:30 or on Friday, February 16, 2018 from 17:20 to 18:20.
- The remaining accepted abstracts will be displayed as hard copy posters throughout the Congress. Please find further details in the guidelines for presentation.

Important note

There will be NO late-breaking abstracts, so please aim to get your abstract in on time! We look forward to welcoming you to the ECCO Congress in Vienna, Austria on February 14–17, 2018!
Kind regards,

JULIÁN PANÉS
ECCO President and Chair of the Organising Committee

SILVIO DANESE, LAURENT PEYRIN-BIROULET, FLORIAN RIEDER, PASCAL JUILLERAT
On behalf of the ECCO'18 Vienna Organising Committee

Key dates

June 9, 2017: Opening of abstract submission
November 8, 2017: Deadline for early registration (midnight, CET)
December 1, 2017: Deadline for abstract submission (midnight, CET)
December 22, 2017: Notification of abstract acceptance/rejection
January 31, 2018: Deadline for late registration (after that date onsite registration only)
February 14–17, 2018: 13th Congress of ECCO, Vienna, Austria

Call for Nominations of Participants at the 9th N-ECCO School

At the 13th Congress of ECCO in Vienna, the N-ECCO Committee will host the educational activity for IBD nurses, N-ECCO School, for the ninth time. ECCO intends to give nurses, who might still be in training and have an interest in IBD, the possibility to attend an IBD-focussed course. The ultimate aim of this programme is to improve nurse education throughout Europe.

We are pleased to confirm that in 2018 we are once again welcoming *dietitians* to participate at the N-ECCO School. As the part played by dietitians in the treatment of patients is important, we would like to offer them the opportunity to attend a course focussing on the basic aspects of IBD.

Nomination process for IBD nurse candidates from ECCO Country Members:

The call for nomination of participants will be sent out to all N-ECCO National Representatives in June 2017.
Interested candidates are encouraged to apply for nomination via the **N-ECCO National Representative of their country** (see page 34). A maximum of 36 places is reserved for the participation of IBD nurses. N-ECCO National Representatives are welcome to send in multiple nominations, which need to be ranked according to priority.
In the event that there is no N-ECCO National Representative in your country, please do not hesitate to contact Liesbeth Moortgat from the N-ECCO Committee (***liesbeth.moortgat@azdelta.be***).

Application process for IBD nurse candidates from outside of Europe:

As in previous years, N-ECCO is delighted to announce that a maximum of five course places will be reserved for IBD nurses from outside of Europe. Candidates who are interested should contact the ECCO Office (***ecco18@ecco-ibd.eu)*** well in advance.

Application process for dietitians:

We are pleased that a maximum of 20 course places will be reserved for the participation of dietitians. Candidates who are interested should contact the ECCO Office (***ecco18@ecco-ibd.eu***) well in advance.

Deadline for nominations/applications:
September 8, 2017
Please note that nominations and applications after this deadline cannot be accepted.

Preliminary Educational Programme – Wednesday, February 14, 2018

Preliminary programme: 9th N-ECCO School
Wednesday, February 14, 2018

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

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

ECCO Membership 2018 required: IBD nurse/Affiliate Membership 2017
Registration fee: n.a.

3rd ECCO Endoscopy Workshop
Wednesday, February 14, 2018

11:30 - 12:30	Endoscopy Workshop Course Satellite Symposium tbc	
13:00 - 13:15	Welcome and introduction Pre-Course test	
13:15 - 14:15	Session 1: Endoscopic scores in UC: UCEIS vs Mayo	
14:15 - 15:15	Session 2: Endoscopic Surveillance	
15:15 - 15:45	Coffee break	
15:45 - 16:45	Session 3: Endoscopic therapy in IBD	
16:45 - 17:45	Session 4: Small bowel and pouch assessment	
17:45 - 18:00	Post-Course test Concluding remarks	

Responsible Committee: EduCom
Target audience: Physicians, Surgeons, Paediatricians
Registration: Online registration

ECCO Membership 2018 required: Regular/Y-ECCO Member
Registration fee: EUR 80.- (half price for Y-ECCO, Affiliate and IBD nurse Members) – incl. 20% Austrian VAT

5th N-ECCO Research Forum
Wednesday, February 14, 2018

12:30 - 13:30	N-ECCO Research Forum Satellite Symposium tbc	
14:00 - 14:10	Welcome and introduction	
14:10 - 15:10	Session 1: Practical issues in research	
	14:10 - 14:30	Funding
	14:30 - 14:50	Publication
	14:50 - 15:10	How to develop guidelines
15:10 - 17:45	Session 2: International IBD nursing research projects	
	15:10 - 15:25	Status on: Fatigue and physical function in IBD
	15:25 - 15:40	Status on: Fatigue in Europe
	15:40 - 16:00	TBC
16:00 - 16:30	Coffee break	
	16:30 - 17:30	Workshops
	17:30 - 17:45	Short presentation of status from the workshops
17:45 - 18:00	Learning from today: How to proceed?	

Responsible Committee: N-ECCO
Target audience: IBD nurses and Allied health professionals
Registration: Online registration

ECCO Membership 2018 required: IBD nurse Membership
Registration fee: EUR 15,- – incl. 20% Austrian VAT

4th Basic ECCO: EduCational COurse for Industry
Wednesday, February 14, 2018

10:00 - 10:05	Welcome	
10:05 - 12:00	Session 1	
	10:05 - 10:20	What is IBD, and what is the difference between Ulcerative Colitis and Crohn's Disease?
	10:20 - 10:35	What causes IBD?
	10:35 - 10:45	Question time
	10:45 - 11:00	How is IBD diagnosed?
	11:00 - 11:15	What are risk factors for complicated IBD outcome?
	11:15 - 11:30	How is IBD care organised?
	11:30 - 11:45	What do IBD nurses do?
	11:45 - 12:00	Question time
12:00 - 13:00	Lunch	
13:00 - 14:30	Session 2	
	13:00 - 13:15	What is the role of 5-ASA?
	13:15 - 13:30	What is the role of immunomodulators?
	13:30 - 13:45	What about biological therapy?
	13:45 - 14:00	Is there a role for dietary treatment?
	14:00 - 14:15	How to choose between treatment modalities?
	14:15 - 14:30	Question time
14:30 - 15:00	Coffe break	
15:00 - 16:30	Session 3	
	15:00 - 15:15	Surgery for perianal and fistulizing CD: When and how?
	15:15 - 15:30	Surgery for luminal CD: When and how?
	15:30 - 15:45	How to prevent postoperative CD recurrence?
	15:45 - 16:00	Surgery for UC: When and how?
	16:00 - 16:15	What happens after a pouch operation?
	16:15 - 16:30	Question time
16:30 - 17:00	Session 4	
	16:30 - 16:45	Where is the unmet need for patients with IBD?
	16:45 - 17:00	The IBD quiz for the industry

Responsible Committee: ClinCom
Target audience: Corporate Members & Non-Corporate Members
Registration: Please contact the ECCO Office at ecco18@ecco-ibd.eu
ECCO Membership 2018 required: n.a.

Registration fee:
Non-Corporate Members: EUR 750.- incl. 20% Austrian VAT, Corporate Members: EUR 500.- incl. 20% Austrian VAT

4th Y-ECCO Basic Science Workshop
Wednesday, February 14, 2018

13:30 - 13:35	Introduction	
13:35 - 14:50	Session 1: In vivo perils in IBD	
	13:35 - 14:05	Application and relevance of in vivo models in IBD
	14:05 - 14:20	Selected oral presentation 1*
	14:20 - 14:35	Selected oral presentation 2*
	14:35 - 14:50	Selected oral presentation 3*
14:50 - 15:10	Meet the speakers break	
15:10 - 16:25	Session 2: Ex vivo promises in IBD	
	15:10 - 15:40	Promises and perils of ex vivo models in IBD
	15:40 - 15:55	Selected oral presentation 4*
	15:55 - 16:10	Selected oral presentation 5*
	16:10 - 16:25	Selected oral presentation 6*
16:25 - 16:30	Closing remarks and basic science abstract awards	
16:45 - 17:45	Y - ECCO Basic Science Workshop Satellite Symposium tbc	

*Abstract presentations to be selected at the end of 2017

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

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

4th EpiCom Workshop – An introduction to pharmacoepidemiology: How to interpret real world data for clinical practice
Wednesday, February 14, 2018

13:30 - 13:40	Welcome and Introduction	
13:40 - 15:40	Session 1: Basic Principles Pharmacoepidemiology	
	13:40 - 14:00	An introduction to pharmacoepidemiology
	14:00 - 14:20	Real world data
	14:20 - 14:40	The role of pharmacoepidemiology in regulatory agencies
	14:40 - 15:10	Central threats to the validity
	15:10 - 15:40	Propensity scores and other approaches to overcome potential biases
15:45 - 16:00	Coffee break	
16:00 - 17:00	Session 2: Pharmacoepidemiology and IBD	
	16:00 - 16:30	Pharmacoepidemiology of distinct populations: a focus on ageing and ethnic populations
	16:30 - 17:00	Pharmacoepdemiological studies on IBD using national registries. Examples from Denmark and France
17:00	Closure & farewell	

Responsible Committee: EpiCom
Target audience: Physicians, Paediatricians, Surgeons, IBD nurses
Registration: Online registration

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

7th S-ECCO IBD Masterclass in collaboration with ESCP: Cutting edge IBD surgery
Thursday, February 15, 2018

07:00 – 08:00	S-ECCO IBD Masterclass Satellite Symposium tbc	
08:15 - 08:25	Welcome	
08:25 - 10:15	Session 1: Salt and grain of IBD surgery	
08:25–09:05	Debate 1: Short stricturing terminal ileum	
	08:25 - 08:35	Resection – Best outcome, why change
	08:35 - 08:45	Save the TI – Side to side strictureplasty
	08:45 - 08:55	Advanced endoscopy will solve – Dilatation and stenting
	08:55 - 09:05	Discussion
09:05 - 10:00	Debate 2: The role of the mesentery in IBD	
	09:05 - 09:20	Hot cells in IBD
	09:20 - 09:35	The mesentery in ileocolic resection
	09:35 - 09:50	The mesentery in proctectomy
	09:50 - 10:00	Discussion
10:00 - 10:15	Sexual function before and after surgery for IBD	
10:15 - 10:45	Coffee break	
10:45 - 12:15	Session 2: The scientific IBD surgeon	
	10:45 - 11:45	Trials and free papers – TBA
	11:45 - 12:00	Patient reported outcomes in IBD surgery – What does it mean
	12:00 - 12:15	Keynote lecture – Topic TBA
12:15 - 13:15	Lunch break	
13:15 - 15:15	Session 3: Cutting edge IBD surgery	
13:15 - 13:45	The big Debate: Low grade dysplasia of the colon	
	13:15 - 13:25	Watchful waiting
	13:25 - 13:35	In the bucket
	13:35 - 13:45	Discussion
13:45 - 14:35	The Debate: The simple high perianal fistula	
	13:45 - 13:55	Biologics all the way
	13:55 - 14:05	Fistulotomy, LIFT or advancement: Their only chance
	14:05 - 14:15	Glues and plugs
	14:15 - 14:25	Stem cells: The holy grail?
	14:25 - 14:35	Discussion
14:35 - 15:15	My ileoanal pouch	
	14:35 - 14:45	Tips and tricks to prevent a leak
	14:45 - 14:55	Salvage of the acute and chronic anastomotic leak
	14:55 - 15:05	Does size matter? How long should the pouch be?
	15:05 - 15:15	Discussion
15:15 - 15:45	Coffee break	
15:45 - 16:15	Session 4: It takes two to tango	
	15:45 - 16:00	Perioperative dietary therapy (Tandem talk)
	16:00 - 16:15	Stomas in IBD (Tandem talk)
16:15 - 17:05	Session 5: Decision making on the edge – Consultants' Corner	
	16:15 - 17:05	Challenging cases – TBA
17:05 - 17:15	Closing remarks	

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

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 150.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

12th N-ECCO Network Meeting
Thursday, February 15, 2018

09:00 - 09:15	Welcome and introduction	
09:15 - 10:30	Session 1: Hot topics IBD nursing	
	09:15 - 10:00	Demonstrating the value of the IBD nurse
	10:00 - 10:30	Sexual Dysfunction in IBD
10:30 - 11:00	Coffee break	
11:00 - 12:30	Session 2: From bench to bedside – practical IBD	
	11:00 - 11:30	Iron-deficiency, anemia and fatigue
	11:30 - 12:00	Interpreting blood results (IGN, IGRA, TNFlevels abnormal LFT, importance of TDM)
	12:00 - 12:30	IBD and Elderly
12:30 - 14:00	Lunch break (Self Guided Poster Round)	
12:45 - 13:45	N-ECCO Network Meeting Lunch Satellite Symposium tbc	
14:00 - 14:45	Session 3: Abstracts	
	14:00 - 14:15	Abstract oral presentation 1
	14:15 - 14:30	Abstract oral presentation 2
	14:30 - 14:45	Abstract oral presentation 3
14:45 - 15:15	Coffee break	
15:15 - 16:30	Session 4: Debate timing of surgery in acute Severe Colitis: Save the colon or save the patient	
	15:15 - 15:45	Save the patient – Medical treatments
	15:45 - 16:15	Save the colon – Early surgery
	16:15 -16:30	Q&A
16:30 - 17:00	Closing remarks, N-ECCO in 2018 and beyond	

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

ECCO Membership 2018 required: IBD nurse Membership
Registration fee: EUR 25.- incl. 20% Austrian VAT

6th ClinCom Workshop
Thursday, February 15, 2018

08:00 - 08:05	Welcome & introduction	
08:05 - 09:45	Session 1: Evolving endpoints in IBD clinical trials	
	08:05 - 08:25	Patient Reported Outcomes
	08:25 - 08:45	Defining endoscopic endpoints
	08:45 - 09:05	Cross-sectional imaging
	09:05 - 09:25	Histologic remission
	09:25 - 09:45	How endpoints can influence trial design?
09:45 - 10:15	Coffee break	
10:15 - 11:30	Session 2: Comparative effectiveness research (CER)	
	10:15 - 10:30	General principle
	10:30 - 10:50	What is the value of retrospective CER?
	10:50 - 11:10	Head-to-head trials
	11:10 - 11:30	Setting priorities for IBD (discussion)
11:30 - 11:40	Summary & closing remarks	

Responsible Committee: ClinCom
Target audience: Physicians, Surgeons, Paediatricians, Clinical researchers, Industry
Registration: Online registration

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

5th ECCO-ESGAR Ultrasound-MRI Workshop
Thursday, February 15, 2018

07:30 - 07:40	Welcome and introduction
07:40 - 08:40	Introductory lectures
08:40 - 11:40	Hands-on bowel ultrasonography and interactive discussion of cases, in small groups, guided by tutors (with US simulators and MRI workstations)
11:40 - 12:00	Q & A Session
12:00 - 12:15	Post-Course test Concluding remarks

Responsible Committee: EduCom in collaboration with ESGAR
Target audience: Physicians, Radiologists, Surgeons, Paediatricians
Registration: Online registration (max. 50 participants)

ECCO Membership 2018 required: Regular/Y-ECCO Membership or ESGAR Membership
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

5th P-ECCO Educational Course – Tackling the continuing challenges in PIBD patients
Thursday, February 15, 2018

08:30 - 09:30	P-ECCO Course Satellite Symposium Slot tbc
10:00 - 10:05	Welcome and introduction
10:05 - 10:25	Trans-mural healing: A desirable and achievable goal for children?
10:25 - 10:50	Monogenic very early onset IBD – Case-based discussion
10:50 - 11:15	When approved drugs don't work
11:15 - 11:40	Childhood onset PSC: A distinct IBD phenotype?
11:40 - 12:00	Stopping drugs in children – Case-based discussion

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

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

6th SciCom Workshop: Fat in IBD – Much more than an innocent bystander
Thursday, February 15, 2018

07:15 – 08:15	SciCom Workshop Satellite Symposium tbc	
08:45 - 10:25	Session 1	
	08:45 - 08:55	Welcome and introduction
	08:55 - 09:25	Fat and inflammation in obesity
	09:25 - 09:55	Working with lipids in basic science – Pitfalls and opportunities
	09:55 - 10:25	Mesenteric fat and immune regulation – Can abdominal fat control intestinal inflammation?
10:25 - 10:45	Coffee break	
10:45 - 11:55	Session 2	
	10:45 - 11:05	Angiogenesis and lymphangiogenesis in mesenteric adipose tissue in IBD
	11:05 - 11:25	Fat and mesenchymal cell interactions – Role in fibrosis and creeping fat formation
	11:25 - 11:45	Fat: Unsuspected modulator of response to therapy
	11:45 - 11:55	Closing remarks

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

ECCO Membership 2018 required: Regular/Y-ECCO
Registration fee: EUR 80.- (half price for Y-ECCO, Affiliate and IBD nurse Members) – incl. 20% Austrian VAT

3rd H-ECCO IBD Masterclass
Thursday, February 15, 2018

13:30 - 13:35	Welcome & introduction	
13:35 - 15:15	Session 1: IBD diagnosis and IBD unclassified	
	13:35 - 13:55	Biopsy diagnosis and classification of IBD
	13:55 - 14:15	UC vs CD in resections and "Indeterminate Colitis"
	14:15 - 14:30	IBD subclassification and IBDU: A gastroenterologist's perspective
	14:30 - 14:45	IBDU/"Indeterminate Colitis" and its management: A surgeon's perspective
	14:45 - 15:05	The appendix and periappendiceal mucosa in IBD
	15:05 - 15:15	Slide seminar case 1
15:15 - 15:45	Coffee break	
15:45 - 17:20	Session 2: Diagnostic precision	
	15:45 - 16:00	Granulomas and giant cells and their value
	16:00 - 16:20	Ileitis: Crohn's Disease, "Backwash", and other types
	16:20 - 16:35	Effects of chronicity on IBD pathology
	16:35 - 16:50	Eosinophils in IBD and related conditions
	16:50 - 17:10	Dysplasia vs reactive: A practical approach
	17:10 - 17:20	Slide seminar case 2

Friday, February 16, 2018

08:00 - 09:45	Session 3: Recent advances	
	08:00 - 08:20	Microbiota: Their role in the pathogenesis and progression of IBD
	08:20 - 08:45	Hot topics in IBD research
	08:45 - 09:05	Liver disease in IBD
	09:05 - 09:25	Liver pathology in IBD
	09:25 - 09:45	Colorectal neoplasia in IBD
09:45 - 10:15	Coffee break	
10:15 - 11:55	Session 4: Scoring and grading; optimising the pathology report	
	10:15 - 10:30	Clinical grades and scores in IBD
	10:30 - 10:50	Histological scores – Can we agree, and do they have a role?
	10:50 - 11:05	CMV: Identification and quantification
	11:05 - 11:15	Biopsy report: New and established disease
	11:15 - 11:25	Resection report in IBD
	11:25 - 11:35	Datasets for IBD: Could they be useful?
	11:35 - 11:55	Slide seminar cases 3 and 4
11:55 - 12:00	Closing remarks	

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

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

3rd D-ECCO Workshop
Friday, February 16, 2018

07:00 - 08:00	D-ECCO Workshop Satellite Symposium tbc	
08:30 - 08:36	Welcome	
08:36 - 09:40	Session 1: Case-based presentations	
	08:36 - 08:52	Obesity in IBD
	08:52 - 09:08	Nutritional assessment
	09:08 - 09:24	Management of stoma
	09:24 - 09:40	Complications arising out of (mal)nutritionally induced Refractory Disease
09:40 - 10:00	Coffee break	
10:00 - 11:00	Session 2: Diet and Ulcerative Colitis	
	10:00 - 10:20	Dietary pathogenesis in Ulcerative Colitis
	10:20 - 10:40	From pharma to farma in IBD
	10:40 - 11:00	Probiotics and Ulcerative Colitis
11:00 - 11:20	Coffee break	
11:20 - 12:00	Session 3: Supplements in IBD	
	11:20 - 11:40	Dietary supplements in IBD
	11:40 - 12:00	A case for and against oral iron in IBD: Tandem talk
12:00 - 12:20	Panel discussion/Q & A	
12:20 - 12:25	Closing remarks	

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

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse/Affiliate Member
Registration fee: EUR 50.- – incl. 20% Austrian VAT

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Interviews with the new Education Officer, Scientific Officer and Treasurer of ECCO

Pieter Hindryckx (Associate Editor of ECCO News) interviews James Lindsay (new ECCO Education Officer), Gerhard Rogler (new ECCO Scientific Officer) and Ailsa Hart (new ECCO Treasurer).

James Lindsay © ECCO

Gerhard Rogler © ECCO

Ailsa Hart © ECCO

Please provide a short background about yourself.

James (ECCO Education Officer): I studied medicine at Cambridge and then Oxford Universities before coming to London as a junior doctor. I did my specialist training in gastroenterology in West London, finishing with specialist IBD at St Mark's Hospital. During this time I did a PhD in mucosal immunology at The Kennedy Institute in Imperial College, London. Since 2004, I have been a consultant gastroenterologist at Royal London Hospital, which is part of a Bart's Health NHS Trust in London. I am currently the lead for Inflammatory Bowel Disease. We run a large tertiary referral Inflammatory Bowel Disease clinic and I have five consultant colleagues with a specialist interest in Inflammatory Bowel Disease. We work as part of a large multidisciplinary team with paediatric gastroenterologists, colorectal surgeons and radiologists as well as specialist IBD nurses, IBD pharmacists, dietitians and a psychologist. I also have an academic role at Bart's London School of Medicine, which is part of Queen Mary University of London. I lead a dedicated Inflammatory Bowel Disease clinical research team which runs both commercial and investigator-led clinical trials. In addition I collaborate with two senior basic scientists to supervise a translational mucosal immunology research group. And then, of course, I have a role in organising educational activities with ECCO.

Gerhard (ECCO Scientific Officer): I am from a workers' family; my father was a truck driver and my mother worked at OSRAM in a factory. I was the first in my family to go to university and definitely the first to study two subjects, medicine and philosophy. I earned my first money as a helping hand in a brewery in Bavaria. And Regensburg and Bavaria are still my home although I have now been in Switzerland for 10 years. I still think that I was very lucky with my career and I was blessed with my family. I have been married for 30 years and have been together with my wife since I was 18. We have three great children, two sons and a daughter. And sorry to say this: They are more important to me than anything else…even ECCO.

Ailsa (ECCO Treasurer): I am a consultant gastroenterologist and Director of Inflammatory Bowel Disease research at St Mark's Hospital in London. I am also Sub-Dean of St Mark's Academic Institute. Where did it all start? I grew up in Durham, which is in the North East of England and renowned for its friendly down-to-earth people, before studying medicine at Oxford University, where I had to brush up on my elocution! I was awarded a First Class Honours Degree in 1992. I trained in Gastroenterology and General Internal Medicine in London and also spent some time at the Academic Medical Centre, Amsterdam in 2004, which was inspirational. I achieved my PhD with Imperial College in 2005, funded by a Welcome Trust Fellowship.

My first job at St Mark's Hospital was as a junior doctor in 1996 and I just kept returning to the place; initially to do my research in 2000 and then as a consultant in 2008. I can't believe I have been part of the institution for over 20 years! I feel very privileged to work at St Mark's Hospital, with its incredible history of contributions to gastrointestinal diseases, and am fortunate to have a wonderful team of colleagues to work with.

Not only do I see lots of IBD patients and drive forward the service, but I also do lots of research, particularly in the areas which interdigitate with surgical practice: perianal Crohn's Disease, pouches and colorectal cancer surveillance. I have long had a fascination with the gut microbiota and continue to drive research projects in this field. I have supervised or currently supervise over 20 higher degree students and it has been fantastic working with these motivated students. I have published two books and over 140 papers and book chapters. One of the other joys of research is the people you get to meet along the way – it has been wonderful linking with so many truly excellent and stimulating collaborators across the world. I thoroughly enjoy lecturing and teaching and deliver around 40 lectures per year around the world.

Of the other professional roles I have, I thoroughly enjoy being the UK Lead for Patient and Public Involvement & Engagement and try and ensure that the patients' voice is heard in setting research agendas and indeed in service delivery. I am also a member of the British Society of Gastroenterology Clinical Research Group, Faculty for the United European

Gastroenterology, National Charity Research Committee and was Chair of the Gut Microbiota for Health Group. I enjoy being Associate Editor of the popular journal Alimentary Pharmacology and Therapeutics.

I now live in Buckinghamshire and have two wonderful sons, Ollie and Edward, and a wonderful husband, Andy.

What, in your eyes, has been your biggest professional achievement thus far?

James: That would have to be the expansion of the IBD team at The Royal London and the development of our dedicated IBD clinic for adolescents. When I started in 2004 we did not have a specialist nursing service and biologics were given by our endoscopy nurses. We had a handover clinic for patients when they were 16 years old. Over the last 10 years, we have expanded our MDT so that we now have five IBD nurses for our adult clinic, two for our adolescent clinic and three research nurses. We have developed a role for IBD pharmacists, who initiate and monitor immunosuppressive therapy. The adolescent clinic manages the transition of our paediatric patients and is run between myself and a paediatric gastroenterologist with the support of our MDT. I have been involved in developing the UK and ECCO Guidelines, which highlight the importance of appropriate transition care.

Gerhard: That I was able to finish my thesis in philosophy.

Ailsa: I was delighted to achieve the title Professor in 2016, not because of the title itself, but because it reflected recognition by Imperial College of the enormous investment of time and effort that I have put into research, education and teaching in addition to the large volume of clinical work that I do. It was extremely gratifying that this was appreciated, but using the title still takes some getting used to!

What was your motivation for taking up the position?

James: I am passionate about achieving excellence in IBD education for all members of the MDT. ECCO has this as one of its founding goals. I previously served on EduCom as lead for the IBD Advanced Course before taking over as the Chair of the Committee. I have also been involved in the production of the ECCO IBD Guidelines for managing IBD and the ECCO e-Learning Platform. As such, I have a deep understanding of the excellent educational activities that ECCO has developed in different areas. My motivation for taking up the position of Education Officer is to bring these activities together to provide a comprehensive, quality-assured and evidence-based programme of education that covers all areas of IBD throughout Europe.

Gerhard: I think ECCO is great. I had much fun and an excellent experience as the SciCom Chair. And I thought, with the experiences gained during my 4 years with SciCom, I could now serve ECCO as Scientific Officer. As I will become Chair of Gastroenterology in Zurich in August, this definitely does not have anything to do with my career. I just enjoy working with the colleagues on the ECCO Governing Board.

Ailsa: I think ECCO is a unique organisation because it instils in its members a strong sense of institutional loyalty which seems rare nowadays and is one that I am very keen to support. I have contributed to it from the sidelines for many years, as a member of ClinCom, a lecturer on many courses, an Editorial Board Member of JCC, a contributor to the ECCO e-Guide and a guidelines writer, as well as in setting up the School for Clinical Trialists. However, I was very keen to contribute more directly at the heart of ECCO and that was my motivation to take up the position as Treasurer.

What concrete actions/activities will you carry out during your term of office?

James: Over the last year ECCO has developed the IBD Curriculum covering the breadth of knowledge required to be an IBD specialist. This has been ratified by all ECCO Officers and by the National Representatives of our Country Members. One of my goals is to embed this curriculum into our Educational Programme. This will allow members to navigate through the wealth of material in our e-Learning Platform. It will also guide the development of new educational activities and congress presentations to ensure that our educational portfolio is balanced and complete. I am also committed to delivering a programme of education to allow expansion of an IBD nursing service into areas of Europe where this is needed but currently unavailable. We are launching the first ECCO IBD Nurse education programme in 2018.

Gerhard: As a Scientific Officer I will support the impact of basic science in ECCO. We have already achieved some progress in recent years.

Ailsa: Of course, I need to keep a "steady ship" with regards to ensuring the accounts are in order. However, I am keen to bring fresh ideas to the Governing Board and to contribute in maintaining the excellent standard set so far. I would like to see more investment in research programmes and grants, facilitate collaborative working and support the nurses' training strategies. I would like to inspire the next generation of ECCO Members to nurture and cherish ECCO through great team spirit and hard work.

What are your strongest points and what are your weakest?

James: I am lucky to have an excellent memory and recall of detail. This has served me well in managing complex patients, in my research career and also in delivering presentations! In terms of weaknesses. I find it hard to let go and allow others to take control….

Gerhard: Oh dear. Do you know Winnie the Pooh? Do you know the characters? I have been likened by colleagues to Eeyore (generally characterised as "a pessimistic, gloomy, depressed, anhedonic, old grey stuffed donkey who is a friend of the title character, Winnie-the-Pooh").

I think I can work quite hard, but frequently I am not so optimistic about too many new projects. In my opinion, consolidation is now an important aspect of ECCO's work. With a lot of enthusiasm, much has been achieved. But now it needs consolidation. Sometimes a balloon with too much hot air may simply burst….

Ailsa: Strong points: I lead by example, have a very strong work ethic and always try and have a good sprinkling of light-heartedness and humour (only way to keen sane!). Weak points: Soft-centred.

How can people upset you?

James: I get upset when people lose sight of the fact that our primary focus should be on improving the quality of life of our patients.

Gerhard: Sending me too many e-mails!

Ailsa: Very little really upsets me, but dishonesty and unnecessary unpleasantness between people do.

Do you have any hobbies

James: My long-term hobby has been cooking – I get great pleasure from sourcing high-quality ingredients and preparing a meal to share with friends over a glass or two of wine. More recently I have starting running (perhaps to work off the effects of my cooking!). There is something very relaxing about setting out into the countryside – it definitely helps me to relax me.

Gerhard: Reading (history, Russian authors), cooking, taking pictures, travelling, my family!!!!, playing e-guitar (usually too loud), gardening, hiking, drinking good wine, working.

Ailsa: My two boys, Ollie and Edward, are super sporty, so I spend a lot of my spare time supporting their rugby, cricket, tennis, cross-country and hockey matches – always a joy even in the freezing cold months! I am a keen photographer and as a family, we love the outdoors. We try to "bag" as many of the Scottish Munros (mountains) as we can and any opportunity for fly-fishing is taken – never happier than in a pair of waders in a salmon river! Catching a fish is usually an optional extra, but my biggest catch to date is a 40-lb king salmon in Alaska.

Pieter Hindryckx © ECCO

PIETER HINDRYCKX
Associate Editor, ECCO News

UR-CARE: An Update of your IBD Database

UR-CARE Steering Committee L-R: E. Langholz, F. Baert, B. Siegmund, J. Gisbert © ECCO

Following the ECCO'17 Congress in Barcelona there have been a number of developments in the UR-CARE project based on feedback collected during face-to-face meetings with centres, study groups and national societies. We would like to take this occasion to thank all the parties with whom we spoke for their valuable feedback and interest in the project! All of these developments have been undertaken with the aim of making UR-CARE the strongest possible resource for the IBD community.

The first development was finalisation of the database with additional clinical information. It was not possible to add all the information requested by the interested parties owing to the risk of overloading the database: as the UR-CARE Steering Committee, we had to make a selection, by choosing the information of greatest benefit to all. But please do not forget that there will still be the possibility for study groups to add further information to the database for their study projects, under certain conditions. UR-CARE also includes a field where free notes can be entered in order to capture other information.

An example of new information now available in UR-CARE is a number of paediatric specific variables. Based on a collaboration with the Paediatric Committee of ECCO (P-ECCO), these variables make the database more suitable for paediatric patients and health care professionals, and will hopefully encourage the collection of valuable paediatric data within UR-CARE.

A second development is the validation of the UR-CARE database by Y-ECCO Members, which will take place in the coming months. The validation of the database will represent a valuable contribution to the UR-CARE project and further demonstrate its capacity to support the IBD community. A call for participants was recently sent, via ECCO eNews, to Y-ECCO Members to participate in the validation study. Following the study a publication will be written based on its results. Out of all applicants, 15 Y-ECCO Members have been selected and are now starting to enter patient cases.

In addition to these developments, preparations are being made to facilitate the use of UR-CARE by a Study Group, and also for the use of UR-CARE within a potential EU project.

In line with all these on-going developments and in order to ensure the smooth continuation of the project, the ECCO Governing Board agreed with us, the UR-CARE Steering Committee, that we would maintain our positions on the Committee until the UR-CARE project is well established. A regular rotation of UR-CARE Steering Committee members will begin once standard working practices have been set up and applied.

The UR-CARE webpage has recently been updated to contain two new, informative videos on the database and also a frequently asked questions section. The UR-CARE demo version has also been updated to include all of the latest variables and is available for all to explore on the webpage.

Join us in UR-CARE!
www.ecco-ibd.eu/index.php/science/ur-care

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

News from BIOCYCLE

BIOCYCLE Consortium © ECCO

The BIOCYCLE project has now been ongoing for almost 2 years. This project, funded by the European Commission under the Horizon 2020 programme, aims at exploring different aspects of the question of treatment de-escalation in moderate to severe Crohn's Disease, the control of which first requires a combination therapy with anti-TNF and antimetabolites. An unresolved question is whether, once the disease has been stabilised, it is possible to de-escalate therapy. This question is important for several reasons, including safety, tolerance, quality of life and costs, to name the most prominent. BIOCYCLE includes a randomised three-arm, controlled clinical trial on 300 patients in five European countries, several patient and health care provider surveys in Europe and the United States, a biomarker research programme and pharmaco-economic analysis. ECCO is mainly involved in monitoring the project (through SciCom and ClinCom) and is the work package leader for dissemination of the results. BIOCYCLE is a 6-year-long project that was launched in April 2015.

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

What has been achieved so far?

In accordance with the Grant Agreement, two work packages have mainly progressed over the first 2 years of the project: the SPARE clinical trial and the patient and health care provider surveys.

The clinical trial, with GETAID as the main promoter, was officially launched in September 2015 and a first patient was included in Belgium in October 2015 (local promoter: CHU Liège). First patients were included in France (local and general promoter: GETAID) in November 2015, in Sweden (local promoter: Skane University Hospital) and Germany (local promoter: Charité Berlin) in early 2016 and then in the United Kingdom (local promoter: Edinburgh University) later in 2016. Close to 110 patients have now been screened across the five participating countries and about 100 patients have been randomised into one of the three arms of the trial: continuing the combination therapy, withdrawing infliximab or withdrawing the antimetabolite. The recruitment was planned to end after 2 years but, as in all clinical trials,

there has been some delay and we now plan to complete the recruitment of the 300 patients after 3 years. It is also planned that the trial will be extended to Australia, where a group of investigators coordinated by The St Vincent Center in Melbourne is almost ready to start recruitment.

The health care provider and patient surveys are being coordinated by the CCFA in the United States and by the patients' association AFA in France, with the help of ECCO for the recruitment of doctors in Europe. The health care provider survey has been completed and results were recently presented at ECCO 2017 and DDW 2017. This survey has delivered important and original data on physicians' perceptions of long-term therapy in moderate to severe Crohn's Disease patients. It highlights physicians' preferences, priorities and fears about these long-term therapies. It also emphasises some relevant differences between American and European doctors, the latter being more prone to de-escalate therapies, including withdrawal of biologics. The patient survey was launched in France and the United States in February 2017. It has recently closed in France, where over 300 patients have responded, and will soon close in the United States. The results should be available for the next ECCO Congress in 2018. It will be most interesting to compare patients' and physicians' perspectives.

The next steps include the start of the pharmaco-economic work package led by Gothenburg University in late 2017, while the biomarker work package looking for new biomarkers of disease relapse or progression after treatment de-escalation will start when all patients have been recruited in the SPARE trial, most probably in the second half of 2018.

For more information:
BIOCYCLE website: ***biocycle-project.eu***
EU reference: grant agreement No 633168 – BIOCYCLE (PHC-13-2014)

EDOUARD LOUIS

Report of the 50th ECCO Educational Workshop, Dubai, UAE

March 4, 2017:

The 50th ECCO Educational Workshop was held in Dubai, UAE, during the 2nd Emirates Digestive Diseases Week. The faculty included Gerassimos Mantzaris (Greece), Pascal Juillerat (Switzerland), Vito Annese (Italy), Simon Travis (United Kingdom) and Ali Al Fazari, Mazin Al Jabiri, Filippos Georgopoulos and Salim Awadh from the UAE.

The ECCO Workshop was held on the 3rd day of the 2nd Emirates Digestive Diseases Week and was a very well attended meeting, with a total of 388 participants from all parts of the country, neighbouring Gulf States and the Middle East. The international faculty from the conference also attended and actively participated in the workshop. Case-based discussion on topics relevant to the local IBD experience were well received by all participants. The topics covered included management of infectious complications, management of refractory moderate Ulcerative Colitis, new-onset and recurrent complicated ileocaecal Crohn's Disease, exit strategies, imaging techniques and pregnancy and IBD. The workshop sessions were very interactive and generated a lot of discussion.

The feedback from faculty as well as participants was excellent. The organising team received onsite requests to join forces with ECCO to host more high-quality teaching programmes like this in the region.

ECCO Educational Workshop © ECCO

ALI AL FAZARI
President, Emirates Digestive Diseases Group

Call for ECCO Educational Workshop 2018 Destinations

The primary goal of the Educational Workshops organised by the ECCO Education Committee is to harmonise IBD practices within ECCO Country Members by presenting the practical use of the ECCO Guidelines on Crohn's Disease and Ulcerative Colitis. Additionally, the Workshops provide continuous medical education with the ultimate aim of improving the quality of care for patients with IBD. The programme of this one-day workshop is created around clinical cases, with the intention of ensuring that the workshop is as educational and interactive as possible and that participants can take an active part in the discussions. So far, 55 Educational Workshops have been organised, starting in 2007. A list can be found on the ECCO Website.

This call is specifically targeted at ECCO National Representatives with an interest in hosting such an Educational Workshop in their country or in a specific region during the year 2018. National Representatives who see this workshop as an opportunity to foster education in this particular field of expertise in their country are invited to apply for an ECCO Educational Workshop in their country/region.

How to apply for an ECCO Educational Workshop in 2018
Fill in the ECCO Educational Workshop Host Destination application form, including the following information:

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

Please submit the application form by **September 17, 2017** to the ECCO Office (***ecco@ecco-ibd.eu***)!

Kind regards,

PETER LAKATOS
ECCO Education Committee

Update on EduCom Activities 2017

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

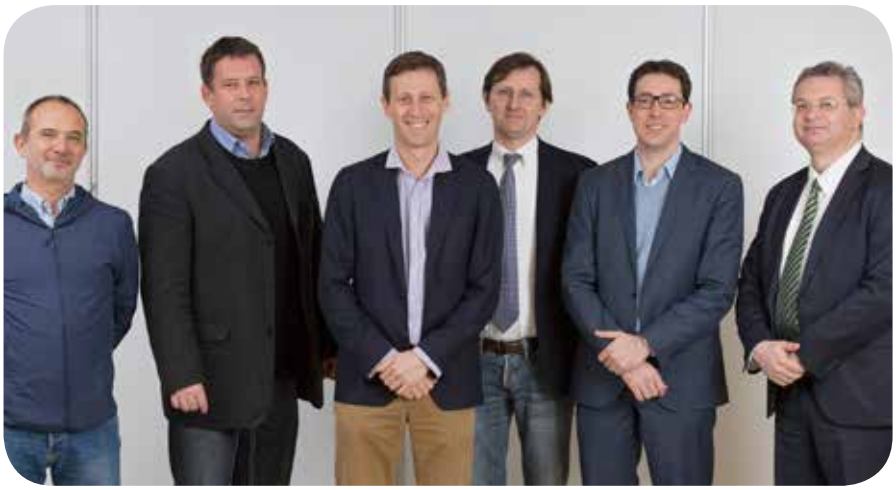
EduCom had a busy year in 2016. We are proud to have been involved in a project led by James Lindsay to produce the ECCO IBD curriculum [1]. This was designed to describe what a gastroenterologist needs to know to be considered an IBD expert. As well as guiding ECCO Educational Activities, we hope it will be of use to other national and international societies interested in IBD education. Finally, the ever-expanding e-CCO Learning Platform will be mapped against the curriculum, with new additions and updates being guided by gaps in the curriculum.

The ever-popular ***ECCO Educational Workshops*** have continued to be a great success, with the 2016 workshops being held in Norway, Hungary, Finland, Croatia, Argentina and China. This February we held the 15th IBD Intensive Advanced Course and two Imaging Workshops (Advanced Ultrasound and Endoscopy Workshops). This required imagination and hard work on the part of the dedicated Committee Members, with the welcome support of Gerassimos Mantzaris, the ECCO Education Officer.

Plans for the year ahead

IBD Intensive Advanced Course: The IBD Intensive Advanced Course continues to be popular and successful, mainly due to the faculty, which is chosen for its experience, knowledge and teaching ability. We are, as always, hugely grateful to them for their enthusiasm as well as their significant efforts to produce and deliver high-quality sessions. Equally, the enthusiasm and interaction of the delegates are vital components of the educational process and remain integral to the success of the course. Under the directorship of Pascal Juillerat, the course took on a slightly different format this year, with a new section based around individual drugs. Such adjustments keep the course fresh and allow for the content to be adapted to the changing face of IBD management.

The next course in 2018 will provide a state of the art update on IBD for the very best trainees from Europe and around the world. EduCom regrets having to turn down many applicants for the course. We aim to cap the numbers at around 80 to ensure that it continues to provide an interactive forum. As before, delegates from within Europe will be nominated by the individual country's National Representatives after a competitive selection process. Delegates from outside Europe should apply directly to the ECCO Office. Please refer to page 6 for the open call.



EduCom Members © ECCO

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

The first workshop of 2017 has already taken place in UAE and was a great success, being combined with the Emirates DDW. We look forward to further workshops this year in Korea, Lithuania, Romania and the United Kingdom. Following the successes of ECCO Educational Workshops with a paediatric focus, there will also be another Paediatric Workshop in Poland.

ECCO Imaging Workshops: In the past years, we have held Imaging Workshops on endoscopy, MRI and ultrasound. All three workshops were well attended and whilst we would have liked to run all three every year, space constraints mean that we can only offer two Imaging Workshops a year. In 2018 we will again organise the very popular Endoscopy Workshop, and for the first time we will have a combined workshop on the basics of MRI and ultrasound.

e-CCO Learning: The e-CCO Learning Taskforce has continued to drive forward the development of the e-CCO Learning Platform. The content covers a range of educational requirements, from basic to advanced IBD, through a variety of media including Talking Heads, interactive cases and the IBD Blue Book. Videos of Congress lectures are also available in the e-Library. In addition, this year we were delighted to record our first Transatlantic Talking Heads in conjunction with the Crohn's and Colitis Foundation. Another is planned to be recorded at DDW: Watch this space!

A huge amount of work is required to ensure that this comprehensive IBD educational tool remains up to date and relevant and EduCom is hugely grateful to the scores of people who dedicate their time to this. In particular, several Y-ECCO Members have been key to the development of much of the material on the website, as have many other members of ECCO supported by the seemingly limitless energy of the ECCO Office. The large task of organising and directing the process has been performed with great success by our e-Learning Ambassador and new ECCO Education Officer, James Lindsay.

In 2017, the goals of EduCom will remain the same: "To strengthen the evidence-based knowledge about IBD in ECCO Member Countries and beyond and to develop and implement a panel of educational formats intended for the different stakeholders and interest groups within ECCO that will aid in harmonising the practice of IBD".

Reference

Lindsay JO, Irving PM, Mantzaris GJ, Panés J, on behalf of ECCO Education Committee and ECCO Governing Board; ECCO IBD Curriculum. J Crohns Colitis. 2017 jjx004. doi: 10.1093/ecco-jcc/jjx004

PETER IRVING
EduCom Chair

Update from the e-Learning Ambassador

It has been a year since I took on the role of ECCO e-Learning Ambassador and I would like to take this opportunity to highlight the education that is available at your fingertips on the e-CCO Learning platform.

The mission of e-CCO is to improve the care of patients with IBD in all its aspects by providing a comprehensive package of education for all healthcare professionals interested in IBD. Over the past year that package has been expanded considerably, with the launch of:

- Seven new Talking Heads videos – the exciting series in which opinion leaders in the field of IBD debate current controversial topics
- Eight e-Courses – based on the latest ECCO Guidelines and providing narratives of a patient's journey based on real cases
- Two new Blue Book chapters – the IBD Blue Book covers the basic aspects of the aetiology, diagnosis and management of IBD

Additionally, as in previous years, the lectures from the 12th ECCO Congress, held in February 2017 in Barcelona, have been made available in the e-Library. This year has also marked the beginning of ECCO's collaboration with the Crohn's and Colitis Foundation (CCF) in the Transatlantic Talking Heads, using engaging debates to contrast the prevailing opinions and practices in Europe and America. Finally, the entire e-CCO content has been mapped to the new ECCO IBD Curriculum, providing a structure for our content as well as an overview of ECCO's position on what a gastroenterologist needs to know to be an IBD expert. All this effort has been recognised by almost 8,500 people from all over the world who have visited the e-CCO Learning platform during the past 12 months.

Our e-Courses remain the most popular content. Currently 19 e-Courses are available, covering a wide range of topics. They comprise a case-based clinical narrative interspersed with multiple-choice clinical care options that you can work though, with a final test at the end. New e-Courses are developed simultaneously with new ECCO Guidelines and Topical Reviews, ensuring that our online education is in line with up-to-date recommendations. Of course, our other content is appreciated by ECCO Members as well, who benefit from the learning opportunities every day. Why don't you try it out yourself?

e-CCO users (April 2016 - April 2017) © ECCO

JAMES LINDSAY
ECCO e-Learning Ambassador

Pharmacoepidemiology

The topic for the upcoming 4th EpiCom Workshop

The present regulatory system for drug approval is mainly a result of a series of 'epidemics' of serious adverse drug reactions since the 1950s. The most famous of these was the 'thalidomide disaster' in 1961, when an estimated 10,000 babies, exposed in uterus to the supposedly safe sleeping pill, were born with malformations. Learning from history, new drugs now undergo a long and arduous journey from idea to pharmacy that can easily take 10–12 years, and their use is highly regulated to ensure the proper balance between benefit and risk. Despite this comprehensive process, there are many unknowns with respect to effects in real world use in the post-marketing era and unrecognised major side effects to newly marketed drugs continuously emerge.

The post-marketing knowledge gap is mainly a result of numerous characteristics of pre-approval randomised trials. Pre-marketing trials are usually conducted in highly selected, homogeneous patient populations in order to enhance the efficacy of statistical evaluation; however, these patients poorly represent the eventual stable user population for the drug. Secondly, most drugs have important side effects that are not known at the time of marketing, mainly because they are too rare to be noticed in the very expensive and thus small pre-marketing trials, where patients are followed for short durations. The post-approval unknowns are thus, inevitably, taken into account in the current drug approval system, as reflected by the fact that, after marketing, 51% of drugs have label changes due to major safety issues, 20% get new 'black box' warnings (the strongest type of warning that can be placed on a drug's label) and 3%–4% are ultimately withdrawn for safety reasons.

Pharmacoepidemiology can be used as a key tool to address post-marketing safety issues in large populations of real world users, including those normally excluded from the pre-approval trials, for instance those with comorbidities and co-medications, the elderly, pregnant women and children. The research field of pharmacoepidemiology is defined as the study of the use and effects of drugs in large populations, applying the methodologies of epidemiology to the content area of pharmacology. Traditionally the focus of pharmacoepidemiology has been on safety issues regarding approved drugs but more recently the field has expanded to a broader area including patterns of drug utilisation and comparative effectiveness research.

Conducting adequately powered experimental studies to address post-marketing issues is, as mentioned, rarely possible and thus the majority of pharmacoepidemiological studies are of an observational design, using real world data from various electronic health care registries and databases. When conducting such studies, the same considerations of sample size, selection bias, information bias, confounding, control selection and interpretation should be addressed – as in other epidemiological studies – to assure validity and precision. Additionally, an inherent methodological problem in pharmacoepidemiological studies that needs attention is that of confounding by indication, a phenomenon that occurs when the indication for the drug (e.g. severe disease) is related to the outcome. However, with the advancements in methodological strategies, increased knowledge in the field of biostatistics, availability of sophisticated statistical software programmes and improvement in available real world data, it is possible to overcome the inherent challenges in pharmacoepidemiological observational studies, if sound methodology is used.

Knowledge accruing from these types of study is now routinely used for regulatory decisions, underlining the importance of this research field.

If you are interested in learning more about the expanding field of pharmacoepidemiology, join the 4th EpiCom Workshop, to be held at the upcoming ECCO Congress in Vienna in February 2018.

NYNNE NYBOE ANDERSEN
EpiCom Member

Call for Applications for ECCO Fellowships, Grants and Travel Awards 2018

Deadline for applications for ECCO Fellowships, Grants and Travel Awards: September 1, 2017
Deadline for applications for ECCO Pioneer Award: June 1, 2017 (1st round); September 1, 2017 (2nd round)

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

ECCO Pioneer Award

The ECCO Pioneer Award is intended to fund up to 24 months of basic and/or clinical research in IBD that is visionary, innovative and interdisciplinary. The Pioneer Award has been created for collaborative research projects involving a minimum of three participating institutions.

- Award: EUR 200,000.-
- Number of Pioneer Awards in 2018: 1

Fellowships

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

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

Grants

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

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

N-ECCO Research Grant

The N-ECCO Research Grant aims to enhance the opportunities for IBD nurses to become involved in international research projects across Europe. The aim is to engage IBD nurses who are less experienced in research to do research, mentored by senior researchers.

- Award: EUR 20,000.-
- Number of N-ECCO Research Grants: 1

ECCO Travel Awards

ECCO Travel Awards are offered to young investigators who plan to visit different IBD centres in Europe, with the intention of learning scientific techniques or being a clinical observer.

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

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

ECCO-AOCC Visiting Travel Grants

ECCO-AOCC Visiting Travel Grants are for European investigators who plan to visit an IBD centre in Asia, or for Asian investigators who plan to visit an IBD centre in Europe, with the intention of learning about advanced endoscopy or being a clinical observer.

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

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

We look forward to your application!

BRITTA SIEGMUND
SciCom Chair

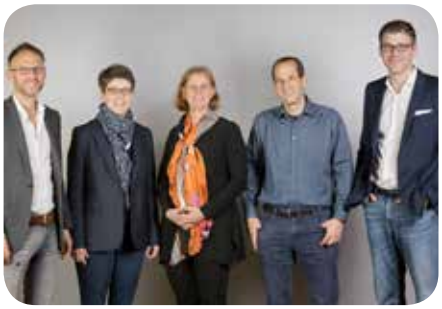
News on SciCom Committee Structure

During the ECCO'17 Barcelona Congress the Scientific Committee cordially welcomed **Shomron Ben-Horin** as a new member. Shomron has been a member of ECCO since its inception and has contributed to ECCO Activities and Initiatives by:

1) Initiating and leading the first-ever ECCO collaborative study, which included 20 European centres, exploring *C. difficile* outcomes (Ben-Horin S et al, Clin Gastroenterol Hepatol 2009), with a sub-study subsequently published in Journal of Crohn's and Colitis (JCC) in 2010.
2) Participating in the two opportunistic infection consensuses of ECCO and in two workshop groups (on loss of response and mechanisms of intestinal healing).
3) Being Israel's National Representative to ECCO from 2013 to 2016.
4) Working as ECCO JCC Associate Editor since 2013.
5) Conceiving and initiating the ECCO CONFER project. With the valuable support of SciCom, CONFER has already generated three successful collaborative projects, enhancing ECCO's scientific stance and inter-member cooperation.

Shomron is Director of the IBD Service, Gastroenterology Department, Sheba Medical Center and Associate Professor of Medicine at the Sackler School of Medicine, Tel Aviv University, Israel. Shomron has been practicing in the field of IBD for over a decade and his clinical and translational research focus lies in immune modulators and biologic drug mechanisms, pharmacokinetics and immunogenicity, as well as opportunistic infections in IBD. His broad experience in- and outside of ECCO will certainly contribute greatly to SciCom.

At the same time, we say goodbye to **Gerhard Rogler,** who has substantially shaped the work of SciCom over recent years. Gerhard was elected to SciCom in 2013. He quickly made a strong mark, when, together with Iris Dotan, he successfully managed the 4th Scientific Workshop on "Intestinal Fibrosis". He was also a member of the Organising Committee of the 10th Congress of ECCO in Barcelona, Spain.



SciCom Members 2017 © ECCO

From 2015 to 2017 Gerhard has been the Chair of SciCom, coordinating the many diverse activities of our Committee. While we are sad to see him leave SciCom, we are happy that we will continue to work together with Gerhard in his new role as ECCO Scientific Officer. We gratefully thank Gerhard for the excellent job that he has done!

BRITTA SIEGMUND
SciCom Chair

Reports from the IIS Award Winners 2017

Short duration, low intensity pooled faecal microbiota transplantation induces remission in patients with mild-moderately active Ulcerative Colitis: A randomised controlled trial

Faecal microbiota transplantation (FMT) has demonstrated variable efficacy in the treatment of active Ulcerative Colitis (UC) in three previous randomised control trials. The FIRST-UC study was a multi-centre randomised, double-blind, placebo-controlled trial of FMT in adults with mild to moderately active UC. Inclusion criteria were a total Mayo score of 3–10 with an endoscopic Mayo sub-score of ≥2. Active treatment consisted of anaerobically prepared donor stool pooled from three to four donors and placebo was autologous stool. Stool aliquots were stored frozen at -80°C, thawed and then administered via colonoscopy on day 0 followed by two enemas by day 7.

The primary outcome was steroid-free remission of UC as defined by a total Mayo score of ≤2 with an endoscopic Mayo score of ≤1 at week 8. Secondary end points included clinical response (≥3 point reduction in Mayo score), clinical remission (Simple Clinical Colitis Activity Index ≤2), endoscopic remission (Mayo ≤1) and safety. A mandatory taper of oral corticosteroids was performed; those patients unable to cease oral corticosteroids were considered FMT non-responders.

Seventy-three patients with UC were randomised; 38 received donor FMT and 35 received autologous FMT. In the intention-to-treat (ITT) analysis, 12/38 (32%) patients who received pooled donor FMT achieved the primary end point of steroid-free remission, as compared to 3/35 (9%) who received autologous FMT (p=0.02). Clinical response and clinical remission rates were 55% vs 20% (p<0.01) and 50% vs 17% (p<0.01) respectively. Steroid-free endoscopic remission occurred in 55% vs 17% (p<0.01). UC disease extent and disease duration were not significantly associated with achieving the primary endpoint in the donor FMT group. The frequency of serious adverse events (SAEs) did not differ significantly between the donor and the autologous FMT group: three SAEs were recorded in the donor FMT group (one case of worsening colitis, one of Clostridium difficile colitis requiring colectomy and one of pneumonia) and two SAEs in the autologous FMT group (both worsening colitis).

This study demonstrated that one week of induction therapy with anaerobically prepared pooled donor FMT is more effective than placebo (autologous FMT) in inducing both clinical and endoscopic remission at 8 weeks. Previous studies used different donor stool processing methods, placebo control, and timing and methods of administration. Although the optimal approach is unclear, protocols such as this, involving a lower treatment burden, may make FMT for UC more accessible.

Sam Costello © ECCO

SAM COSTELLO
IIS Award Winner 2017

Long-term safety of *in utero* exposure to anti-TNFα drugs for the treatment of Inflammatory Bowel Disease: Results from the multicentre European TEDDY study

María Chaparro[1] and Javier P. Gisbert[1] on behalf of the TEDDY study group
[1]Hospital Universitario de La Princesa, Instituto de Investigación Sanitaria Princesa (IIS-IP) and Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD), Madrid, Spain

The majority of patients with Inflammatory Bowel Disease (IBD) are affected during their peak reproductive years. Consequently, many female patients affected by Crohn's Disease or Ulcerative Colitis are interested in bearing (and nursing) children. Although anti-TNFα treatment during pregnancy seems to be relatively safe in the short term, the long-term effects of the intrauterine exposure to anti-TNFα drugs remain uncertain. In this respect, the exposure to high drug levels could impact the development of the child's immune system, increasing the risk of infections.

Thus, the primary objective of the TEDDY study was to estimate the relative risk of severe infections in children from IBD mothers who have been exposed *in utero* to anti-TNFα drugs, compared with those who have not been exposed. To this end, we designed a retrospective multicentre cohort study, supported by both ECCO (ClinCom) and GETECCU, including children born to women diagnosed with IBD who had been treated with anti-TNFα drugs during their pregnancy or within 3 months of conception. In order to identify the long-term effects of these drugs on offspring outcome, a non-exposed cohort with children born to women with IBD who had not received anti-TNFα drugs during their pregnancies was also included. The principal variable was the risk of severe infections, defined as an infection that caused hospital admission of the child. Children were followed up from birth to the date of study inclusion.

In total, 841 children from 51 referral centres in ten different countries were included, 388 (46%) of whom had been exposed to anti-TNFα. Median follow-up after delivery was 47 months in the exposed group and 68 months in the non-exposed cohort. Both in univariate and in multivariate analysis, the incidence of severe infections was similar between non-exposed and exposed children [1.6 vs. 2.8% person-years, hazard ratio 1.2 (95% confidence interval 0.8–1.8)]. In the multivariate analysis, preterm delivery was the only variable associated with a higher risk of severe infection [hazard ratio 2.5 (1.5–4.3)].

Maria Chaparro © ECCO

In conclusion, this large multinational study found that exposure to anti-TNFα during pregnancy in IBD mothers did not increase the risk of severe infection in offspring in the long term.

MARIA CHAPARRO
IIS Award Winner 2017

Implementation of GRADE methodology in ECCO Guidelines?

The ECCO Guidelines are among the most used and cited guidelines in the field of IBD, since they aim to support the clinical management of IBD patients with evidence-based statements on different aspects of diagnosis and management and special situations. From the outset, the process for supporting the evidence level and the recommendation grade was based on the Oxford level of evidence (from 1 to 5 for level of evidence). This approach indicates the type of studies from which a statement has been derived or, when evidence is lacking, clearly shows that a statement and/or a recommendation is based on an expert consensus. The main limitation of this kind of evidence level check relates to the lack of systematic assessment of the real quality of evidence deriving from the existing data. In fact, EL1 according to the Oxford system means that data come from randomised clinical trials or from a meta-analysis of randomised controlled trials, but does not clarify whether the quality of data is sufficiently high to allow a clear recommendation or whether critical biases are present and not resolved in one or more randomised controlled trials; as a consequence, all the strengths and limitations of studies then need to be explained in the supporting text. This may generally lead to overestimation of the level of evidence, especially in the case of poor quality data from large observational cohort studies or poor quality randomised controlled trials.

GRADE Taskforce Meeting 2017 © ECCO

Since ECCO'16 Amsterdam, ECCO GuiCom has been discussing a major change in the procedures that assess the quality of evidence, moving from the Oxford level of evidence to the GRADE methodology. The GRADE methodology is widely used in the production of meta-analyses, and even in several guidelines in other fields of medicine. Briefly summarised, GRADE starts from clinically relevant questions to be answered according to the PICO system (Patient population, Intervention, Comparator, Outcomes); then, all the relevant papers that answer a specific question are searched for in a systematic review that is transparent in terms of search strategy and inclusion/exclusion criteria for the selected papers. Data are then reviewed and extracted and meta-analysed, if this has not been done recently. The results are then systematically discussed in order to assess the risk of bias, the correct procedures in patient selection, blinding process, heterogeneity and so on. Finally, the results are discussed by the panel of experts to generate a clear recommendation with wording such as "We strongly recommend…", "We weakly recommend…", "We suggest…", "We weakly recommend against…" or "We strongly recommend against…". This approach leads to a systematic and complete revision of the quality of data supporting the final statements and also clearly shows the main research gaps in the field.

Last October, prior to UEGW 2016, ECCO organised a kick-off meeting for the upcoming Diagnostic and Monitoring Guidelines, at which a complete course on the GRADE methodology was given by Stefanos Bonovas of Humanitas Research Hospital, Milan. At that time, we realised that the GRADE methodology could not be easily applied to the production process for those guidelines, and so use of the Oxford level of evidence was maintained. However, GuiCom and the Governing Board discussed the possibility of applying the GRADE approach to the next update of the general Crohn's Disease therapeutic guidelines. So, a GRADE Taskforce Meeting was organised on May 12, 2017 in Vienna. The meeting was attended by Christian Maaser, GuiCom Chair, Gionata Fiorino, GuiCom Member, Javier Gisbert and Tim Raine, ECCO Members with expertise in GRADE methodology, and James Lindsay, ECCO Education Officer, with the kind support of the ECCO Office and with wonderful contributions from Nicole Skoetz and Cathy Bennett, expert epidemiologists from Germany and the United Kingdom, respectively. In addition, Joana Torres, GuiCom Member, and Stefanos Bonovas, epidemiologist, were involved in the discussion and made contributions, although not present during the meeting. All the practical aspects of switching from Oxford to GRADE methodology were discussed, including especially the feasibility of applying the GRADE approach in the ECCO Guidelines, the eventual number of working group members, the timeline and workflow needed and also the need for continuous support from expert methodologists. A very positive and encouraging feeling emerged from the discussion, since the GRADE methodology appears feasible and, indeed, may offer a more systematic and transparent approach to the level of evidence, improving significantly the quality of the next ECCO Guidelines. The final decision on this is expected after the discussion with the ECCO Governing Board Members during the ECCO Summer Meeting in late June 2017 in Vienna. In any case, GuiCom's efforts to further enhance the upcoming generation of ECCO Guidelines will continue over the coming months and are expected to stimulate ECCO's scientific discussions in the future.

GIONATA FIORINO
GuiCom Member on behalf of the ECCO GRADE Taskforce

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JCC

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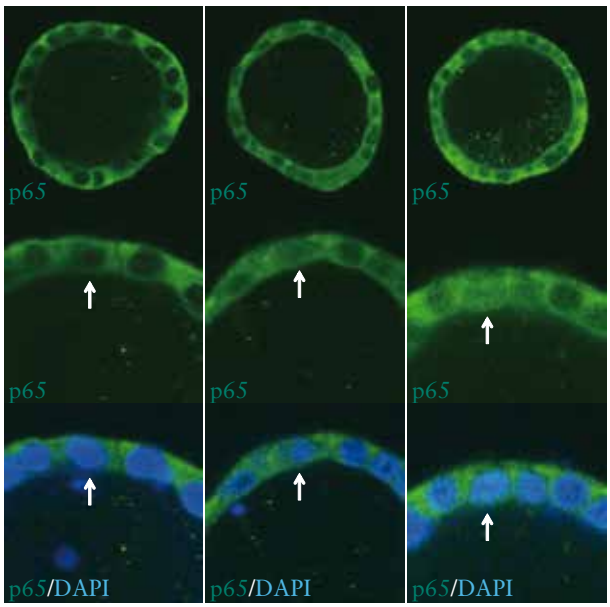

New in vitro model of inflammation-induced epithelial cell transformation. See article page 621

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Interviews with N-ECCO National Representatives

A second summary

Eleven N-ECCO National Representatives have been interviewed since June 2016. Our sincere thanks are due to the N-ECCO National Representatives from the United Kingdom, Romania, Germany, Norway, Israel, Poland, Spain, the Netherlands, Switzerland, Turkey and Finland.

The goal of these interviews is to gain a better understanding of the role of the N-ECCO National Representatives within IBD, their reasons for being a representative and how they plan to disseminate information to other IBD nurses in their country. But we also want to explore how N-ECCO can contribute to the further development of IBD nursing in the different European countries. Please find below a summary of the key results from these interviews.

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

Most nurses were asked by the former N-ECCO National Representative to take over their place in the N-ECCO Network. Others were approached by the ECCO National Representative about their interest in this position. Most of them see this function as an invaluable opportunity to become more involved in IBD and to build a network with other European IBD nurses.

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

Most answers have focussed on the importance of multidisciplinary care and the recent opportunities offered by the application of social media. Education and networking are also key items which have been strongly represented in the answers from all countries. Almost all countries have an IBD forum where they discuss clinical cases or organise IBD training days.

In the United Kingdom an online group for sharing nursing information has been started; you can follow the group on Facebook via the RCN Gastrointestinal Nursing Forum. Another social media-related example is the use of Twitter discussion groups.

Most countries organise (multidisciplinary) IBD conferences to share information among all IBD caregivers. The importance of co-working with the patient associations has also been clearly stated.

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

There are several initiatives to spread the news. Some countries organise a post N-ECCO meeting, while others promote education and awareness through education days. Others use their association website or email lists to make the acquired knowledge known to other interested IBD caregivers.

What barriers or problems do you perceive in doing this?

The main barriers reported by several N-ECCO National Representatives are lack of financial support, a shortage of time due to work load and limited English skills, which has been mentioned several times.

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

All of the National Representatives plan to hold educational days (some in cooperation with IBD physicians) to disseminate information from ECCO to the nurses in their respective countries.

In Finland they plan to start up virtual clinics by sending out a survey to IBD nurses and physicians. In doing so they would like to harmonise what IBD nurses are doing in Finland.

Poland works together with a team from the United Kingdom regarding translation and validation of the IBD-fatigue questionnaire.

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

Most N-ECCO National Representatives see the N-ECCO Travel Award as a wonderful opportunity, but they also see some barriers in terms of time, funding and language. A shortage of experienced nurses is also viewed as a problem. Nevertheless, all countries plan to encourage applications via e-mails, meetings, websites, newsletters and nursing groups.

The N-ECCO National Representative of Turkey has mentioned the importance of experiencing it herself, to be able to explain more clearly and correctly to others afterwards.

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

Most N-ECCO National Representatives are pleased with the support offered by N-ECCO. They love the detailed emails they receive, but some have suggested the provision of a year-long programme (for long-term planning). Additionally, the suggestion to start up a network among the N-ECCO National Representatives via a platform or website has come up several times. A protocol with clear explanation of the expectations and responsibilities of an N-ECCO National Representative is sent to all representatives at the start of their term.

N-ECCO National Representatives at the 2016 National Representatives Meeting © ECCO

How would you like to see N-ECCO develop?

Two countries have suggested the implementation of webinars for the N-ECCO Educational Activities. Recordings of past N-ECCO Educational Activities from ECCO Congresses are already available on the e-CCO Learning Platform.

Nurses would like N-ECCO to invest in multicentre European research on IBD nursing (fatigue scale, etc.) and more specifically the role of the IBD nurse. Therefore, ECCO introduced the N-ECCO Research Grant in 2017.

The help in IBD training and the update process for the N-ECCO Consensus Statements is appreciated.

Suggestions have been made on splitting the N-ECCO Network Meeting into fundamental and advanced IBD nursing (masterclass) and on the creation of working groups, and these proposals may be reviewed with regard to their feasibility. Also the idea that the N-ECCO National Representatives might invite a speaker to the Network Meeting is something to think about.

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

There is wide variation in the use of the N-ECCO Consensus Statements among the different countries. Most countries use the Consensus to a greater or lesser extent. In the United Kingdom, they use the N-ECCO Consensus Statements as a benchmark for the standard of care that IBD service users should expect. In Poland, national guidelines have been developed on the basis of the Consensus, which was extended and amended.

LIESBETH MOORTGAT
N-ECCO Member

The N-ECCO Research Grant Call for applications 2018

N-ECCO Research Grant 2017 Recipients © ECCO

This year ECCO is once again offering the N-ECCO Research Grant for IBD nurses to promote innovative scientific research in the area of IBD nursing across Europe. The Grant aims to enhance the opportunity for IBD nurses to become involved in international research projects across Europe and to engage IBD nurses who are less experienced in research, with mentoring by senior researchers. Typically, research for N-ECCO Grant projects is coordinated by a senior researcher and conducted by IBD nurses in a number of centres in ECCO Member Countries. The coordinator acts as the principal investigator and will be responsible for the accomplishment of the study.

The total amount available is **EUR 20,000.-,** and the grant can be split if several projects are submitted and awarded. The principal investigator of the N-ECCO Research Grant application needs to be an ECCO Member (at the time of application). An institute cannot apply for two grants in consecutive years. The duration of the Grant is one year. The Grants are not intended to provide a part of the salary for the candidate.

The deadline for submission is **September 1**, and evaluation of applications is made according to specific criteria by European IBD specialists. These criteria are: originality and innovative nature of the proposal, methodology, feasibility of the research project and budget, grade of involvement of IBD nurses in research, importance of the project in the field of IBD nursing and formal criteria (for example, no indication of copy/paste application). The applications will be discussed by the N-ECCO Committee and SciCom in the autumn and applicants will be informed in November. Payment is processed before December 31. Successful applicants receive the Grant at the Annual Congress of ECCO and are expected to be present. ECCO encourages Grant awardees to offer the paper to Journal of Crohn's and Colitis for publication.

This year, two N-ECCO Research Grants were awarded. The funded investigators and their proposals were: Wladyslawa Czuber-Dochan (London, UK), "Fatigue in Europe", and Dawn Farrell (Cork, Ireland), "Fatigue and physical function in IBD". The two awarded investigators will present the status of their projects at the ECCO'18 Congress in Vienna, during the 5th N-ECCO Research Forum. The registrations are open!

More information regarding the Grant can be found on the ECCO Website. As already mentioned, the deadline is September 1, 2017.

We look forward to your application!

SUSANNA JÄGHULT
N-ECCO Member

The Link Between Food Additives and Inflammatory Bowel Diseases

The recent ECCO Congress sponsored its second „D-ECCO Workshop". One of the hot topics presented by Arie Levine was the possible association between food additives and Inflammatory Bowel Diseases. Arie Levine has championed the hypothesis that dietary components play a central role as an environmental factor and that additives used by the food industry may be able to drive inflammation in the gut. Theoretically, Crohn's Disease can be viewed as a deranged interaction between the gut microbiota and a susceptible host. Thus additives that may promote dysbiosis or increase mucosal bacteria can affect the microbiota and drive inflammation in the presence of a defective barrier or impaired ability to clear bacteria. This host susceptibility is not only genetic; it can be due to a dysfunctional gut barrier, which in turn may be due to a decrease in the thickness or viscosity of the mucous layer, or increased epithelial permeability. Lastly, some additives may simply aggravate existing inflammation.

The best-known additives with the largest body of evidence are emulsifiers such as polysorbate 80 or carboxymethylcellulose. These have been shown to deplete the mucous layer, increase mucosally associated bacteria and increase intestinal permeability, driving dysbiosis. These chemicals are used for emulsification in the dairy, baked goods and processed meats industries.

Maltodextrins are polymers of glucose with 4–20 glucose units with α1–6 branches that are used as food thickeners. In rodent and cell models they can impair the mucous layer, increase biofilm formation of adherent invasive *E. coli* and impair macrophage clearance of *intracellular Salmonella*.

Lamda and iota carrageenans are also used as thickeners and to create elasticity in cheeses and creams. These additives have been shown to cause dysbiosis, breakdown of tight junctions and induction of epithelial ulcers.

Other additives have more hypothetical effects, and the level of evidence is lower. Titanium dioxide, used as a whitening agent in white foods, has been shown to aggravate inflammation in a mouse model. Excess sodium chloride may also have a pro-inflammatory effect. Sulphites are used for preservation of foodstuffs and may act as a substrate for sulphide metabolism, which is prominent among patients with Ulcerative Colitis. No actual evidence has implicated sulphites thus far since they have not been evaluated in rodent models of IBD.

While it is plausible that food additives are a contributing factor in Inflammatory Bowel Diseases, this is still unproven. Clearly more research at an epidemiological level and in humans is required to establish causality. However, given the current evidence, more effort should be directed towards encouraging the food industry to limit use of these factors in food.

Arie Levine © ECCO

ARIE LEVINE
D-ECCO WG Member

Fibrosis in Crohn's Disease

Crohn's Disease (CD) is a multifactorial disorder characterised by chronic inflammation of the intestinal tract resulting from a complex interplay among genetic, immunological and microbial factors [1]. More than one-third of patients with CD will develop a distinct fibrostenosing phenotype that results in recurrent intestinal stricture formation. Strictures are the end product of chronic transmural inflammation and dysregulated wound healing that results in excessive and abnormal deposition of extracellular matrix (ECM) [2, 3]. Abnormal contraction of this ECM leads to scar formation, tissue distortion and, ultimately, intestinal obstruction.

While the pathogenesis of inflammation in CD has been extensively investigated, knowledge of stricture pathogenesis remains relatively limited. Genetics seem to play a role and three studies have demonstrated an association with ileal distribution of disease and stenosing disease behaviour, particularly among patients with bi-allelic CARD 15 mutations [4–6]. Whether CARD 15 is actually associated with an increase in stenosing disease or whether fibrostenosis merely reflects the greater incidence of ileal disease in these patients remains to be determined.

Undoubtedly, inflammation promotes fibrosis, probably via several different pathways. TGF-β1 is excessively produced upon resolution of intestinal inflammation and is one of the main drivers of fibroblast to myofibroblast transition. TGF-β is able to stimulate Wnt signalling by suppressing the expression of DKK-1, a Wnt inhibitor. Thus, the Wnt pathway, which represents an important signalling pathway during development, could also be involved in fibrogenesis in CD. Actually, activation of the Wnt/β-catenin pathway is able to stimulate fibroblasts in vitro and to induce fibrosis in vivo, being important for fibrogenesis mediated by TGF-β [7]. In addition, activation of the Wnt/β-catenin pathway is able to increase ECM synthesis and regulate several MMP genes.

Besides cytokines, cells also play an important role in this process. The cells that are primarily responsible for ECM deposition, such as myofibroblasts, do so under the influence of signals derived from surrounding inflammatory cells. A number of mesenchymal cell types have the ability to promote fibrogenesis and the exact cell type responsible for the fibrotic response in CD is unclear. It is probable that, rather than a single cell type being responsible, cells are in a state of constant differentiation and dedifferentiation among the intestinal stellate cell, fibroblast, myofibroblast and smooth muscle phenotypes [8–10]. There is, however, considerable evidence that fibroblasts play a critical role in stricture pathogenesis. Histological and immunohistochemical studies have demonstrated excessive fibroblast accumulation in the fibrotic tissue at sites of stricture. Furthermore, fibroblast aggregations correlate with the expression of profibrotic growth factors and ECM proteins. Fibroblasts isolated from stricture sites in patients with CD exhibit specific characteristics that distinguish them from those originating in neighbouring macroscopically normal bowel, in inflamed bowel in patients with either CD or Ulcerative Colitis or in normal bowel in control patients. The variations displayed by these cells include those of adhesion molecule, growth factor and ECM protein expression and they persist into cell culture despite the loss of normal in vivo stimuli. Migration of fibroblasts likely represents another mechanism of intestinal fibrosis. During inflammation a chemotactic gradient is created due to the secretion of various molecules that attract fibroblasts from all surrounding tissue layers, including the mucosa, submucosa and muscle. Epithelial-to-mesenchymal transition processes may also contribute, as epithelial cells can transdifferentiate into fibroblasts under the influence of several factors produced under intestinal inflammatory conditions. Finally, another putative player in the fibrosing process is intestinal stellate cells. It is well established that stellate cells are major contributors to fibrosis in liver and according to recent publications, stellate cells from IBD patients show an increased proliferation rate and produce collagen earlier in the differentiation process and at higher amounts compared to control cells [11,12].

The ECM also has an important role. It influences cell growth, differentiation and migration in normal and pathological situations. The skeletal network of ECM is a complex structure composed of collagens (the fibrillary backbone), glycoproteins and complex carbohydrates, usually covalently linked to core proteins to form proteoglycans (the non-fibrillary component of ECM). Abnormalities in collagen composition and deposition have been demonstrated in CD. In fact, a significant increase in submucosal type III collagen fibre content has been demonstrated in stenosed intestine in CD, with a particular increase in the outer aspect of the submucosa. This suggests that type III collagen, present in the thickened small bowel, may contribute to the functional significance of stenosis by reducing the compliance of the submucosa [12].

The study of fibrosis in CD poses several problems. The desirable study of onset of fibrosis is not feasible in real life as resection of fibrotic intestine in CD generally occurs in late-stage disease. No validated quantitative or qualitative scores are currently available for diagnosing the presence of fibrosis and its extension. There is also no agreement on how to perform biopsies in strictured bowel segments, and the number and depth of samples have varied among the published studies. In routine biopsies, the involved layers (particularly submucosa and muscularis propria) are usually not sampled and the pathologist is limited to evaluation of mucosa where fibrosis is usually not present. In surgical specimens, intestinal fibrosis is characterised by thickening of all layers of the intestinal wall due to excessive ECM protein accumulation and mesenchymal cell expansion. Strictures, in particular, display fibromuscular obliteration of the submucosal layer; together with a most prominent increase in both fibroblast and type III collagen content, with scar formation and tissue distortion, this ultimately leads to intestinal obstruction. However, no standard anatomopathological scoring system has been developed to grade fibrosis in CD, which increases the difficulties regarding data and subjectivity of interpretation. Undoubtedly, additional studies and more progress must be accomplished if we are to improve our ability to diagnose and grade fibrosis in CD.

References

1. Shanahan F. Crohn's disease. Lancet. 2002;359:62–9.
2. Van Assche G, Geboes K, Rutgeerts P. Medical therapy for Crohn's disease strictures. Inflamm Bowel Dis. 2004;10:55–60.
3. Graham MF, Diegelmann RF, Elson CO, et al. Collagen content and types in the intestinal strictures of Crohn's disease. Gastroenterology. 1988;94:257–65.
4. Lesage S, Zouali H, Cezard JP, et al. CARD15/NOD2 mutational analysis and genotype-phenotype correlation in 612 patients with inflammatory bowel disease. Am J Hum Genet. 2002;70:845–57.
5. Ahmad T, Armuzzi A, Bunce M, et al. The molecular classification of the clinical manifestations of Crohn's disease. Gastroenterology. 2002;122:854–66.
6. Abreu MT, Taylor KD, Lin YC, et al. Mutations in NOD2 are associated with fibrostenosing disease in patients with Crohn's disease. Gastroenterology. 2002;123:679–88.
7. Akhmetshina A, Palumbo K, Dees C, et al. Activation of canonical Wnt signalling is required for TGF-β-mediated fibrosis. Nat Commun. 2012; 3: 735.
8. Burke JP, Mulsow JJ, O'Keane C, et al. Fibrogenesis in Crohn's Disease. Am J Gastroenterol. 2007;102:439–48.
9. Dammeier J, Brauchle M, Falk W, et al. Connective tissue growth factor: A novel regulator of mucosal repair and fibrosis in inflammatory bowel disease? Int J Biochem Cell Biol. 1998;30:909–22.
10. Pucilowska JB, Williams KL, Lund PK. Fibrogenesis. IV. Fibrosis and inflammatory bowel disease: Cellular mediators and animal models. Am J Physiol Gastrointest Liver Physiol. 2000;279:G653–9.
11. Rieder F, Fiocchi C. Intestinal fibrosis in inflammatory bowel disease – Current knowledge and future perspectives. J Crohns Colitis. 2008;2:279–90.
12. Borley N, Mortensen N, Kettlewell M, et al. Connective tissue changes in ileal Crohn's disease: relationship to disease phenotype and ulcer-associated cell lineage. Dis Colon Rectum. 2001;44;388–96.

Paula Borralho Nunes © ECCO

PAULA BORRALHO NUNES
H-ECCO WG Member

Participation in a transition programme empowers adolescents to manage their own IBD

Clinical vignette

An 18-year-old adolescent visits the adult gastroenterology department for the first time accompanied by his mother. His paediatrician last saw him 5 months previously, when his Crohn's Disease was in remission (with a Paediatric Crohn's Disease Activity Index score of 5). He was diagnosed aged 16, since which time he has had two disease flares. Each flare was successfully treated with exclusive enteral nutrition for 6 weeks, followed by a return to a normal diet. According to the paediatrician's notes, the patient is receiving thiopurine maintenance therapy.

At the appointment, the patient says he is well and active. He claims to have no abdominal pain and a normal bowel habit. At this point, his mother interjects and claims this is not true. She states that her son is often in bed and she is afraid that he will fail his final school exam. Physical examination reveals a pale teenager who appears younger than his chronological age. Laboratory evaluation reveals anaemia, a C-reactive protein of 65 mg/L and a faecal calprotectin of 2500 µg/g. Additional testing reveals undetectable levels of thiopurine metabolites. The boy admits that he has stopped taking his medication and that he feels major symptomatic benefit since he started smoking marijuana.

Possible therapeutic options to treat the current disease activity are discussed. The adult gastroenterologist recommends biologic therapy. The mother states that she wants an opinion from their former paediatric gastroenterologist.

ECCO Topical Review on Transitional Care in IBD

In a previous issue of ECCO News the paediatricians of ECCO (P-ECCO) described the above clinical vignette and wondered whether readers involved in the delivery of IBD care to adolescents recognised the situation. Many professionals confirmed that transition from paediatric to adult-centred services is often poorly prepared and consequently unpleasant for all involved in the process. ECCO then formed an international expert panel of nine paediatric and five adult gastroenterologists to identify critical elements for the transition programme and to prepare core messages as "current practice positions".

Because there was limited literature about transition, the Topical Review was mainly based on expert opinion and consensus, rather than on specific evidence. A total of 21 provisional practice points were generated for an online voting round. Practice points that reached >80% agreement were considered as final. The others were refined during a face-to-face consensus meeting in Vienna on October 15, 2016 and then subjected to a further vote. Ultimately, 14 practice points were retained in the Topical Review that was published in February 2017 in the Journal of Crohn's and Colitis. In the following section we will articulate the lessons learned from the clinical vignette and show how a similar case could be approached in the future.

Critical elements in the clinical vignette

1. Paediatric IBD team:

The paediatrician last saw the patient 5 months before his first contact with the adult team. A joint appointment with both teams present would probably have smoothened the transmission of information from the medical records to the new gastroenterologist, and would have increased the patient's confidence in the new care team. If joint clinics are not part of the transition process, then a detailed handover letter should be written by the paediatrician prior to the transfer to adult-oriented care. The transfer is preferably done during times of stable remission. In the situation described in the clinical vignette the adolescent had active disease, which forced the new care team to immediately introduce remission induction therapy. As the patient was diagnosed with IBD during late adolescence, an accelerated transition programme should have been offered to both the patient and his parents. It would have been wise to measure their progress through transition to assess whether they needed specific educational and organisational interventions. The impact of these interventions should have been reassessed to confirm their effectiveness.

2. Adult IBD team:

The adult gastroenterologist possibly did not realise that underreporting of symptoms is a frequently observed coping strategy in teenagers with IBD that may be prompted by fear. Furthermore, care providers in the adult IBD team should acknowledge that parental stress does not disappear once their child with IBD has reached adulthood. The situation in the clinical vignette probably necessitated the involvement of other professionals for a successful transition process, e.g. a psychologist and a school mentor. In addition, exclusive enteral nutrition was not considered as an option to induce disease remission, which had proven to be successful in the past.

3. Parents:

One aim of transition is to decrease the role of the parent(s) in disease management and to devolve those responsibilities over time to the patient, as their education and self-efficacy increase. Parents need to be encouraged to have confidence in their child's expanding self-management skills, and to be reminded that any intervention designed to build independence should be supported and continued at home. Therefore, a crucial role for the transition team is to prepare the parents for handing over the management of the disease to their child and to ensure that the parents are comfortable and secure with the process of transition. In practice, this can often be facilitated by seeing the patient alone for part of the clinic consultation, prior to transfer to adult services.

4. Adolescent:

It is essential that adolescents develop self-efficacy, which is the ability to organise and implement a pattern of behaviour necessary for health promotion. Self-efficacy skills are likely to include the ability to monitor symptoms and report them to a health-care professional, to manage medication and maintain adherence to the prescribed regime, to recognise and understand how to handle a disease flare, and to work in partnership with healthcare providers. The patient in the clinical vignette never took the opportunity to have an open discussion about his personal beliefs regarding the necessity of prescribed medication and his concerns about taking it, and neither did he discuss concurrent marijuana use. All of these factors probably contributed to his current drug non-adherence.

Conclusion

The overall goals of the Topical Review were to identify critical elements for the transition protocol, to establish responsibilities for all those involved in the transition process and to define successful transition. The panel agreed that representatives from both the paediatric and the adult IBD team (gastroenterologists as well as IBD nurse specialists) should participate in the transition programme. The panel summarised its recommendations in a "Transition Toolkit", which is meant to serve as a checklist for clinicians who wish to set up a transition programme. The toolkit was published online as supplementary material to the main article.

PATRICK F. VAN RHEENEN
P-ECCO Member (on behalf of the ECCO Topical Review Group)

News on the Structure of S-ECCO

It is my great pleasure to introduce **Michel Adamina** as a new member of the S-ECCO Committee. Michel Adamina is a professor of surgery at the University of Basel and Head of Colorectal Surgery at the Kantonsspital Winterthur, Switzerland, and undertook his colorectal training in Basel, Switzerland, Toronto, Canada, and Cleveland, USA. He spent a total of three years in North America, adding a Master Degree in Clinical Epidemiology to clinical fellowships in colorectal surgery at some of the best specialty programmes, graduating in 2008 in Toronto and 2009 in Cleveland.

Michel led a number of collaborative clinical trials, including immunotherapy trials and surgical trials with a cumulative impact factor over 230 and more than 1 million Euros competitive funding. He published over 50 peer-reviewed Pubmed indexed papers and held over 70 invited lectures at prestigious Universities and international meetings, including ECCO Congresses and S-ECCO IBD Masterclasses. Also, he is a reviewer for funding agencies, for many leading surgical journals and for the Journal of Crohn's and Colitis (JCC). Michel holds an executive MBA HSG from the University of St. Gallen and he performed cost-effectiveness analysis for difficult perianal fistulae, abdominal wall reconstruction, colectomy techniques, as well as behavioral models/decision-analysis for complex interdisciplinary clinical situations.

S-ECCO Committee © ECCO

As an active Committee member of several surgical societies (European Society of Coloproctology, European Association of Endoscopic Surgery, Swiss Association for Laparoscopic Surgery) and above all of the European Crohn's and Colitis Organisation (ECCO), Michel authored guidelines papers on the treatment of Ulcerative Colitis and Crohn's Disease, and on innovative surgical techniques like complete mesocolic excision and transanal total mesorectal excision. Michel is actively involved in surgical education both at the Swiss level and at the European level, running courses and being an accredited examiner of surgery, as well as the organiser of well attended surgical congresses, including the European Colorectal Congress of St. Gallen, one of the largest congresses in colorectal surgery worldwide – featuring 2017 a dedicated session on Crohn's Disease endorsed by ECCO.

I am confident that with this background and experience, Michel Adamina will be a great contribution to the S-ECCO Committee. The S-ECCO would also like to thank Mr. Janindra Warusavitarne who leaves the Committee for his superb contribution to the S-ECCO in the past three years.

ODED ZMORA
S-ECCO Chair

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

The call for research proposals returns with opportunities for Y-ECCO Members to propose and perform a brief, focussed research project with ClinCom/Y-ECCO guidance and ECCO support.

At the ECCO Congress in Barcelona, Y-ECCO and ClinCom jointly conducted a survey of attendees assessing **Physician Attitudes about the use of Immunosuppressive and Biological Agents for Elderly Patients.** This followed on from another successful survey investigating access to IBD investigations around Europe. Both of these surveys targeted a large sample of gastroenterologists, surgeons, nurses and paediatricians generating results that are currently being prepared for abstract submission and publication.

Based on these successes, we are now asking **Y-ECCO Members** to propose a survey study. The best proposal (as assessed by members of the Y-ECCO Committee) will then be supported by the ClinCom experts and developed with ClinCom and ECCO Governing Board support. If the winning proposal is a survey, this will be performed at the ECCO Congress 2018 and the winners will receive the full support of the ECCO team in distributing, collecting and collating data, with additional support as needed during data analysis.

This is a fantastic opportunity for Y-ECCO investigators to access the resource of the ECCO Office and the entire ECCO Membership.

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

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

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

The deadline for applications is October 1st, 2017. Please send all proposals to *ecco@ecco-ibd.eu*. *No cover letter is required. Just do it!*

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

JOHN NIK DING
Y-ECCO Member

Members' Address

Dear (Y-)ECCO Friends,

I hope you are all doing well. Here is a brief update on what we are currently up to within the Young ECCO Committee.

First, our activities at next year's ECCO Congress: We are preparing the 2018 Y-ECCO Basic Science Workshop, which will have the same set-up as in previous years, with two main themes. The preliminary programme can be found in this issue. There will be no Career Workshop in 2018, but we plan to organise this workshop again in 2019.

For many years we have been working closely together with other ECCO Committees. We are, for example, involved in ECCO Guideline Development, ECCO e-Learning Activities, Topical Reviews, etc. Each year, we can in addition support one Y-ECCO Member-initiated small study in the form of a survey circulated at the annual ECCO Congress. In the past 2 years, we have had very successful surveys, and the results of one of them are currently in preparation for submission to the Journal of Crohn's and Colitis. More information about these surveys and the current call can be found in this issue of ECCO News.

We are also closely involved in the validation of the UR-CARE database, an online registry capturing IBD patients' records that was initiated by ECCO. More information, and a call for your help, was sent in the ECCO eNewsletter on May 9.

You can find a summary of all our activities in the table below. There is always a lot of work to do and you are warmly invited to participate in one or more of our activities. You can ask for more information or apply at any time by sending an e-mail to the ECCO Office (***ecco@ecco-ibd.eu***). They will bring you into contact with the right person.

Don't forget to follow us on Twitter (***@Y_ECCO_IBD***) to keep up to date with the latest news about Y-ECCO and IBD.

Thanks to all of you and see you soon!

Isabelle Cleynen © ECCO

ISABELLE CLEYNEN
Y-ECCO Chair

What?	Who?	Why?
Y-ECCO Literature Review	All Y-ECCO Members	Publication in ECCO News along with your picture, and in the e-Library
ECCO Consensus Guidelines participation, including the development of an e-Case	Selection based on CV after application	Full co-authorship on the consensus paper; e-Case is published online
e-Learning	Selection based on CV after application	Talking Head published online on the ECCO Website
Y-ECCO Survey/Study	Selection after application	Survey circulated with ECCO support at the ECCO Congress; possible resulting publication
Y-ECCO Co-chairing Programme	CV, area of expertise	Chairing a session at the ECCO Congress
Y-ECCO Basic Science Workshop	All Y-ECCO Members	Career development support, interaction with other Y-ECCO Members
Y-ECCO Career Workshop	All Y-ECCO Members	Interactive discussion, feedback on research by colleagues, interaction with other Y-ECCO Members
Y-ECCO Abstract Awards	Top five abstracts submitted by Y-ECCO Members to the annual ECCO Congress. Two basic science and three clinical abstracts are awarded.	Free registration for the next ECCO Congress, honourable mention during the ECCO Congress
UR-CARE validation	Selection based on CV after application	Full co-authorship on the UR-CARE validation paper
Y-ECCO Twitter account	All (Y-)ECCO Members	Keeping up to date with the latest news in IBD
Y-ECCO Committee membership	CV, letter of intent	Membership of an amazing ECCO Committee

Y-ECCO Literature Review

Dear (Y-)ECCO Members,

A warm welcome to the Y-ECCO Literature Review section, where you will find a summary and discussion of cutting-edge clinical trials as well as basic science studies in the field of IBD.

If you are a Y-ECCO Member and you are looking for an opportunity to get actively involved in ECCO and gain some visibility, contribute your article to the Y-ECCO Literature Review corner, together with a short self-description and your picture.

For further details, please contact Dominik (***dominik.bettenworth@ukmuenster.de***).

We are looking forward to your review!

Dominik Bettenworth © ECCO

DOMINIK BETTENWORTH
Y-ECCO Literature Review Admin

Efficacy and safety of MEDI2070, an antibody against interleukin 23, patients with moderate to severe Crohn's disease: a phase 2a study

Sands BE, Chen J, Feagan BG, Penney M, Rees WA, Danese S, Higgins PDR, Newbold P, Faggioni R, Kaushik P, Jing L, Klekotka P, Morehouse C, Pulkstenis E, Drappa J, van der Merwe R, Gasser RA

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Introduction

Crohn's Disease (CD) is a frequent inflammatory disorder of the gastrointestinal tract characterised by a chronic relapsing disease course [1]. As the pathogenesis of CD is not completely understood, no causal therapy is available yet. After identification of tumour necrosis factor (TNF)-alpha as a key factor for Inflammatory Bowel Disease (IBD), anti-TNF-α targeted antibody therapy has been established and proven efficacious in CD patients. However, about one-third of CD patients fail to respond to these agents [2]. Therefore new therapeutics are urgently needed and novel agents targeting anti-integrins and cytokines have recently been launched while numerous other drugs are still being evaluated in the therapeutic pipeline [3].

Interleukin-23 (IL-23) is a pro-inflammatory cytokine composed of the IL-23 specific subunit p19 and the common subunit p40, which is shared with IL-12. IL-23 induces the expression of IL-22, which is believed to fuel intestinal inflammation due to changes in the mucosal barrier integrity and gut epithelial cell proliferation [4]. More specifically, animal studies have revealed that the deletion of the IL-23 receptor reduces inflammation in experimental colitis [5], while genome-wide association studies have provided further evidence for the involvement of the IL-23 axis in CD pathogenesis [6].

Key findings

In this phase IIa, 12-week randomised, double-blind, placebo-controlled multicentre study, followed by a 100-week open-label phase, 119 adults with moderate to severe CD who had primary or secondary non-response or intolerance to at least one anti-TNF-α antibody were treated subcutaneously with 700 mg MEDI2070, a human monoclonal antibody that selectively binds to the p19 subunit of IL-23, or placebo at weeks 0 and 4. Subsequently, patients received open-label MEDI2070 every 4 weeks from week 12 to week 112. The primary endpoint of the study was clinical response [a CDAI decrease of >100 points from baseline or clinical remission (CDAI <150 points)] at week 8; secondary endpoints included clinical remission at week 8, safety of MEDI2070 and immunogenicity in terms of antibody development towards MEDI2070.

At week 8, 49.2% of patients being treated with MEDI2070 met the primary endpoint clinical response as compared to 26.7% of patients receiving placebo (p=0.01). In addition, clinical remission at week 8 occurred in 27.1% versus 15.0% (p=0.1), and a significantly greater proportion of patients receiving MEDI2070 achieved the composite endpoint of clinical response and a 50% reduction from baseline in either faecal calprotectin or C-reactive protein concentration (42.4% vs 10.0%, p<0.001). Clinical response at week 24 occurred in 53.8% who continued to receive open-label MEDI2070, while 57.7% of patients receiving placebo in the induction and MEDI2070 in the open-label period showed clinical response. Adverse event rates in the MEDI2070 group and the placebo group were comparable, with headache and nasopharyngitis being the most frequent side effects. Higher baseline serum concentrations of IL-22, whose expression is induced by IL-23, were associated with a greater likelihood of clinical response to MEDI2070 as compared to placebo, whereas concentrations below a defined threshold were associated with clinical response and remission rates similar to those obtained with placebo. In 3 of 119 patients, antidrug antibodies were detectable.

Conclusion

Increasing knowledge regarding the immunopathogenesis of IBD has led to the concept of individualised therapeutic approaches. In the present study by Sands and co-workers, MEDI2070 demonstrated significantly better efficacy than placebo in respect of the primary endpoint concerning clinical response and some of the secondary endpoints, including clinical remission. However, the trial population in this proof-of-concept study was rather small, comprising 119 individuals, and the primary aim of the study was to show significant efficacy. Larger phase III studies are needed to confirm these results and to corroborate the clinical significance of the findings. Interestingly, the authors raise the idea that IL-22 baseline level measurement before start of therapy with MEDI2070 could be predictive of response rate, which is indicative of future scope for individualised medicine. A favourable finding was the absence of more adverse events after treatment with MEDI2070; however, larger studies and long-term observations assessing the safety of MEDI2070 in detail are necessary.

The authors do mention that IL-23 shares the same common subunit p40 with IL12; however, they fail to discuss the fact that the monoclonal antibody ustekinumab selectively targets to this subunit, thereby blocking IL-12 and IL-23 [7]. Both cytokines are implicated in the pathophysiology of CD, but preclinical models of IBD suggest that IL-23 may be more relevant, so selective blockade of IL-23 may be superior in terms of safety [8]. Further head-to-head studies are desirable to evaluate the efficacy of selective IL-23 blockade by MEDI2070 in comparison to ustekinumab, thereby further clarifying whether the former represents an effective treatment option for CD. In conclusion, MEDI2070 appears a promising alternative treatment option for CD; nevertheless, whether it will prove superior to already existing therapies like ustekinumab remains to be determined.

References

1. Baumgart DC, Sandborn WJ. Crohn's disease. Lancet. 2012;380:1590–605.
2. Kim DH, Cheon JH. Pathogenesis of inflammatory bowel disease and recent advances in biologic therapies. Immune Netw. 2017;17:25–40.
3. Neurath MF. Current and emerging therapeutic targets for IBD. Nat Rev Gastroenterol Hepatol. 2017;14:269–78.
4. Ahern PP, Izcue A, Maloy KJ, et al. The interleukin-23 axis in intestinal inflammation. Immunol Rev. 2008;226:147–59.
5. Cox JH, Kljavin NM, Ota N, et al. Opposing consequences of IL-23 signaling mediated by innate and adaptive cells in chemically induced colitis in mice. Mucosal Immunol. 2012;5:99–109.
6. Schmechel S, Konrad A, Diegelmann J, et al. Linking genetic susceptibility to Crohn's disease with Th17 cell function: IL-22 serum levels are increased in Crohn's disease and correlate with disease activity and IL23R genotype status. Inflamm Bowel Dis. 2008;14:204–12.
7. Sandborn WJ, Feagan BG, Fedorak RN, et al. A randomized trial of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with moderate-to-severe Crohn's disease. Gastroenterology. 2008;135:1130–41.
8. Sands BE. Inhibition of interleukin-12 and/or -23 for the treatment of inflammatory bowel disease. Gastroenterol Hepatol. 2016;12:784–6.

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Efficacy of adalimumab in patients with Crohn's disease and symptomatic small bowel stricture: a multicentre, prospective, observational cohort (CREOLE) study

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Introduction

Intestinal strictures are the most common complication of Crohn's Disease (CD), accounting for substantial morbidity and cost [1–3]. At diagnosis, 11% of CD patients have a stricture and up to one-third will develop a stricture(s) within 10 years of diagnosis [4]. More than one in four patients with CD strictures require intestinal resection within 5 years of diagnosis [2]. Postoperative recurrence is common, with symptoms of recurrent disease developing in 40% of all patients within 4 years of surgery [5]. Repeated resection is often required, leading to loss of bowel and occasionally intestinal failure [6].
To better manage intestinal strictures, a more complete understanding of their natural history and biology is required. Strictures commonly have features of both active inflammation and chronic fibrosis, though this is difficult to determine using the available endoscopic and imaging modalities [7, 8].
Current drug therapies have not been adequately assessed in stricturing disease. Anti-tumour necrosis factor (anti-TNF) drugs, including infliximab and adalimumab, induce and maintain remission in patients with CD. Initial concerns about anti-TNF therapies promoting stricture development are not supported in the literature [9, 10]; however, the efficacy of anti-TNFs in patients with stricturing CD remains controversial and has only been assessed in small studies to date [11–13].

In this study by the GETAID group, the authors aimed to evaluate the efficacy of adalimumab in patients with symptomatic small bowel strictures. They also aimed to develop a predictive score of response to adalimumab based on imaging and clinical factors.

Methods

A prospective observational cohort study was performed assessing patients over 18 years of age with a diagnosis of CD and a single, or several, small bowel (duodenum, jejunum or ileum) stricture(s) defined according to the Montreal classification [14]. Patients had at least moderate obstructive symptoms during the 8 weeks prior to study commencement. Patients with surgical obstruction, intra-abdominal abscess and isolated colonic strictures were excluded. Additionally, those who had had a change in CD immunosuppressive treatment during the previous 2 months were excluded (azathioprine, 6-mercaptopurine, methotrexate), as were those exposed to anti-TNFs within the preceding 12 months.

Magnetic resonance enterography (MRE) was performed at baseline in all patients using a standardised protocol. Adalimumab was administered according to standard dosing, with 160 mg at baseline, followed by 80 mg at week 2 and then 40 mg every other week. Those on immunosuppressants at baseline had these maintained for the period of the study, and those who were on steroids had these tapered at the discretion of the clinician.

Obstructive symptoms were graded using a scoring system called the Crohn's Disease Obstructive Score (CDOS), developed on the basis of the authors' clinical experience. This novel score takes into account the characteristics of obstructive pain (duration, intensity), associated signs (nausea, vomiting), dietary restriction and need for hospitalisation. It has not been validated.

Key findings

Out of the 97 patients included in the study, 62 (64%) reached the primary endpoint of "treatment success" at week 24. This was defined as adalimumab continuation with all the following criteria: (a) no use of a prohibited treatment (corticosteroids after the 8 weeks following inclusion, parenteral nutrition, or other anti-TNFs); (b) no endoscopic dilation; (c) no bowel surgery for resection of small bowel stricture; (d) no severe adverse events leading to adalimumab withdrawal and (e) no study withdrawal whatever the reason. Of those achieving "treatment success", 88% had a CDAI <150 at 24 weeks. Out of the 35 patients who failed to achieve "treatment success" at 24 weeks, eight required intestinal resection and two endoscopic dilatation during the 24-week period.

On univariate analysis, the clinical factors that were independently associated with treatment success included concomitant immunosuppressant use at adalimumab initiation, the presence of obstructive symptoms for <5 weeks and a CDOS >4 (range 0 to 6). The MRE factors associated with treatment success were a small bowel stricture length of <12 cm, a maximal small bowel diameter proximal to stricture(s) of 18–29 mm (intermediate dilatation), a marked enhancement on delayed phase and the absence of a fistula. These clinicoradiological factors were combined to form a prognostic score, with a higher score being associated with an increased likelihood of a good response to adalimumab.

At longer term follow-up, of the 62 patients who had achieved success with adalimumab at week 24, 46% remained on adalimumab without requiring intervention at a median of 4 years (29% of the original cohort). By 4 years, 34% of those who had achieved success with adalimumab at week 24 had succumbed to surgical resection and out of the total of 97 patients, 47% of the original adalimumab cohort had required an operation.

Conclusions

The CREOLE study was designed to evaluate the efficacy of adalimumab in patients with symptomatic small bowel strictures. It also identified key clinical and imaging predictors of successful treatment. The lack of any control arm in the CREOLE study is a major limitation. The efficacy of adalimumab illustrated in this study therefore needs to be interpreted with some caution. However, in this difficult-to-treat cohort of patients with symptomatic small bowel strictures, this study captures useful clinicoradiological prognostic factors associated with durable response to drug therapy and the avoidance of surgery. Recent literature suggests that novel microbial and genetic factors will enhance our understanding of stricture biology and behaviour, thereby permitting risk stratification of patients with CD strictures [15] as well as prediction of response to therapy. This will arm clinicians with the ability to offer patients a personalised medicine approach to both anti-TNF therapy and other emerging therapeutics.

References

1. Cosnes J, Cattan S, Blain A, et al. Long-term evolution of disease behavior of Crohn's disease. Inflamm Bowel Dis. 2002;8:244–50.
2. Niewiadomski O, Studd C, Hair C, et al. A prospective population based cohort of inflammatory bowel disease in the biologics era – disease course and predictors of severity. J Gastroenterol Hepatol. 2015;30:1346–50.
3. Alvarez-Lobos M, Arostegui JI, Sans M, et al. Crohn's disease patients carrying Nod2/CARD15 gene variants have an increased and early need for first surgery due to stricturing disease and higher rate of surgical recurrence. Ann Surg. 2005;242:693–700.
4. Louis E, Collard A, Oger AF, et al. Behaviour of Crohn's disease according to the Vienna classification: changing pattern over the course of the disease. Gut. 2001;49:777–82.
5. Rutgeerts P, Geboes K, Vantrappen G, et al. Predictability of the postoperative course of Crohn's disease. Gastroenterology. 1990;99:956–63.
6. Rutgeerts P, Geboes K, Vantrappen G, et al. Natural history of recurrent Crohn's disease at the ileocolonic anastomosis after curative surgery. Gut. 1984;25:665–72.
7. Rimola J, Planell N, Rodriguez S, et al. Characterization of inflammation and fibrosis in Crohn's disease lesions by magnetic resonance imaging. Am J Gastroenterol. 2015;110:432–40.
8. Higgins PDR, Fletcher JG. Editorial: Characterization of inflammation and fibrosis in Crohn's disease lesions by magnetic resonance imaging. Am J Gastroenterol. 2015;110:441–3.
9. Hanauer SB, Feagan BG, Lichtenstein GR, et al. Maintenance infliximab for Crohn's disease: the ACCENT I randomised trial. Lancet. 2002;359:1541–9.
10. Lichtenstein GR, Olson A, Travers S, et al. Factors associated with the development of intestinal strictures or obstructions in patients with Crohn's disease. Am J Gastroenterol. 2006;101:1030–8.
11. Rieder F, Zimmermann EM, Remzi FH, et al. Crohn's disease complicated by strictures: a systematic review. Gut. 2013;62:1072–84.
12. Pallotta N, Barberani F, Hassan N-A, et al. Effect of infliximab on small bowel stenoses in patients with Crohn's disease. World J Gastroenterol. 2008;14:1885–90.
13. Pelletier AL, Kalisazan B, Wienckiewicz J, et al. Infliximab treatment for symptomatic Crohn's disease strictures. Aliment Pharmacol Ther 2009;29:279–85.
14. Satsangi J, Silverberg MS, Vermeire S, et al. The Montreal classification of inflammatory bowel disease: controversies, consensus, and implications. Gut. 2006;55:749–53.
15. Kugathasan S, Denson LA, Walters TD, et al. Prediction of complicated disease course for children newly diagnosed with Crohn's disease: a multicentre inception cohort study. Lancet. 2017;389:1710–8.

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ECCO Country Member Profiles

Identity card

- Country: **Finland**
- Name of group: The Finnish Society of Gastroenterology, IBD Club for physicians with a special interest in IBD; was founded in 1991.
- Number of active members: 540 members (514 doctors and 26 nurses) and 14 honorary members
- Number of meetings per year: One or two major meetings and one or two minor meetings (postgraduate course) per year
- Name of president and secretary: Taina Sipponen (President) and Laura Merras-Salmio (Secretary General)
- National Representatives: Pauliina Molander and Clas-Göran af Björkesten
- Joined ECCO in: 2004
- Incidence of IBD in the country: The incidence of IBD in Finland is one of the highest in the world and there has been a significant increase in this incidence during the past 20 years. UC is nearly three times more common than CD. IBD incidence is 42 new cases per 100,000 persons per year (UC 31/100,000 and CD 11/100,000).

Identity card

- Country: **Romania**
- Name of group: RCCC (Romanian Crohn's and Colitis Club)
- Number of active members: 150
- Number of meetings per year: One, and a meeting at the National Congress of Gastroenterology
- Name of president and secretary: Mircea Diculescu (President), Razvan Iacob (Secretary)
- National Representatives: Adrian Goldis and Mircea Diculescu
- Joined ECCO in: 2007
- Incidence of IBD in the country: The most recent data show that the incidence of IBD is 6.5/100,000 inhabitants (2.8 for CD and 3.7 for UC).

Questionnaire – FINLAND

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

The world of today looks very different from the world back in 2004. Knowledge in the field of IBD has made a huge leap since then and the ECCO Congress has evolved from a tiny meeting for a few devotees to an important annual congress for virtually every gastroenterologist with the slightest interest in IBD. Membership in ECCO has for certain made international research collaboration and networking easier, but perhaps even more importantly, being part of a greater unity enables recognition of a small country in a broader perspective.

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

ECCO in general facilitates knowledge exchange with IBD experts from other countries. The locally organised ECCO Workshops have enabled presentation of the ECCO Guidelines at the grassroots level, and the ECCO IBD Intensive Advanced Course for junior gastroenterologists has given numerous young Finnish gastroenterologists the opportunity to gain knowledge and network internationally.

Is your society making use of the ECCO Guidelines?

Yes. The Guidelines are widely used and referred to in the daily practice of Finnish gastroenterologists.

Clas-Göran af Björkesten and Pauliina Molander © Clas-Göran af Björkesten and Pauliina Molander

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

No

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

No

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

No

What are your main areas of research interest?

IBD research activity in Finland focusses especially on epidemiology, non-invasive monitoring and treatment outcomes.

Does your centre or country have a common IBD database or bio bank?
There have been unfortunate problems in implementing a national IBD register. The first local IT-based database has now been implemented and the aim is to make it national.
We do have a bio bank.
What are your most prestigious/interesting past and on-going projects?
The main areas of research interest have included epidemiology, genetics, quality of life, non-invasive monitoring and cessation of anti-TNF treatment.
Which ECCO Projects/Activities is the group currently involved in?
There has been a Finnish representative on several ECCO Committees, including EpiCom. The group has also taken part in some ECCO Guideline projects.
What are your aims for the future?
To increase the knowledge of ECCO Activities among our members, to increase collaboration with other ECCO Country Members and to take part in international research and clinical projects. We also aim to apply for a second ECCO Educational Workshop in the near future in order to further implement the ECCO Guidelines.
How do you see ECCO helping you to fulfil these aims?
ECCO promotes a better quality of care for our IBD patients by organising Congresses and Workshops as well as by generating collaborations and international research projects.
What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
ECCO Congress and Workshops provide a great deal of high standard education and enable valuable networking during these activities. Very importantly, ECCO facilitates Educational Workshops for young colleagues in training. Particularly the annual IBD Intensive Advanced Course prior to the ECCO Congress has been a highly appreciated educational opportunity for trainees, and a substantial proportion of trainees have had the opportunity to attend the course at some point during their training. The ECCO Toolkits have frequently worked as both a guideline and a base for discussion with the trainees at the outpatient clinic at our hospital.

PAULIINA MOLANDER AND CLAS-GÖRAN AF BJÖRKESTEN
ECCO National Representatives, Finland

Questionnaire – ROMANIA

What has changed since your society became an ECCO Country Member?
Our national IBD society, RCCC, has become more important in terms of scientific research. We have also helped more doctors and residents to get into contact with our ECCO colleagues, and we have disseminated information on the importance of IBD more often than in the past.
What are the benefits to you of being an ECCO Country Member?
We have participated, together with other colleagues, in several clinical trials, and we have exchanged much information and experiences regarding management of IBD. Also, we are making ourselves more known in the community. We have had special guests at our national congresses, with ECCO Representatives more readily accepting invitations to be speakers. We have also held two ECCO Workshops, in Cluj-Napoca and Sibiu.
Is your society making use of the ECCO Guidelines?
Yes, they represent the cornerstone in our management of IBD. We helped to translate the Guidelines into Romanian and use statements from the Guidelines in every difficult case.
Have you developed links with other countries through your ECCO Country Membership?
Yes, we have developed links with countries like Greece, Hungary, Moldova Republic and France.
Have you developed research projects with other countries through your ECCO Country Membership?
Yes, we have also done this with colleagues from Hungary, Greece and Denmark.
Have you developed educational activities with other countries through your ECCO Country Membership?
Yes, we have also done this with colleagues from Hungary, Greece and Denmark.
Has your country been involved in a fellow exchange through ECCO?
Yes, our country has been involved in fellow exchange.
What are your main areas of research interest?
Currently, the priorities are:

- to remain up to date with cases from all over the country, through the National Registry of Inflammatory Bowel Diseases (IBDPROSPECT)
- to continue with the EPIROM project
- to explore the full potential of EpiCom Project

Adrian Goldis
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Mihai Mircea Diculescu
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Does your centre or country have a common IBD database or bio bank?
Our IBDPROSPECT database now has more than 2,400 subjects registered. Our bio bank has more than 300 tissue samples from all over the country.
What are your most prestigious/interesting past and ongoing projects?
The most interesting ongoing project is recruitment of more than ten subjects for validation of the Leman Score. This will be a very interesting tool for staging Crohn's Disease and also close monitoring of IBD. Also, we want to be part of a European bio bank organised by ECCO as well as the CROCO Project. When UR-CARE starts, we want to be involved in it.
Which ECCO Projects/Activities is the group currently involved in?
We are updating the EpiCom Project continuously and also participating in ECCO Guidelines.
What are your aims for the future?
We want to improve our research regarding IBD, and to closely monitor new cases of IBD given that the incidence and prevalence of IBD are increasing in our country. We also want to improve the knowledge of IBD among general practitioners.
How do you see ECCO helping you to fulfil these aims?
ECCO will help us to include Romania in projects with bio samples. Also they can help us with knowledge of the most recent breakthroughs and research projects.
What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
We use a variety of ECCO Tools, including the ECCO Website and ECCO Guidelines. We encourage our Y-ECCO Members to apply for grants and our nurses to participate in ECCO Activities. Above all, we use ECCO to gain access to new information.

ADRIAN GOLDIS AND MIHAI MIRCEA DICULESCU
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Inflammatory Bowel Diseases

13th Congress of ECCO
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- Reed Messe Vienna
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