European
Crohn's and Colitis
Organisation

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ECCO News AUTUMN

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European
Crohn's and Colitis
Organisation

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- Monthly eNewsletter
- Access to online members' area
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- Quarterly ECCO News – The society's magazine
- Educational and networking activities
- Guidelines, ECCO Fellowships, Grants and Travel Awards
- Access to ECCO UR-CARE - United Registries for Clinical Assessment and Research

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www.ecco-ibd.eu

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

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European Crohn's and Colitis Organisation

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Dear ECCO Friends,

They are not leading authors of manuscripts published in the New England Journal of Medicine or Lancet. They are not in the media. But if you ask patients suffering from IBD who is the health care professional providing the closest and most comforting personal care, the vast majority will answer, "My IBD nurse".

An essential aspect of health care is understanding that caring is much more than curing. We are fortunate to live in European countries in which socialised health systems provide essential universal care. Due to the increasing costs of health care, these systems are at their limit, and health care professionals have the great duty to defend them. In addition, medicine has the challenge of humanising care, improving communication with patients, being more empathetic and providing integrated care. In the midst of stressed health care systems, it is essential to understand that the best medicine can sometimes be a warm look, a friendly smile or caring and appropriate conveyance of information. In order to progress in this direction, it is essential to empower nurses.

In the context of an IBD Unit, nurses have unique and irreplaceable roles as patient advocates, representing their patients' views and wishes. Nurses offer a unique focus on the person, managing their illness in the context of their life rather than just their disease activity or therapeutic response. Nurses provide care in terms of point of access, education and therapy, enable an honest dialogue with patients about their history and medications and ensure that patients understand aspects of the disease that may be difficult to discuss, such as impacts on social, family and sexual life. Furthermore, within the multidisciplinary IBD team, nurses facilitate the links and coordination with other members of the team.

ECCO is proud to have a very active group of IBD nurses (N-ECCO) who provide basic and advanced education in the field and establish pioneering guidance published in documents such as the N-ECCO Consensus Statements on the European nursing roles in caring for patients with Crohn's Disease or Ulcerative Colitis. We have to acknowledge that in terms of nurse education, we face language barriers that limit accessibility to currently available materials and courses. To overcome these barriers, N-ECCO, the Education Committee and the Educational Officer, together with the remaining members of the Governing Board, are putting together a project to provide nurse education at a country level in the native language. We aim to facilitate IBD nurse education for a significant number of professionals who, for various reasons, currently do not have access to ECCO nurse education initiatives.

Only if we have outstanding IBD nurses will we have top quality IBD Units.

Enjoy ECCO News!

Julián Panés © ECCO

JULIÁN PANÉS
ECCO President

Scientific Programme – ECCO'18

ECCO'18 Theme: Science improving patients' lives

as of September 29, 2017

Preliminary programme: Thursday, February 15, 2018

11:00 - 12:00	Industry sponsored satellite symposia, 1a & 1b	
12:15 - 12:20	Welcome Rainer Schöfl, Linz, Austria	
12:20 - 12:30	Opening Julián Panés, Barcelona, Spain	
12:30 - 14:00	Scientific session 1: Exploring IBD over time Axel Dignass, Frankfurt am Main, Germany Charlotte Hedin, Stockholm, Sweden	
	12:30 - 12:50	Can we diagnose pre-symptomatic IBD? Joana Torres, Lisbon, Portugal
	12:50 - 13:00	Oral presentation 1
	13:00 - 13:20	Targeting early disease – lessons from rheumatoid arthritis Daniel Aletaha, Vienna, Austria
	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 Florian Rieder, Cleveland, United States
14:00 - 14:30	Coffee break	
14:30 - 16:00	Scientific session 2: Novel treatment strategies Matthieu Allez, Paris, France Tim Raine, Cambridge, United Kingdom	
	14:30 - 14:50	Combining new drugs with different mechanisms Shomron Ben-Horin, Ramat Gan, Israel
	14:50 - 15:00	Oral presentation 4
	15:00 - 15:20	Stem cell therapy for perianal CD – multidisciplinary management Damián García-Olmo, Madrid, Spain Silvio Danese, Milan, Italy
	15:20 - 15:30	Oral presentation 5
	15:30 - 15:40	Oral presentation 6
	15:40 - 16:00	Small molecules are back Laurent Peyrin-Biroulet, Vandeouvre-les-Nancy, France
16:00 - 17:20	Scientific session 3: The future of IBD diagnosis and disease prediction Iris Dotan, Tel Aviv, Israel Jonas Halfvarson, Örebrö, Sweden	
	16:00 - 16:20	ECCO–ESGAR Guidelines: Present and future of diagnostic techniques for IBD Jaap Stoker, Amsterdam, The Netherlands Christian Maaser, Lueneburg, Germany
	16:20 - 16:40	Molecular endoscopy for IBD Raja Atreya, Erlangen, Germany
	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 Claudio Fiocchi, Cleveland, United States
17:30 - 18:30	Digital Oral Presentations (Sessions 1-5)	
18:45 - 19:45	Industry-sponsored satellite symposia 2a & 2b & 2c	

Labelling Congress presentations with keywords

As you may have seen, the e-CCO Library (***https://e-learning.ecco-ibd.eu/blocks/exalib/adv_search.php***) has recently been revamped. It is a very popular resource, containing abstracts from ECCO Congresses, presentations and video recordings of talks given in the Plenary, and presentations given in the educational courses of the ECCO Congress as well as video recordings of selected courses. With the improved e-CCO Library structure, this content is now even easier to find and browse.

In order to keep the e-CCO Library user-friendly and to connect all of ECCO's online learning content, a list of keywords has been created based on the ECCO IBD Curriculum topics. All content, including the presentations given at Congress that will be included in the e-CCO Library with the speakers' consent, will be categorised using this list of keywords. Not only will this enable an easier search of the content for relevant topics, it will also allow ECCO to connect Congress presentations with other e-learning content, such as the popular e-Courses, and provide an easy guide for self-directed learning for ECCO Members. For example, a Member who completes an e-Course on a specific topic can then easily be directed to the discussions of advanced aspects of this topic that took place in the Plenary. If you would like to know more about the ECCO IBD Curriculum and how it works, you can find it on the e-CCO Learning Platform and also read the first report on the implementation of the Curriculum in the pages of this issue.

We firmly believe that embedding the allocation of keywords in the process of content creation will create a sustainable system. Look for the keywords when you're submitting your abstract for ECCO'18!

Preliminary programme: Friday, February 16, 2018

07:15 - 08:15	Industry-sponsored satellite symposia, 3a & 3b (tbc) & 3c	
08:30 - 10:30	Scientific session 4: Returning to a normal life with IBD Barry Hall, Dublin, Ireland Paula Ministro, Viseu, Portugal	
	08:30 - 08:50	Sexual dysfunction in IBD patients Eugeni Domènech, Badalona, Spain
	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 Jean-Frédéric Colombel, New York City, United States
	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 Corey Siegel, Lebanon, United States
10:30-11:00	Coffee break	
11:00 - 12:30	Scientific session 5: New opportunities for IBD care and research Dominik Bettenworth, Münster, Germany James Lindsay, London, United Kingdom	
	11:00 - 11:20	Remote monitoring Daniel Baumgart, Berlin, Germany
	11:20 - 11:40	Point of care tests Ann Gils, Leuven, Belgium
	11:40 - 12:00	Web-based registries Pascal Juillerat, Bern, Switzerland
	12:00 - 12:10	Oral presentation 15
	12:10 - 12:30	Can the patient become an investigator? Germari Bianchi, Milan, Italy
12:30 - 13:30	Break / Guided Poster Session	
12:40 - 13:20	Educational Lunchtime Satellite Symposia LS1 & LS2 & LS3 & LS4	
13:30 - 15:00	Scientific session 6: Best perioperative management of IBD Yves Panis, Clichy, France Walter Reinisch, Vienna, Austria	
	13:30 - 13:50	Get your patient fit for surgery Paulo Kotze, Curitiba, Brazil; Calgary, Canada Peter Irving, London, United Kingdom
	13:50 - 14:00	Oral presentation 16
	14:00 - 14:20	Enhanced postoperative recovery pathways Gionata Fiorino, Milan, Italy Antonino Spinelli, Milan, Italy
	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 Pierre Michetti, Lausanne, Switzerland
15:00 - 15:30	Coffee break	
choose		
15:30 - 16:10	Scientific session 7: ECCO Fellowship and Grants Gerhard Rogler, Zurich, Switzerland Dino Tarabar, Belgrade, Serbia	
	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 Filip Baert, Roeselare, Belgium Gerassimos Mantzaris, Athens, Greece	
	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 Massimo Fantini, Rome, Italy Britta Siegmund, Berlin, Germany	
	15:30 - 15:50	Pathogenesis of fistulising IBD Michael Scharl, Zurich, Switzerland
	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 Hermona Soreq, Jerusalem, Israel
	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 Herbert Tilg, Innsbruck, Austria
17:20 - 18:20	Digital Oral Presentations (Session 6-10)	
18:35 - 19:35	Industry-sponsored satellite symposia 4a & 4b (tbc) & 4c & 4d	

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 Arie Levine, Tel Aviv, Israel Murat Toruner, Ankara, Turkey	
	08:30 - 08:50	Safe use of drugs in paediatric and elderly populations Gigi Veereman, Brussels, Belgium Pieter Hindryckx, Ghent, Belgium
	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 Dan Turner, Jerusalem, Israel Richard Russell, Glasgow, United Kingdom
	09:30 - 09:40	Oral presentation 33
	09:40 - 09:50	Oral presentation 34
	09:50 - 10:00	Oral presentation 35
	10:00 - 10:20	Monitoring and improving safety of new agents Miguel Regueiro, Pittsburgh, United States
10:20 - 10:50	Coffee break	
10:50 - 12:20	Scientific session 11: Colorectal Cancer in IBD Jessica de Bruyn, Amsterdam, The Netherlands Mircea Diculescu, Bucharest, Romania	
	10:50 - 11:10	Molecular basis of dysplasia in IBD – clues for cancer prevention therapies? Laurence Egan, Galway, Ireland
	11:10 - 11:20	Oral presentation 36
	11:20 - 11:40	Serrated lesions in IBD Roger Feakins, London, United Kingdom Maria Pellise, Barcelona, Spain
	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 Raf Bisschops, Leuven, Belgium
12:20 - 12:50	Scientific session 12: ECCO Lecture Silvio Danese, Milan, Italy Julián Panés, Barcelona, Spain	
	12:20 - 12:50	Is translation the way to treatment personalisation? Yehuda Chowers, Haifa, Israel
12:50 - 12:55	Awards and closing remarks Julián Panés, Barcelona, Spain	
12:55 - 13:00	The ECCO Film 2018	

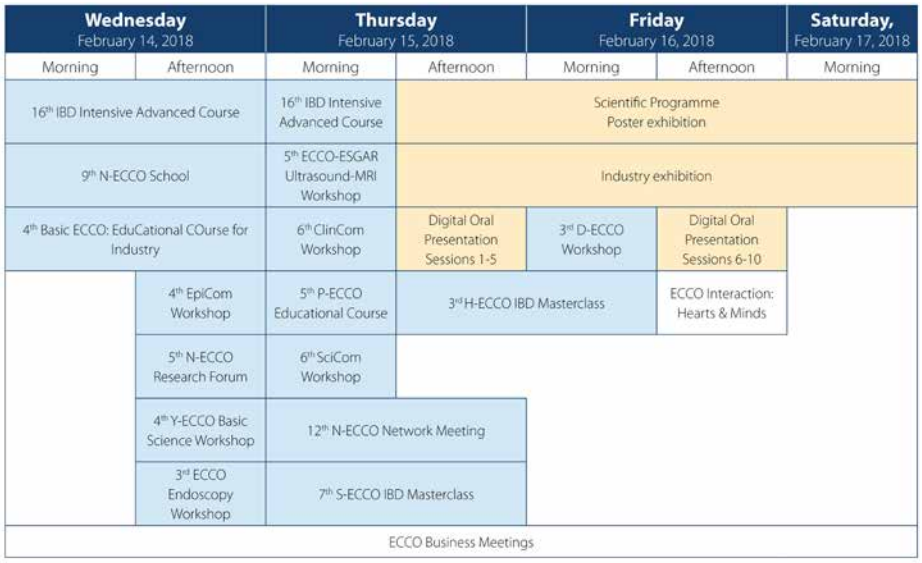
Educational Programme at ECCO'17

as of September 29, 2017

The educational programme of the 13th Congress of ECCO begins prior to the official start of the ECCO Congress, with courses taking place on 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 below. Please note that some of the 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!



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** Julián Panés, Barcelona, Spain James Lindsay, London, United Kingdom	
09:10 - 10:05	**Session 1: Pathogenesis** Lead discussant: James Lindsay, London, United Kingdom	
	09:10 - 09:25	**Exposome** Jonas Halfvarson, Örebrö, Sweden
	09:25 - 09:40	**Genetics** Miles Parkes, Cambridge, United Kingdom
	09:40 - 09:55	**Inflammatory pathways** Yehuda Chowers, Haifa, Israel
	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** Lead discussant: Antonio López-Sanromán, Madrid, Spain	
	10:20 - 10:40	**5-ASA compounds** Gerhard Rogler, Zurich, Switzerland
	10:40 - 11:00	**Thiopurines** Peter Irving, London, United Kingdom
	11:00 - 11:15	**Methotrexate** Pascal Juillerat, Bern, Switzerland
	11:15 - 11:35	**Steroids** Stephan Vavricka, Zurich, Switzerland
11:35 - 12:55	**Session 2: Drug management sessions. Part II: Biologics** Lead discussant: Séverine Vermeire, Leuven, Belgium	
	11:35 - 11:55	**Anti-TNF agents** Filip Baert, Roeselare, Belgium
	11:55 - 12:10	**Vedolizumab** James Lindsay, London, United Kingdom
	12:10 - 12:25	**Ustekinumab** Marc Ferrante, Leuven, Belgium
	12:25 - 12:40	**Tofacitinib** Séverine Vermeire, Leuven, Belgium
	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** Janneke van der Woude, Rotterdam, The Netherlands Iris Dotan, Tel Aviv, Israel OR: **b. Managing extraintestinal manifestations of IBD** Stephan Vavricka, Zurich, Switzerland Peter Lakatos, Budapest, Hungary; Montreal, Canada
	14:15 - 15:00	EITHER: **a. Managing IBD and pregnancy** Janneke van der Woude, Rotterdam, The Netherlands Iris Dotan, Tel Aviv, Israel OR: **b. Managing extraintestinal manifestations of IBD** Stephan Vavricka, Zurich, Switzerland Peter Lakatos, Budapest, Hungary; Montreal, Canada
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** Shomron Ben-Horin, Ramat Gan, Israel Axel Dignass, Frankfurt am Main, Germany OR: **b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation** Pierre Michetti, Lausanne, Switzerland Marc Ferrante, Leuven, Belgium
	16:00 - 16:45	EITHER: **a. Managing complications associated with anti-TNF therapy** Shomron Ben-Horin, Ramat Gan, Israel Axel Dignass, Frankfurt am Main, Germany OR: **b. Perform endoscopy and IBD incl. chromo-endoscopy, balloon dilatation** Pierre Michetti, Lausanne, Switzerland Marc Ferrante, Leuven, Belgium
17:00 - 18:00	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 Lead discussant: Ailsa Hart, London, United Kingdom	
	07:45 - 08:30	Case-based discussion: Fistulising Crohn's Disease: Medical and surgical approaches Antonio López-Sanromán, Madrid, Spain Paulo Kotze, Curitiba, Brazil; Calgary, Canada
	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 Case presentation: Michael Fitzpatrick, Oxford, United Kingdom Discussion: Simon Travis, Oxford, United Kingdom
	09:20 - 09:25	Discussion / Questions
09:25 - 09:45	Coffee break	
09:45 - 11:50	Session 5: Special cases scenarios Lead discussant: Gerassimos Mantzaris, Athens, Greece	
	09:45 - 10:15	Medical management of Acute Severe Ulcerative Colitis Corey Siegel, Lebanon, United States
	10:15 - 10:45	Management of refractory pouchitis Iris Dotan, Tel Aviv, Israel
	10:45 - 11:15	Pre- and postoperative management of Crohn's Disease Glen Doherty, Dublin, Ireland
	11:15 - 11:50	Case-based discussion: Investigation and management of mild/moderate Crohn's Disease Case presentation: Tim Raine, Cambridge, United Kingdom Discussion: Laurence Egan, Galway, Ireland
11:50 - 12:00	Feedback and closing remarks Pascal Juillerat, Bern, Switzerland	

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

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

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

07:15 - 08:15	N-ECCO School Satellite Symposium (tbc)	
08:30 - 08:45	Welcome and introduction Usha Chauhan, Hamilton, Canada	
08:45 - 12:15	Session 1: Diagnosis and assessment Usha Chauhan, Hamilton, Canada Nicolette Wierdsma, Amsterdam, The Netherlands	
	08:45 - 09:30	Diagnosis, anatomy and physiology in IBD Marc Ferrante, Leuven, Belgium
	09:30 - 10:00	Psychosocial implications of living with IBD Kay Greveson, London, United Kingdom
	10:00 - 10:30	Nutritional assessment in IBD Konstantinos Gerasimidis, Glasgow, United Kingdom
10:30 - 10:45	Coffee break	
	10:45 - 11:15	Surgery in IBD Michel Adamina, Winterthur, Switzerland
	11:15 - 11:45	Medical treatment Konstantinos Katsanos, Ioannina, Greece
	11:45 - 12:15	Adherence Palle Bager, Aarhus, Denmark
12:15 - 13:15	Lunch break	
13:15 - 14:50	Session 2: Case studies – Disease management Kay Greveson, London, United Kingdom Nicolette Wierdsma, Amsterdam, The Netherlands	
	13:15 - 14:05	EITHER: Workshop 1 – UC Management (Group A) Nik Ding, Melbourne, Australia OR: Workshop 2 – CD Management (Group B) Pieter Hindryckx, Ghent, Belgium
	14:05 - 14:50	EITHER: Workshop 1 – UC Management (Group B) Nik Ding, Melbourne, Australia OR: Workshop 2 – CD Management (Group A) Pieter Hindryckx, Ghent, Belgium
14:50 - 15:05	Coffee break	
15:05 - 16:05	Session 3: Multidisciplinary management in IBD Kay Greveson, London, United Kingdom Nicolette Wierdsma, Amsterdam, The Netherlands	
	15:05 - 15:35	Nutritional management in IBD Rotem Sigall-Boneh, Tel Aviv, Israel
	15:35 - 16:05	Nursing roles in IBD management Liesbeth Moortgat, Roeselare, Belgium
16:05 - 16:15	Closing remarks Usha Chauhan, Hamilton, Canada	
16:30 - 17:30	N-ECCO School Symposium (tbc)	

Responsible Committee: N-ECCO
Target audience: IBD nurses, Dietitians
Registration: Upon invitation only

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

3rd ECCO Endoscopy Workshop
Wednesday, February 14, 2018

11:30 - 12:30	Endoscopy Workshop Satellite Symposium (tbc)
13:00 - 13:15	Welcome and introduction James Lindsay, London, United Kingdom Pre-Course test
13:15 - 14:15	Session 1: Endoscopic scores in UC: UCEIS vs Mayo Chair: James Lindsay, London, United Kingdom Speaker: Simon Travis, Oxford, United Kingdom
14:15 - 15:15	Session 2: Endoscopic surveillance Chair: Matthieu Allez, Paris, France Speaker: Raf Bisschops, Leuven, Belgium
15:15 - 15:45	Coffee break
15:45 - 16:45	Session 3: Endoscopic therapy in IBD Chair: Massimo Fantini, Rome, Italy Speaker: Raja Atreya, Erlangen, Germany
16:45 - 17:45	Session 4: Small bowel and pouch assessment Chair: Peter Lakatos, Budapest, Hungary;Montreal, Canada Speaker: Peter Irving, London, United Kingdom
17:45 - 18:00	Post-Course test Concluding remarks Peter Irving, London, United Kingdom

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 Susanna Jäghult, Stockholm, Sweden	
14:10 - 15:10	Session 1: Practical issues in research Palle Bager, Aarhus, Denmark Susanna Jäghult, Stockholm, Sweden	
	14:10 - 14:30	Funding Christine Norton, London, United Kingdom
	14:30 - 14:50	Publication Shomron Ben-Horin, Ramat Gan, Israel
	14:50 - 15:10	How to develop guidelines Karen Kemp, Manchester, United Kingdom
15:10 - 17:45	Session 2: International IBD nursing research projects Palle Bager, Aarhus, Denmark Susanna Jäghult, Stockholm, Sweden	
	15:10 - 15:25	Status on: Fatigue and physical function in IBD Dawn Farrell, Cork, Ireland
	15:25 - 15:40	Status on: Fatigue in Europe Wladzia Czuber-Dochan, London, United Kingdom
	15:40 - 16:00	International IBD research projects TBA
16:00 - 16:30	Coffee break	
	16:30 - 17:30	Workshops Dawn Farrell, Cork, Ireland Wladzia Czuber-Dochan, London, United Kingdom Grant awardees TBC
	17:30 - 17:45	Short presentation of status from the workshops Grant awardees TBC
17:45 - 18:00	Learning from today: How to proceed? Susanna Jäghult, Stockholm, Sweden Palle Bager, Aarhus, Denmark	

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

ECCO Membership 2018 required: IBD nurse Member
Registration fee: EUR 15,- – 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 Ebbe Langholz, Copenhagen, Denmark	
13:40 - 15:40	Session 1: Basic principles pharmacoepidemiology Laurent Beaugerie, Paris, France TBC	
	13:40 - 14:00	An introduction to pharmacoepidemiology Laurent Peyrin-Biroulet, Vandeouvre-les-Nancy, France
	14:00 - 14:20	Real world data Jonas Halfvarson, Örebro, Sweden
	14:20 - 14:40	The role of pharmacoepidemiology in regulatory agencies Martin Erik Nyeland, Copenhagen, Denmark
	14:40 - 15:10	Central threats to the validity Marieke Pierik, Maastricht, The Netherlands
	15:10 - 15:30	Propensity scores and other approaches to overcome potential biases TBC
	15:30 - 15:40	Q&A Session
15:40 - 16:00	Coffee break	
16:00 - 17:00	Session 2: Pharmacoepidemiology and IBD Naila Arebi, London, United Kingdom Marieke Pierik, Maastricht, The Netherlands	
	16:00 - 16:20	Pharmacoepidemiology of distinct populations: A focus on ageing and ethnic populations Naila Arebi, London, United Kingdom
	16:20 - 16:50	Pharmacoepdemiological studies on IBD using national registries. Examples from Denmark and France Laurent Beaugerie, Paris, France TBC
	16:50 - 17:00	Q&A Session
17:00	Closure & farewell Ebbe Langholz, Copenhagen, Denmark	

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

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

13:30 - 13:35	Introduction Isabelle Cleynen, Leuven, Belgium	
13:35 - 14:50	Session 1: In vivo perils in IBD Dominik Bettenworth, Münster, Germany Claudio Fiocchi, Cleveland, United States	
	13:35 - 14:05	Application and relevance of in vivo models in IBD Claudio Fiocchi, Cleveland, United States
	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 Britta Siegmund, Berlin, Germany Nuha Yassin, London, United Kingdom	
	15:10 - 15:40	Promises and perils of ex vivo models in IBD Britta Siegmund, Berlin, Germany
	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 Y-ECCO best abstract awards Isabelle Cleynen, Leuven, Belgium	
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/ Member
Registration fee: EUR 80.- (half price for Y-ECCO and IBD nurse Members) – incl. 20% Austrian VAT

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

10:00 - 10:05	Welcome Julián Panés, Barcelona, Spain	
10:05 - 12:00	Session 1 Javier Gisbert, Madrid, Spain	
	10:05 - 10:20	What is IBD, and what is the difference between Ulcerative Colitis and Crohn's Disease? John Mansfield, Newcastle upon Tyne, United Kingdom
	10:20 - 10:35	What causes IBD? Isabelle Cleynen, Leuven Belgium
	10:35 - 10:45	Question time
	10:45 - 11:00	How is IBD diagnosed? Edyta Zagorowicz, Warsaw, Poland
	11:00 - 11:15	What are risk factors for complicated IBD outcome? Krisztina Gecse, Amsterdam, The Netherlands
	11:15 - 11:30	How is IBD care organised? Jonas Halfvarson, Örebrö, Sweden
	11:30 - 11:45	What do IBD nurses do? Patricia Geens, Leuven, Belgium
	11:45 - 12:00	Question time
12:00 - 13:00	Lunch	
13:00 - 14:30	Session 2 John Mansfield, Newcastle upon Tyne, United Kingdom	
	13:00 - 13:15	What is the role of 5-ASA? Gerassimos Mantzaris, Athens, Greece
	13:15 - 13:30	What is the role of immunomodulators? Javier Gisbert, Madrid, Spain
	13:30 - 13:45	What about biological therapy? Marc Ferrante, Leuven, Belgium
	13:45 - 14:00	Is there a role for dietary treatment? Arie Levine, Tel Aviv, Israel
	14:00 - 14:15	How to choose between treatment modalities? Filip Baert, Roeselare, Belgium
	14:15 - 14:30	Question time
14:30 - 15:00	Coffee break	
15:00 - 16:30	Session 3 Krisztina Gecse, Amsterdam, The Netherlands	
	15:00 - 15:15	Surgery for perianal and fistulising CD: When and how? Paulo Kotze, Curitiba, Brazil; Calgary, Canada
	15:15 - 15:30	Surgery for luminal CD: When and how? Oded Zmora, Tel Aviv, Israel
	15:30 - 15:45	How to prevent postoperative CD recurrence? Antonio López-Sanróman, Madrid, Spain
	15:45 - 16:00	Surgery for UC: When and how? Antonino Spinelli, Milan, Italy
	16:00 - 16:15	What happens after a pouch operation? Nik Ding, Melbourne, Australia
	16:15 - 16:30	Question time
16:30 - 17:00	Session 4 Julián Panés, Barcelona, Spain	
	16:30 - 16:45	Where is the unmet need for patients with IBD? Ailsa Hart, London, United Kingdom
	16:45 - 17:00	The IBD quiz for the industry Marc Ferrante, Leuven, Belgium

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

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

09:00 - 09:15	Welcome and introduction Palle Bager, Aarhus, Denmark	
09:15 - 10:30	Session 1: Hot topics IBD nursing Kay Greveson, London, United Kingdom TBC	
	09:15 - 10:00	Demonstrating the value of the IBD nurse Isobel Mason, London, United Kingdom
	10:00 - 10:30	Sexual dysfunction in IBD Konstantinos Katsanos, Ioannina, Greece
10:30 - 11:00	Coffee break	
11:00 - 12:30	Session 2: From bench to bedside – practical IBD Usha Chauhan, Hamilton, Canada Tobias Kasa, Vienna, Austria	
	11:00 - 11:30	Iron-deficiency, anaemia and fatigue Palle Bager, Aarhus, Denmark
	11:30 - 12:00	Interpreting blood results (TGN, IGRA, TNF levels abnormal LFT, importance of TDM) Peter Irving, London, United Kingdom
	12:00 - 12:30	IBD and elderly Nienke Ipenburg, Leiden, The Netherlands
12:30 - 14:00	Lunch break (Self Guided Poster Round)	
12:45 - 13:45	N-ECCO Network Meeting Lunch Satellite Symposium	
14:00 - 14:45	Session 3: Abstracts Susanna Jäghult, Stockholm, Sweden TBC	
	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 Tobias Kasa, Vienna, Austria Liesbeth Moortgat, Roeselare, Belgium	
	15:15 - 15:45	Save the patient – Medical treatments Pieter Hindryckx, Ghent, Belgium
	15:45 - 16:15	Save the colon – Early surgery Yves Panis, Clichy, France
	16:15 -16:30	Q&A
16:30 - 17:00	Closing remarks, N-ECCO in 2018 and beyond Palle Bager, Aarhus, Denmark	

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

ECCO Membership 2018 required: IBD nurse Member
Registration fee: EUR 25.- 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** Oded Zmora, Tel Aviv, Israel	
08:25 - 10:15	**Session 1: Salt and grain of IBD surgery** Glen Doherty, Dublin, Ireland Yves Panis, Clichy, France	
08:25 - 09:05	**Debate 1: Short stricturing terminal ileum**	
	08:25 - 08:35	**Resection – Best outcome, why change** Antonino Spinelli, Milan, Italy
	08:35 - 08:45	**Save the TI – Side to side strictureplasty** Gianluca Sampietro, Milan, Italy
	08:45 - 08:55	**Advanced endoscopy will solve – Dilatation and stenting** Matthieu Allez, Paris, France
	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** Manon Wildenberg, Amsterdam, The Netherlands
	09:20 - 09:35	**The mesentery in ileocolic resection** Calvin Coffey, Limerick, Ireland
	09:35 - 09:50	**The mesentery in proctectomy** Christianne Buskens, Amsterdam, The Netherlands
	09:50 - 10:00	Discussion
10:00 - 10:15	**Sexual function before and after surgery for IBD** Janneke van der Woude, Rotterdam, The Netherlands	
10:15 - 10:45	Coffee break	
10:45 - 12:15	**Session 2: The scientific IBD surgeon** Willem Bemelman, Amsterdam, The Netherlands Oded Zmora, Tel Aviv, Israel	
	10:45 - 11:45	**Trials and free papers** TBA
	11:45 - 12:00	**Patient reported outcomes in IBD surgery – What does it mean** Séverine Vermeire, Leuven, Belgium
	12:00 - 12:15	**Keynote lecture – Unmet needs in IBD surgery: Surgical research** André D'Hoore, Leuven, Belgium
12:15 - 13:15	Lunch break	
13:15 - 15:15	**Session 3: Cutting edge IBD surgery** Michel Adamina, Winterthur, Switzerland Amy Lightner, Rochester, United States	
13:15 - 13:45	**The big debate: Low grade dysplasia of the colon**	
	13:15 - 13:25	**Watchful waiting** Iris Dotan, Tel Aviv, Israel
	13:25 - 13:35	**In the bucket** Yves Panis, Clichy, France
	13:35 - 13:45	Discussion
13:45 - 14:35	**The Debate: The simple high perianal fistula**	
	13:45 - 13:55	**Biologics all the way** Paulo Kotze, Curitiba, Brazil; Calgary, Canada
	13:55 - 14:05	**Fistulotomy, LIFT or advancement: Their only chance** Nadav Haim, Tel Aviv, Israel
	14:05 - 14:15	**Glues and plugs** Philip Tozer, London, United Kingdom
	14:15 - 14:25	**Stem cells: The holy grail?** Julián Panés, Barcelona, Spain
	14:25 - 14:35	Discussion
14:35 - 15:15	**My ileoanal Pouch**	
	14:35 - 14:45	**Tips and tricks to prevent a leak** Oded Zmora, Tel Aviv, Israel
	14:45 - 14:55	**Salvage of the acute and chronic anastomotic leak** Willem Bemelman, Amsterdam, The Netherlands
	14:55 - 15:05	**Does size matter? How long should the Pouch be?** Francesco Colombo, Milan, Italy
	15:05 - 15:15	Discussion
15:15 - 15:45	Coffee break	
15:45 - 16:15	**Session 4: It takes two to tango** Ailsa Hart, London, United Kingdom Paulo Kotze, Curitiba, Brazil; Calgary, Canada	
	15:45 - 16:00	**Perioperative dietary therapy (Tandem talk)** Rotem Sigall-Boneh, Tel Aviv, Israel Michel Adamina, Winterthur, Switzerland
	16:00 - 16:15	**Stomas in IBD (Tandem talk)** Karen Kemp, Manchester, United Kingdom Janindra Warusavitarne, London, United Kingdom
16:15 - 17:05	**Session 5: Decision making on the edge – Consultants' Corner** Jean-Frédéric Colombel, New York, United States Miguel Blas Franco, Tlalpan, Mexico André D'Hoore, Leuven, Belgium Antonino Spinelli, Milan, Italy	
	16:15 - 17:05	**Challenging cases** TBA
17:05 - 17:15	**Closing remarks** TBA	

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

5th P-ECCO Educational Course
Thursday, February 15, 2018

08:30 - 09:30	P-ECCO Course Satellite Symposium (tbc)	
10:00 - 12:00	**Tackling the continuing challenges in PIBD patients** Richard Russell, Glasgow, United Kingdom Patrick van Rheenen, Groningen, The Netherlands	
	10:00 - 10:05	**Welcome and introduction** Richard Russell, Glasgow, United Kingdom
	10:05 - 10:25	**Trans-mural healing: A desirable and achievable goal for children?** Richard Russell, Glasgow, United Kingdom
	10:25 - 10:50	**Monogenic very early onset IBD – Case-based discussion** Neil Shah, London, United Kingdom
	10:50 - 11:15	**When approved drugs don't work** David Wilson, Edinburgh, United Kingdom
	11:15 - 11:40	**Childhood onset PSC: A distinct IBD phenotype?** Patrick van Rheenen, Groningen, The Netherlands
	11:40 - 12:00	**Stopping drugs in children – Case-based discussion** Jarosław Kierkuś, Warsaw, Poland

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

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

07:30 - 07:40	**Welcome and introduction** Andrea Laghi, Latina, Italy Giovanni Maconi, Milan, Italy
07:40 - 08:40	**Introductory lectures** Ultrasound: Torsten Kucharzik, Lueneburg, Germany MRI: Jordi Rimola, Barcelona, Spain
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)** Anil Asthana, Melbourne, Australia Emma Calabrese, Rome, Italy Arun Gupta, Harrow, United Kingdom Christian Maaser, Lueneburg, Germany Francesca Maccioni, Rome, Italy Kerri Novak, Calgary, Canada Pasquale Paolantonio, Rome, Italy Jordi Rimola, Barcelona, Spain Jaap Stoker, Amsterdam, The Netherlands Michael Torkzad, Godalming, United Kingdom Stephan Vavricka, Zurich, Switzerland Rune Wilkens, Aarhus, Denmark
11:40 - 12:00	**Q & A Session** All participating tutors
12:00 - 12:15	**Post-Course test** **Concluding remarks** Andrea Laghi, Latina, Italy Giovanni Maconi, Milan, Italy

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 Member or ESGAR 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** Charlie Lees, Edinburgh, United Kingdom Gerhard Rogler, Zurich, Switzerland	
	08:45 - 08:55	**Welcome and introduction** Florian Rieder, Cleveland, United States
	08:55 - 09:25	**Fat and inflammation in obesity** Annette Schürmann, Nuthetal, Germany
	09:25 - 09:55	**Working with lipids in basic science – Pitfalls and opportunities** Sebastian Zeissig, Dresden, Germany
	09:55 - 10:25	**Mesenteric fat and immune regulation – Can abdominal fat control intestinal inflammation?** Britta Siegmund, Berlin, Germany
10:25 - 10:45	Coffee break	
10:45 - 11:55	**Session 2** Shomron Ben-Horin, Tel Aviv, Israel Britta Siegmund, Berlin, Germany	
	10:45 - 11:05	**Angiogenesis and lymphangiogenesis in mesenteric adipose tissue in IBD** Silvio Danese, Milan, Italy
	11:05 - 11:25	**Fat and mesenchymal cell interactions – Role in fibrosis and creeping fat formation** Florian Rieder, Cleveland, United States
	11:25 - 11:45	**Fat: Unsuspected modulator of response to therapy** Sreedhar Subramanian, Liverpool, United Kingdom
	11:45 - 11:55	**Closing remarks** Britta Siegmund, Berlin, Germany

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

6th ClinCom Workshop
Thursday, February 15, 2018

08:00 - 08:05	**Welcome & introduction** Marc Ferrante, Leuven, Belgium	
08:05 - 09:45	**Session 1: Evolving endpoints in IBD clinical trials** Javier Gisbert, Madrid, Spain	
	08:05 - 08:25	**Patient reported outcomes** Laurent Peyrin-Biroulet, Vandeouvre-les-Nancy, France
	08:25 - 08:45	**Defining endoscopic endpoints** Krisztina Gecse, Amsterdam, The Netherlands
	08:45 - 09:05	**Cross-sectional imaging** Andrea Laghi, Latina, Italy
	09:05 - 09:25	**Histologic remission** Roger Feakins, London, United Kingdom
	09:25 - 09:45	**How endpoints can influence trial design?** Walter Reinisch, Vienna, Austria
09:45 - 10:15	Coffee break	
10:15 - 11:30	**Session 2: Comparative effectiveness research (CER)** John Mansfield, Newcastle upon Tyne, United Kingdom	
	10:15 - 10:30	**General principle** Jean-Frédéric Colombel, New York, United States
	10:30 - 10:50	**What is the value of retrospective CER?** Pieter Hindryckx, Ghent, Belgium
	10:50 - 11:10	**Head-to-head trials** Simon Travis, Oxford, United Kingdom
	11:10 - 11:30	**Setting priorities for IBD (discussion)** Jean-Frédéric Colombel, New York, United States Pieter Hindryckx, Ghent, Belgium Simon Travis, Oxford, United Kingdom John Mansfield, Newcastle upon Tyne, United Kingdom Elmer Schabel, Bonn, Germany
11:30 - 11:40	**Summary & closing remarks** Marc Ferrante, Leuven, Belgium	

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

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

13:30 - 13:35	Welcome & introduction Roger Feakins, London, United Kingdom	
13:35 - 15:15	Session 1: IBD diagnosis and IBD unclassified Peter Irving, London, United Kingdom Vincenzo Villanacci, Brescia, Italy	
	13:35 - 13:55	Biopsy diagnosis and classification of IBD Paula Borralho, Lisbon, Portugal
	13:55 - 14:15	UC vs CD in resections and "Indeterminate Colitis" Roger Feakins, London, United Kingdom
	14:15 - 14:30	IBD subclassification and IBDU: A gastroenterologist's perspective Peter Irving, London, United Kingdom
	14:30 - 14:45	IBDU/"Indeterminate Colitis" and its management: A surgeon's perspective Antonino Spinelli, Milan, Italy
	14:45 - 15:05	The appendix and periappendiceal mucosa in IBD Neil Shepherd, Cheltenham, United Kingdom
	15:05 - 15:15	Slide seminar case 1 Paula Borralho, Lisbon, Portugal
15:15 - 15:45	Coffee break	
15:45 - 17:20	Session 2: Diagnostic precision Paula Borralho, Lisbon, Portugal Magali Svrcek, Paris, France	
	15:45 - 16:00	Granulomas and giant cells and their value Roger Feakins, London, United Kingdom
	16:00 - 16:20	Ileitis: Crohn's Disease, "Backwash", and other types Paula Borralho, Lisbon, Portugal
	16:20 - 16:35	Effects of chronicity on IBD pathology Roger Feakins, London, United Kingdom
	16:35 - 16:50	Eosinophils in IBD and related conditions Vincenzo Villanacci, Brescia, Italy
	16:50 - 17:10	Dysplasia vs reactive: A practical approach Magali Svrcek, Paris, France
	17:10 - 17:20	Slide seminar case 2 Vincenzo Villanacci, Brescia, Italy

Friday, February 16, 2018

08:00 - 09:45	Session 3: Recent advances Roger Feakins, London, United Kingdom Joana Torres, Lisbon, Portugal	
	08:00 - 08:20	Microbiota: Their role in the pathogenesis and progression of IBD Harry Sokol, Paris, France
	08:20 - 08:45	Hot topics in IBD research Magali Svrcek, Paris, France
	08:45 - 09:05	Liver disease in IBD Joana Torres, Lisbon, Portugal
	09:05 - 09:25	Liver pathology in IBD Dina Tiniakos, Newcastle, United Kingdom
	09:25 - 09:45	Colorectal neoplasia in IBD Magali Svrcek, Paris, France
09:45 - 10:15	Coffee break	
10:15 - 11:55	Session 4: Scoring and grading; optimising the pathology report Paula Borralho, Lisbon, Portugal Magali Svrcek, Paris, France	
	10:15 - 10:30	Clinical grades and scores in IBD James Lindsay, London, United Kingdom
	10:30 - 10:50	Histological scores – Can we agree, and do they have a role? Jean-François Flejou, Paris, France
	10:50 - 11:05	CMV: Identification and quantification Vincenzo Villanacci, Brescia, Italy
	11:05 - 11:15	Biopsy report: New and established disease Roger Feakins, London, United Kingdom
	11:15 - 11:25	Resection report in IBD Vincenzo Villanacci, Brescia, Italy
	11:25 - 11:35	Datasets for IBD: Could they be useful? Roger Feakins, London, United Kingdom
	11:35 - 11:55	Slide seminar cases 3 and 4 Paula Borralho, Lisbon, Portugal Vincenzo Villanacci, Brescia, Italy
11:55 - 12:00	Closing remarks Roger Feakins, London, United Kingdom	

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

ECCO Membership 2018 required: Regular/Y-ECCO/IBD nurse
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 Rotem Sigall-Boneh, Tel Aviv, Israel	
08:36 - 09:40	Session 1: Case-based presentations Gerassimos Mantzaris, Athens, Greece Rotem Sigall-Boneh, Tel Aviv, Israel	
	08:36 - 08:52	Obesity in IBD Miranda Lomer, London, United Kingdom
	08:52 - 09:08	Nutritional assessment Konstantinos Gerasimidis, Glasgow, United Kingdom
	09:08 - 09:24	Management of stoma Nicolette Wierdsma, Amsterdam, The Netherlands
	09:24 - 09:40	Complications arising out of (mal)nutritionally induced refractory disease Gerassimos Mantzaris, Athens, Greece
09:40 - 10:00	Coffee break	
10:00 - 11:00	Session 2: Diet and Ulcerative Colitis Miranda Lomer, London, United Kingdom Nicolette Wierdsma, Amsterdam, The Netherlands	
	10:00 - 10:20	Dietary pathogenesis in Ulcerative Colitis Chen Sarbagili, Tel Aviv, Israel
	10:20 - 10:40	From pharma to farma in IBD Arie Levine, Tel Aviv, Israel
	10:40 - 11:00	Probiotics and Ulcerative Colitis Ailsa Hart, London, United Kingdom
11:00 - 11:20	Coffee break	
11:20 - 12:00	Session 3: Supplements in IBD Konstantinos Gerasimidis, Glasgow, United Kingdom Arie Levine, Tel Aviv, Israel	
	11:20 - 11:40	Dietary supplements in IBD Rotem Sigall-Boneh, Tel Aviv, Israel
	11:40 - 12:00	A case for and against oral iron in IBD: Tandem talk Charlie Lees, Edinburgh, United Kingdom Richard Russell, Glasgow, United Kingdom
12:00 - 12:20	Panel discussion/Q & A Ailsa Hart, London, United Kingdom Charlie Lees, Edinburgh, United Kingdom Gerassimos Mantzaris, Athens, Greece Richard Russell, Glasgow, United Kingdom Chen Sarbagili, Tel Aviv, Israel	
12:20 - 12:25	Closing remarks Nicolette Wierdsma, Amsterdam, The Netherlands	

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

European
Crohn's and Colitis
Organisation

Announcement
2019

Inflammatory Bowel Diseases

14th Congress of ECCO
March 6-9, 2019

- Bella Center Copenhagen
- EACCME applied
- Register at the 13th Congress of ECCO in Vienna

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

ECCO Basic Science Session

An interview with Julián Panés

Julián Panés © ECCO

Why did you decide to initiate the Basic Science Session?

The ECCO Congress has evolved from being predominantly an educational conference to a scientific meeting where top-level original scientific work relating to IBD is presented. The original work presented at the Congress has in the past concentrated mostly on clinical research, but many IBD groups in Europe are very strong in translational research and have integrated a considerable number of outstanding basic scientists, including biologists, biochemists, bioinformaticians and pharmacists, for whom the ECCO Congress in its previous format did not offer an adequate discussion forum. The scientific work produced by these translational groups is highly competitive, because outside Europe there are very few such groups. We felt we have to promote the presentation and discussion of the top-level transitional research that is being undertaken in Europe.

What are the advantages and drawbacks of the Basic Science Session?

The Basic Science Session provides an opportunity to present basic and translational research and allows basic scientists working in IBD to engage in high-level discussions of their work. Some of the very basic topics relating to molecular and cellular aspects of IBD may not be a primary interest for most clinicians attending the ECCO Congress, but we also need to promote basic and translational advances concerning the diseases that we study and treat. The Basic Science Session is intended to foster interaction, networking and progress in basic IBD science, which constitutes an essential part of a research plan oriented to improving the lives of our patients and, ultimately (why not?), finding a cure for Ulcerative Colitis and Crohn's Disease.

Where do we stand with the Basic Science Session following its launch?

The attendance at our first Basic Science Session exceeded expectations, confirming the need for such a format. We are aware that there are physicians with a strong interest in this translational session and basic scientists who appreciate learning about clinical developments in IBD, and acknowledge that a parallel session necessitates a choice. However, a compromise needs to be reached between the increase in the amount of original work presented in the main sessions, the promotion of basic and translational science within the ECCO Congress and the length of the overall meeting. The Congress programme will retain a primarily linear format, except for this parallel basic session. We try to overlap the Basic Science Session with a section of the main Programme that is very clinically focussed, dealing with aspects of clinical practice.

What might be the future of the Basic Science Session?

With the help of the ECCO Scientific Committee and basic scientists working in the field, the Organising Committee of the ECCO Congress will identify the topics of greatest interest and will invite the best basic scientists within and beyond Europe to deliver an inspiring programme that will help to promote and advance translational research in IBD. The topics deserving of coverage are numerous, and the length and number of Basic Science Sessions will be adapted to the needs and requests of the audience. Promoting top-level science and networking among groups will increase the quality and relevance of translational research among ECCO Members.

Laurent Peyrin-Biroulet © ECCO

LAURENT PEYRIN-BIROULET
Editor, ECCO News

Call for ECCO Governing Board elections

Dear ECCO Friends,

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

ECCO Governing Board – open seats
President-Elect (2018-2020)
Secretary (2018-2021)

The **deadline** for submission of applications is **December 6, 2017** for ECCO Governing Board Members.
For details regarding the elections and to download election forms, please visit the ECCO Website ***www.ecco-ibd.eu/index.php/about-ecco/ecco-elections***. Please send all forms to the ECCO Office via e-mail to ***ecco@ecco-ibd.eu***.

Kind regards,

ECCO GOVERNING BOARD

The UR-CARE interview

Interview with Javier Gisbert, member of the UR-CARE Steering Committee


Javier Gisbert © ECCO

Can you explain in a few sentences what UR-CARE is about and how the idea was conceived?

The United Registries for Clinical Assessment and Research (UR-CARE) is an online registry that enables physicians to easily enter and manage IBD patient files in the course of daily practice. Furthermore, UR-CARE offers clinical investigators the opportunity to cooperate easily across study projects. Therefore, UR-CARE is a common European database for patient records but also clinical research studies. It is a unique tool that will enhance cooperation and patient care across Europe as well as at a local and national level.

The structure of UR-CARE was developed by the UR-CARE Taskforce from 2014 to 2016 through a process of multiple discussions. ECCO Experts from the Governing Board, the Scientific Committee, the Clinical Research Committee and the Epidemiological Committee and representatives of established national and study project IBD databases were involved in this process. Later on, the UR-CARE Taskforce was succeeded by the UR-CARE Steering Committee, which consists of four ECCO Officers: Filip Baert, Britta Siegmund (SciCom), Javier Gisbert (ClinCom) and Ebbe Langholz (EpiCom).

What is the benefit of the UR-CARE online registry as compared with the different local databases?

UR-CARE has the potential to be the biggest IBD digital database available today and to be a powerful resource for both individual healthcare professionals and IBD study groups.

For daily clinical practice. UR-CARE provides an inventory of all of your individual patients and it is possible to download both short summaries and detailed customised reports of their data, in either PDF or Word format. It is also possible to export your data into an Excel or SPSS file. It is an intuitive tool that can be used easily.

With respect to study projects, the platform offers clinical investigators the opportunity to cooperate easily across projects, using anonymised information captured in the database. Depending on the project, the study groups will have to follow certain rules to meet the legal and data protection needs. It will be a fantastic resource for conducting research studies in the field of IBD.

Is there a way of synchronising local databases with the UR-CARE platform?

The possibility exists for an individual centre to transfer data from an existing database into UR-CARE to avoid any loss of valuable data already collected. Individual centres willing to join UR-CARE with an existing database will be asked to copy their data in an Excel document listing all UR-CARE's variables and to import their data themselves using the import function of the platform.

For national IBD databases there will be the option of obtaining support from the IT company for the import of their data. If the national database originally contains important variables not included in UR-CARE, there will be the option of collecting additional variables on a case-by-case basis. It is, however, highly encouraged to conduct studies using the existing variables available in UR-CARE.

No synchronisation with an existing database will be possible: this is primarily for technical reasons but also because UR-CARE's features have to be fully used in order to gain the maximum benefit from it.

Is UR-CARE free to use or does the local institution have to pay a license?

UR-CARE is a gift from IBDIM, ECCO's Research Unit, to the European IBD community. The database is offered to individual centres and study groups as long as IBDIM is financially capable of maintaining it free of charge. Extra costs may apply if new variables are requested by national study groups.

What kind of study projects can be performed with the UR-CARE database and has anyone access to the data?

Investigators will be able to use the database for retrospective as well as prospective data collection. As it was crucial for the UR-CARE Steering Committee and IBDIM to meet all technical and legal requirements for the use of UR-CARE in the framework of study projects, it was decided to focus first on the use of the platform for retrospective studies. The option to use UR-CARE for prospective studies will become available in a second phase, in the near future.

Three levels of retrospective study project can be conducted in UR-CARE: (1) centre level, (2) permanently established study group in UR-CARE and (3) non-permanently established study group in UR-CARE. Centres and permanently established study groups can conduct retrospective studies with their own data without any further approval from the UR-CARE Steering Committee. Thus, national IBD study groups will remain autonomous when conducting retrospective studies with their data.

A study group is considered as permanently established in UR-CARE when a legal representative of the group has collected written consent from each centre of the group, stating that the anonymised medical data of their patients can be used within the group's retrospective projects. For non-permanently established study groups (for example, several centres from different countries that decide to collaborate in a specific project), it will be necessary to submit a study project proposal to the UR-CARE Steering Committee.

Regarding access to the data from individual centres, only centres which remain the owners of their patient data have full access to their patient records (personal and medical data). A centre will never be able to see the data of another centre in UR-CARE.

In practice, how does an institution get started with UR-CARE?

Individual institutes can join UR-CARE independently of their national study group. However, it is highly encouraged that individual institutes join UR-CARE with their national study group. This eases the administrative integration for the individual centres at the national level. We therefore recommend that centres contact their national study group first.

In order for a centre to join UR-CARE it will be required to adhere to a legal contract as well as a Framework of Rules. A centre's application to join UR-CARE must be made by an ECCO Member who is a member of the centre's staff.

Study groups that are already established are highly encouraged to join UR-CARE with all of their centres. A legal agreement (Permanently Established Retrospective Study Group Agreement) is available to be signed by a legal representative of the study group and its centres. This agreement will allow the study groups to continue working on retrospective studies in UR-CARE, without further approval from the Steering Committee.

For more information on UR-CARE, please visit the UR-CARE webpage on the ECCO Website, where videos and a demo version are available (***www.ecco-ibd.eu/index.php/science/ur-care***). The UR-CARE Office Team remains at your disposal for any further questions or comments at ***ur-care@ecco-ibd.eu***!


Pieter Hindryckx © ECCO

PIETER HINDRYCKX
Associate Editor, ECCO News

10th Anniversary of JCC

Dear ECCO Members, dear Friends,

September 2017 is a special month to mark in ECCO's agenda: The Journal of Crohn's and Colitis (JCC) celebrates its 10 Year Anniversary: Ten years during which it has continuously moved forward to become a key international journal relied upon by healthcare professionals around the world who care for patients with Inflammatory Bowel Diseases (IBD). Thanks to a great effort between the JCC Editorial Team, publishing house staff and the ECCO Office, it has grown to be a pre-eminent journal chosen by top authors to publish their research articles, and a platform for all the important ECCO Papers (ECCO Guidelines, Consensus Statements, Topical Reviews, etc.).

With an Impact Factor for 2016 of 5.813, the JCC ranks highly among the gastroenterology and hepatology journals: 11th out of 79. What a journey since 2009, when the JCC received its first Impact Factor (0.812)! Over the years, the number of issues published has also increased, showing the journal's growing success, and an increasing number of articles have been submitted to and accepted for the JCC. The JCC has a number of other key distinguishing features that explain its achievement. To cite only one, it benefits from a timely review process for all submitted articles, such that currently initial editorial decisions to authors are, on average, provided after just 2 weeks.

This tremendous success, however, is no cause for resting on our laurels: It is one thing for the JCC to be a leading journal in its field, and another for it to maintain its position and to continue evolving. All efforts are being made to make the JCC even more attractive. This will mainly be achieved by maintaining a high Impact Factor, providing an increasingly speedy peer review and editorial decision process, improving the quality of the production with the publisher and actively soliciting work from the best and most influential IBD experts worldwide. It will also be accomplished by continuing expansion globally: Thus, readers worldwide will turn more to the JCC as the most trusted source of information about IBD. We will continue to focus on expanding the global reach of the JCC for both authors and readers.

As Editor-in-Chief since February 2014, I am very proud of the JCC's evolution and status. But success does not just happen by chance and I would like to warmly thank the eight Associate Editors and the 67 Editorial Board Members who throughout the calendar year devote their own time to reviewing the articles of their peers (over 1,000 articles were submitted in 2016). I would also like to address a special thank you to Miquel A. Gassull (JCC Editor-in-Chief from 2007 until 2014) and Eduard Cabré (his Assistant Editor). The JCC's development and success would never have been possible without the tremendous foundation they put in place.

And I would like to thank you all, readers as well as submitters, for trusting the JCC with your work. The journey continues to provide you with the best IBD journal possible, meeting your needs and requests!

LAURENCE J. EGAN
JCC Editor-in-Chief

Highlights:

- September 2007 – 1st issue published
- 2010 – increased to publishing six issues per year
- 2010 – accepted into Medline
- 2012 – increased to publishing ten issues per year
- 2013 – increased to publishing monthly
- December 2015 – Article-level metrics available, enabling authors to track the impact of their research
- June 2015 – The JCC moved into the top quartile of the Gastroenterology & Hepatology category of the JCR
- September 2017 – 10th Anniversary issue

JCC key metrics:

- Five-Year Impact Factor: 5.926
- Over 5,000 citations of the JCC content contributed to the latest Impact Factor
- Average monthly downloads exceed 50,000 (in 2016)
- Over 600,000 downloads in 2016
- Readers in over 160 countries
- Papers published by authors from 64 different countries
- 863 news stories about this content (by 138 unique news outlets in 15 countries)
- 34 policy documents about this content (by five unique policy sources in three countries)
- 2,417 tweets about this content (by 967 unique tweeters in 55 countries)

10 most cited Original Articles:

Authors	Title	Publication Year, Volume, Issue	Total Citations
Ferrante M, Vermeire S, Fidder H, Schnitzler F, Noman M, Van Assche G, De Hertogh G, Hoffman I, D'Hoore A, Van Steen K, Geboes K, Penninckx F, Rutgeerts P	Long-term outcome after infliximab for refractory Ulcerative Colitis	2008, Volume 2, Issue 3	106
Gearry RB, Irving PM, Barrett JS, Nathan DM, Shepherd SJ, Gibson PR	Reduction of dietary poorly absorbed short-chain carbohydrates (FODMAPs) improves abdominal symptoms in patients with Inflammatory Bowel Disease – a pilot study	2009, Volume 3, Issue 1	90
Garcia-Sanchez V, Iglesias-Flores E, Gonzalez R, Gisbert JP, Gallardo-Valverde JM, Gonzalez-Galilea A, Naranjo-Rodriguez A, de Dios-Vega JF, Muntane J, Gomez-Camacho F	Does fecal calprotectin predict relapse in patients with Crohn's Disease and Ulcerative Colitis?	2010, Volume 4, Issue 2	74
Ghosh S, Mitchell R	Impact of Inflammatory Bowel Disease on quality of life: Results of the European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA) patient survey	2007, Volume 1, Issue 1	70
Paraskevi A, Theodoropoulos G, Papaconstantinou I, Mantzaris G, Nikiteas N, Gazouli M	Circulating MicroRNA in Inflammatory Bowel Disease	2012, Volume 6, Issue 9	66
Bortlik M, Duricova D, Malickova K, Machkova N, Bouzkova E, Hrdlicka L, Komarek A, Lukas M	Infliximab trough levels may predict sustained response to infliximab in patients with Crohn's Disease	2013, Volume 7, Issue 9	59
Bossuyt P, Verhaegen J, Van Assche G, Rutgeerts P, Vermeire S	Increasing incidence of Clostridium difficile – associated diarrhea in Inflammatory Bowel Disease	2009, Volume 3, Issue 1	52
Schreiber S, Reinisch W, Colombel JF, Sandborn WJ, Hommes DW, Robinson AM, Huang B, Lomax KG, Pollack PF	Subgroup analysis of the placebo-controlled CHARM trial: Increased remission rates through 3 years for adalimumab-treated patients with early Crohn's Disease	2013, Volume 7, Issue 3	48
Ben-Horin S, Yavzori M, Kopylov U, Picard O, Fudim E, Eliakim R, Chowers Y, Lang A	Detection of infliximab in breast milk of nursing mothers with Inflammatory Bowel Disease	2011, Volume 5, Issue 6	42
Hansen TS, Jess T, Vind I, Elkjaer M, Nielsen MF, Gamborg M, Munkholm P	Environmental factors in Inflammatory Bowel Disease: A case-control study based on a Danish inception cohort	2011, Volume 5, Issue 6	41

Digital Oral Presentations (DOPs): A great success! How did this idea develop?

An interview with Simon Travis, Translational Gastroenterology Unit, Nuffield Department of Experimental Medicine, Oxford University Hospitals Foundation Trust, Oxford, UK


Simon Travis © ECCO

Why did you decide to initiate DOPs?

Back in 2012, the Programme Committee for the ECCO Congress was concerned that there were only 21 spaces for oral abstract presentations, which did not do justice to the calibre of the increasing number of abstracts being submitted. This number of abstracts was limited by the linear Programme of the ECCO Congress, which does not have parallel sessions. We needed a solution.

What are the advantages and drawbacks of DOPs?

The real advantage is that more people get an opportunity to present their work as an oral presentation, rather than as a poster. In addition, the concise template of the DOP, which limits the number of slides and time to speak, means that the presenter has to cut the padding and focus on the key points of their work. The audience likes this, because there is a sense of urgency which gives the session real momentum and impact. The abstract presentations at other meetings can become a bit tedious. The problem is that there are ten or more sessions running at the same time, so it can be a bit of a race between locations if there are DOPs in other sessions that you want to hear. There is also limited time for questions, but sessions are chaired by experienced specialists.

Where are we with DOPs a few years after their launch?

Feedback from delegates shows that DOPs work: people like them and, like the ECCO Congress as whole, DOPs are fun. It has also been possible to increase the number of abstract presentations for the very best work during the main Congress Programme. One hundred DOPs seems about right, and this number represents just under 10% of all abstracts submitted.

What could be the future of DOPs?

I think that DOPs are here to stay at the ECCO Congress, which continues to grow from strength to strength – and is already the largest specialist IBD meeting in the world. It would be good to develop ePosters, since this would potentially offer permanent access to the work. However, there would be a price beyond the expense: it is a valuable learning experience for the young specialist to face questions about their work during the poster rounds and that means being beside a physical poster. DOPs provide that presentation experience and it may be that the presentations should be captured as podcasts to give long-term access via the ECCO Website.


Laurent Peyrin-Biroulet © ECCO

LAURENT PEYRIN-BIROULET
Editor, ECCO News

ECCO-IOIBD Fellowship

Project Synopsis: Precision Medicine for IBD using advanced machine learning


Aria Zand © ECCO

Aim of the Research

What if we could deliver the right treatment at the right time to the right person in order to improve health outcomes while dramatically reducing cost? This is the promise of Precision Medicine (PM): to be able to approach disease management by taking into account individual variability in genes, environment and lifestyle. One essential component in achieving a transition from guideline-driven 'one size fits all' medicine towards PM is the leveraging of big data. We already have preliminary data showing that use of machine learning (ML) algorithms in huge IBD datasets can dramatically improve patient outcomes.

Methodology

Our aim is, through the use of advanced ML via personalised decision-path models, to generate clinically effective and precise care pathways for IBD patients. An additional goal is to develop algorithms which can readily, correctly and consistently identify high-risk IBD patients (e.g. those most likely to suffer clinical relapse and to require hospitalisation and surgery) in order to optimise care and avoid the specific risks.

Timelines

- First quarter: Structure the existing IBD datasets and prepare them for ML.
- Second quarter: apply ML algorithms to create models identifying "high-risk" patterns in patients, addressing three levels of specificity: (1) the aggregate patient population, (2) patient subpopulations identified using topic modelling and (3) models for individual patients.
- Third quarter: assess cost-effectiveness of these predictions using predefined "default" care pathways. The best-performing models will be validated in independent IBD cohorts, for which complete data sets are available.
- Fourth quarter: complete analyses, submit abstracts and write up the publication.

ARIA ZAND
ECCO-IOIBD Fellow

In loving memory of Klara Frivolt

Dr. Klara Frivolt sadly passed away on August 5, 2017 in Hungary. She was an extremely talented young doctor and researcher, having received the ECCO-Nestlé Health Science Nutrition Fellowship 2015 and recently successfully defending her PhD thesis on July 4, 2017. Her presence in ECCO and contributions to the IBD community will be greatly missed.


Klara Frivolt © ECCO

16th IBD Intensive Advanced Course

The IBD Intensive Advanced Course will take place over 1.5 days on Wednesday, February 14 and Thursday, February 15, 2018, prior to the start of the main ECCO Congress.

This highly popular course is now in its 16th year. Based on the success of previous courses, it will follow a similar format, covering the core curriculum by means of a variety of teaching methods, including lectures, interactive case discussions and seminars, during five different sessions.

Active participation of attendees in the discussions is integral to the success of the course and this aspect is facilitated by the relaxed and friendly atmosphere in which about 80 attendees from Europe and the rest of the world are encouraged to interact.

The faculty is carefully chosen not just for their expertise in the areas on which they are invited to speak, but also for their ability as educators. The course covers a wide curriculum including cutting-edge science as well as advanced clinical practice, which should enable attendees to acquire valuable "know how" on the management of IBD patients.

The Education Committee has focussed on teaching different aspects of our clinical practice, which seems to draw the most positive feedback from attendees. Consequently the following course structure has been introduced:

First day: Establish Knowledge / Defining Tools

- A short introduction on the basic science and pathogenesis of IBD (session 1)
- A new concept of deep review of IBD drug management focussing on mechanisms of action, optimisation (personalised medicine) and practical aspects of the use of individual drugs (session 2).
- Seminar sessions in smaller groups covering topics including: management of extraintestinal manifestations and pregnancy in IBD, complications associated with anti-TNF use and endoscopy in IBD (session 3).

Second day: Practicing IBD and discussing clinical cases

- An emphasis on interactive sessions based on real clinical cases (e.g. fistulising Crohn's Disease and therapeutic drug monitoring) (session 4)
- Interesting special clinical scenarios (e.g. severe Ulcerative Colitis and refractory pouchitis) supported by evidence – as well as expert opinion-based management (session 5).

15th IBD Intensive Advanced Course at ECCO'17 © ECCO

We are looking forward to seeing young keen gastroenterologists at the 16th IBD Intensive Advanced Course in Vienna in 2018!

Pascal Juillerat © ECCO

PASCAL JUILLERAT
ECCO IBD Intensive Advanced Course Director

Report of the 51st ECCO Educational Workshop, Seoul, Korea

June 15, 2017

The 51st ECCO Educational workshop was held in Seoul, Korea, during the 5th Annual Meeting of the Asian Organization for Crohn's & Colitis (AOCC). The ECCO Faculty included Laurent Peyrin-Biroulet (France) and Peter Lakatos (Hungary), complemented by Korean speakers Dong Soo Han, Eun Soo Kim, Eun Young Kim and Jong Pil Im.

It was a very well attended meeting with a total of 160 participants from countries across Southeast Asia and further afield. Case-based discussion was held on topics including Acute Severe Colitis, dealing with side effects, management of infectious complications in IBD, optimising therapy and mucosal healing. The workshop was very interactive, generating a lot of discussion among the delegates.

The feedback from faculty and delegates was excellent, with a request for more workshops encouraging knowledge transfer between ECCO and AOCC physicians.

ECCO Educational Workshop © ECCO

Ultrasound/MRI and endoscopy workshops at ECCO 2018

Theory, practice and interaction within endoscopy and imaging in IBD

Diagnostic imaging and endoscopy are becoming an increasingly integral part of the management of IBD patients. Appropriate usage and selection of the procedures and correct interpretation of the results, in conjunction with consideration of the clinical features, are mandatory for early diagnosis of the disease, detection of its complications, selection of treatment and assessment of the therapeutic response.

Endoscopy, intestinal ultrasound and radiological imaging, in particular MRI, are already important elements in the armamentarium of gastroenterologists and experts in IBD, and this will become even more true in the future. Knowledge of how to employ them effectively allows more rapid clinical decision-making and optimal tailoring of management. Endoscopy's pivotal role in the clinical management of IBD patients has been maintained through great technical improvements that have enhanced the detection and resection of precancerous lesions and also assured reproducibility and reliability in scoring of disease activity. On the other hand, ultrasound and MRI represent the most useful and interesting imaging tools for assessment of IBD owing to their high accuracy and other reasons: ultrasound is easy, quick and patient friendly while MRI offers a panoramic view and provides multimodal information on several aspects of the disease. It is to these techniques that the ECCO 2018 diagnostic educational workshops will be devoted.

4th Ultrasound Workshop at ECCO'17 © ECCO

2nd Endosocopy Workshop at ECCO'17

The 3rd ECCO Endoscopy Workshop is designed for specialists who already have some experience in endoscopy. Given the great success of the previous editions, the same formula will be offered: four sessions covering endoscopic activity, surveillance, therapeutic endoscopy and small bowel endoscopy. Each session will begin with an introductory talk by experts, to be followed by discussion of real cases presented on workstations. At the end of the course, participants should be able to describe the endoscopic activity of Ulcerative Colitis, to use endoscopic indexes appropriately, to know the indications for and technical aspects of cancer surveillance, including by means of chromoendoscopy, to understand the technical aspects of conventional and advanced therapeutic endoscopy, and to describe and assess appropriately the small bowel and ileo-anal pouch endoscopic activity.

The 5th ECCO-ESGAR Ultrasound-MRI Workshop will be held in conjunction with colleagues from the European Society of Gastrointestinal and Abdominal Radiology (ESGAR). It is designed for IBD specialists with an interest in bowel ultrasound and radiological imaging, and will combine practical skill sessions and discussion of real cases. The workshop will open with introductory lectures on intestinal ultrasound and MRI. Then, real cases will be presented, investigated and discussed, with sonographic hands-on sessions on simulators and interactive use of MRI workstations. The small groups, led by gastroenterologists, sonographers and radiologists who are experts in IBD, will give everyone the opportunity to experiment in exploring the capabilities, limitations and advantages of bowel ultrasound and MRI in IBD. Furthermore, there will be the possibility of sharing experiences and discussing specific clinical situations such as early assessment and management of suspected IBD, assessment of Crohn's Disease activity, detection of extramural complications of IBD, evaluation of postoperative recurrence and management of perianal Crohn's Disease.

I hope you will have the opportunity to enjoy these activities and find them interesting and constructive for your job and your career. Please register in time to experience these interactive workshops and to share your knowledge and expertise with international experts.

We are looking forward to seeing you in Vienna at ECCO 2018!

Giovanni Maconi © ECCO

GIOVANNI MACONI
ECCO EduCom Member and Director of the ECCO Imaging Workshops

The ECCO IBD Curriculum

First status report

In February 2017 ECCO published the ECCO IBD Curriculum, both as a position statement in the Journal of Crohn's and Colitis and as an important new building block of the e-CCO Learning Platform.

A wide cross-section of ECCO Members was involved in the development of the ECCO IBD Curriculum, to ensure that it is comprehensive and inclusive and that it can fulfil its major purposes, namely to be:

- The definitive statement of ECCO on the knowledge required by a gastroenterologist to manage patients with IBD
- A benchmark of ECCO educational content against a definitive list of knowledge requirements
- An index of the e-CCO online content
- A tool that can be used by national physicians' societies and by individual physicians as a guide for future education

At the time of writing less than 6 months have passed since its publication, and already the effects of the Curriculum are visible. The Curriculum itself has elicited interest from organisations both within and outside of Europe. It has been viewed about 1,200 times on both platforms (JCC and the e-CCO Learning Platform), by visitors from over 70 countries.

The ECCO IBD Curriculum has been implemented as the backbone of ECCO's educational efforts – primarily on the e-CCO Learning Platform, where the chapters from the curriculum are connected by about 500 links to the available e-learning content. The current e-CCO e-learning portfolio comprises 19 extensive e-courses based on the ECCO Guidelines, and close to 40 original videos on basic IBD topics and current controversies in the treatment of IBD. The e-CCO Library is made up of several hundred presentations (on slides and on video) from the ECCO Congresses, created and delivered by some of the foremost experts in IBD.

A significant effort has been devoted to connecting the Curriculum to the existing e-learning content, which we hope will facilitate your use of the site. In the future, further additions to the e-CCO Learning Platform will be linked to the Curriculum from the start. Firstly, the gaps identified in this initial mapping of content provide a clear direction for the development of online educational tools in the near future. In fact, ECCO is already planning to record Talking Head discussions to cover some of the topics not previously present on the Platform. Secondly, authors of all future content will be asked to link their work to the relevant chapter of the curriculum. This includes all presentations from the ECCO Congress, which are included in the e-CCO Library. For this purpose a list of keywords has been created based on the ECCO IBD Curriculum topics – look for it when you're submitting your abstract for ECCO'18. We firmly believe that embedding the allocation of keywords in the process of content creation will create a sustainable system. Therefore, all future content will be easily linked to the relevant chapter(s) of the ECCO IBD Curriculum, providing an easy guide for self-directed learning. Another benefit is that properly labelled content will be much easier to find and will make for a more user-friendly experience on the e-CCO Learning Platform.

We are excited to explore further benefits of having a definite ECCO IBD Curriculum and are dedicated to keeping it current and relevant.

James Lindsay © ECCO

JAMES LINDSAY
ECCO Education Officer and e-Learning Ambassador

Update on EpiCom Activities

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

We also arrange biennial workshops at the ECCO Congress, where we communicate the epidemiological methodology and way of approaching scientific questions to provide participants with the knowledge and opportunity to work with these methods in their research.

At the upcoming ECCO Congress in Vienna 2018 the subject of the Educational Workshop will be Pharmocoepidemiology. An introduction will be provided to the field and specifically to the interpretation of real world data for the purpose of improving clinical practice. The workshop will aim to familiarise participants with pharmacoepidemiological methodology. The usefulness of post-marketing studies, including observational studies, will be explained, and participants will learn about the phases of drug approval and the application of pharmacoepidemiology. The workshop will present real world data and examples of data origin in pharmacoepidemiological studies, e.g. claim databases, national registries, commercial insurance databases and in-hospital databases. An introduction will be provided to the working procedures of the drug regulatory authorities and to the application of pharmacoepidemiological studies to IBD, including the use of national registries to evaluate the safety of TNF inhibitors and azathioprine. Furthermore, the pharmacoepidemiology of distinct populations will be presented, with a focus on ageing and ethnic populations. We look forward to welcoming participants to this educational workshop.

We continuously work on papers on specific epidemiological questions in IBD, and we are currently exploring two topics: first, non-progressive IBD, with the aim of developing definitions of this disease entity and possibly exploring these definitions on existing data sets, and second, dysbiosis in IBD as an explanation for the rise in incidence of Crohn's Disease many years after that of Ulcerative Colitis in developing countries that adopt the Western lifestyle.

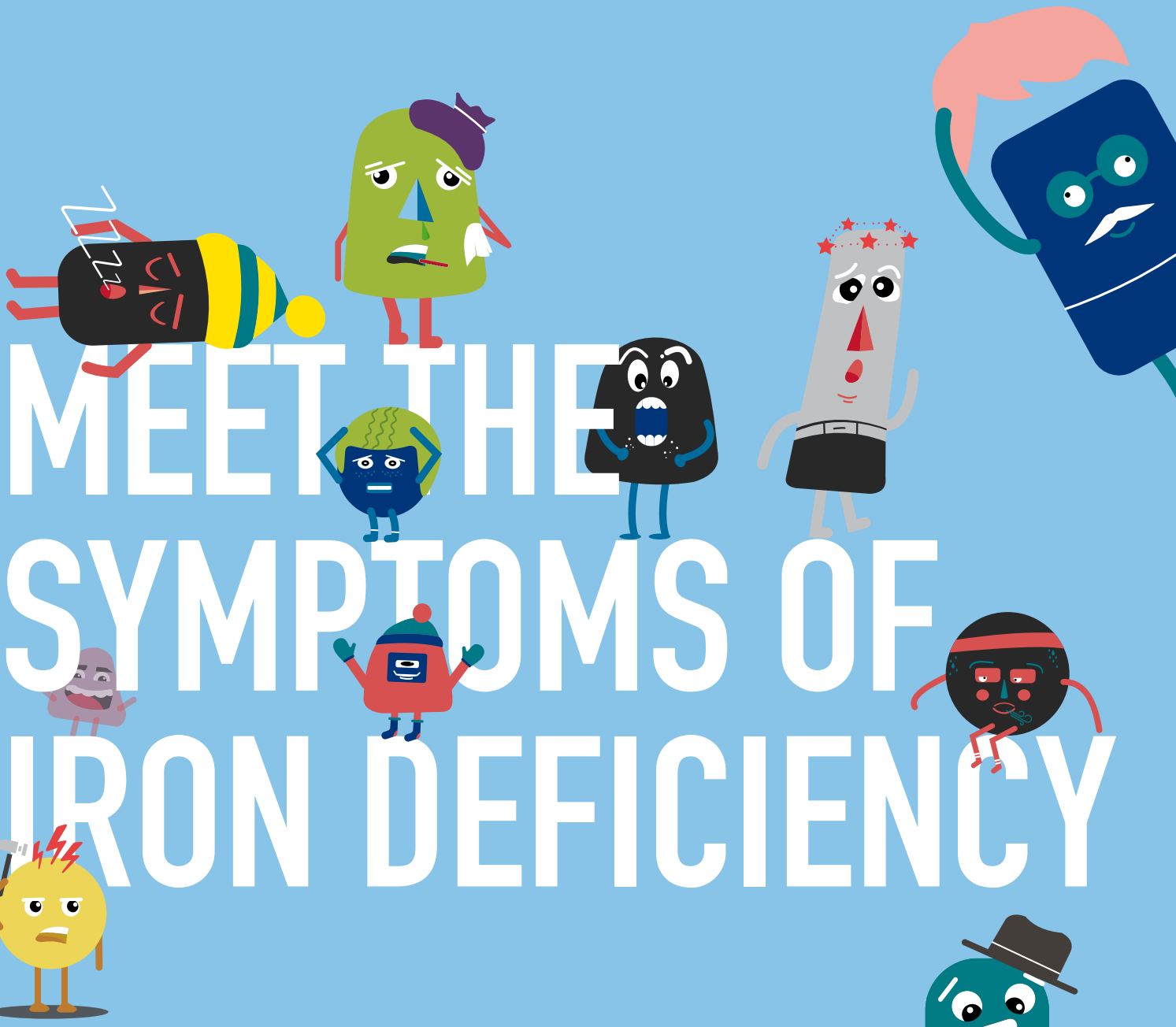
EpiCom currently consists of five members: Laurent Beaugerie, Marieke Pierik, Nynne Nyboe Andersen, Naila Arebi and Ebbe Langholz. In February 2018 a position on the Committee will become vacant. A call for applicants has previously been published in the ECCO eNewsletter. The deadline for applications is September 27, 2017.

Ebbe Langholz © ECCO

EBBE LANGHOLZ
EpiCom Chair

Fe
Iron
26 November
Iron Deficiency Day
#IDDay2017

IRON DEFICIENCY DAY.COM
November 26



MEET THE SYMPTOMS OF IRON DEFICIENCY

November 26th marks Iron Deficiency Day.
This year it's all about recognizing the symptoms.
For more information about #IDDay2017 go to IronDeficiencyDay.com

VIFOR PHARMA

Vifor Pharma, a company of the Vifor Pharma Group, is a world leader in the discovery, development, manufacturing and marketing of pharmaceutical products for the treatment of iron deficiency. The company also offers a diversified portfolio of prescription and non-prescription medicines. Vifor Pharma's operational headquarters are in Zurich, Switzerland, and the company has an increasingly global presence and a broad network of affiliates and partners around the world. For more information about Vifor Pharma, please visit www.viforpharma.com. IronDeficiency.com and IronDeficiencyDay.com are intended to provide educational information to an international audience, at the exclusion of US residents. All information contained therein is intended for educational purposes only and should not be used to replace a discussion with a healthcare professional. All decisions regarding patient care must be handled by a healthcare professional, and be made based on the unique needs of each patient.

Last update: 29. August. 2017

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ECCO promotes Innovative Clinical Studies in IBD

The Clinical Research Committee (ClinCom) of ECCO was established with the mission of facilitating innovative clinical research in the area of Inflammatory Bowel Diseases (IBD). To promote high-quality clinical studies, ClinCom became an organ for delivery of advice on investigator-initiated proposals. ClinCom invites the submission of clinical protocols in the field of IBD drafted by individual ECCO Members in order that they may be subjected to an objective and in-depth review process by the Committee. The benefit for the investigators is that they can receive an optimised study protocol with quick turnover at any time during the year and without any cost. The review process consists of two steps: For a preliminary review, investigators are encouraged to submit a synopsis; in the event of acceptance, this is followed by submission of a full protocol for in-depth review. Additionally, ClinCom offers to promote reviewed studies at the annual ClinCom National Study Group Meeting, thereby encouraging and providing a platform for international collaboration. This opportunity is available to all individual ECCO Members. Investigators choose a journal of their choice for publication. However, ECCO would be pleased if the manuscript were to be offered for publication in the Journal of Crohn's and Colitis.

Krisztina B. Gecse interviews Uri Kopylov (Sheba Medical Center, Tel Hashomer, Israel), the PI on "Efficacy and safety of vedolizumab in anti-TNF naïve IBD patients: a multicenter, European, retrospective study", an investigator-initiated study that was recently fostered by ClinCom.

Uri Kopylov © Uri Kopylov

First of all, congratulations on this multicentre European study, in which you included over 200 patients. What issues did you foresee when you initiated this trial?

The main issues that we were expecting were primarily the low number of patients per centre and the difficulty in locating the appropriate companions for the study, especially due to the fact that vedolizumab is not yet approved for use as a first-line biologic in many countries in Europe. In addition, when such a multicentre collaboration (in this case involving 24 centres from nine countries) is attempted, there is always significant heterogeneity in the way patients are assessed and data are collected (especially regarding the use of clinical and endoscopic activity scores).

How did you learn about the ClinCom initiative to facilitate innovative clinical research?

I had previously used the ClinCom platform to promote a multicentre study ("Impact of infliximab and cyclosporine on the risk of colectomy in hospitalized patients with Ulcerative Colitis complicated by cytomegalovirus – a multicenter retrospective study"). This time, I started the study as a smaller collaborative effort that was accepted as a poster at the ECCO'17 Congress in Barcelona. During the Congress I participated in the National Study Group meeting organised by ClinCom, and it was suggested that we expand this study using the ClinCom platform.

In what respects was the ClinCom initiative useful in moving the clinical study forward?

ClinCom was very helpful in several respects. Primarily, the study call was distributed to ECCO Members through both the general mailing list and the National Study Group representatives. In addition, ClinCom Members helped to revise the protocol and adjust it to the larger platform, suggesting improvements that ultimately led to a more intuitive, simple and comprehensive data case report form that helped to bridge the disparities in the local specifics of data collection and patient management.

What was the turnaround of revisions?

The process was very efficient and all revisions were reviewed and commented upon by ClinCom in a matter of a few days. It was possible to come up with a final revised protocol and to issue a study call within 2 weeks from submission of the protocol draft.

Do you see any aspects that could be improved with regard to this initiative?

In the future, utilisation of a common structured database (UR-CARE) could facilitate such collaborations tremendously. However, this is likely to take some time. In the meantime, the collaboration with ClinCom was fast, efficient and provided quality results that no individual centre or study group could have delivered separately. Additional collaborative efforts using ClinCom are feasible and will be effective, as long as appropriate research questions and methodology are selected and all collaborators are invested in the study's success.

Krisztina B. Gecse © ECCO

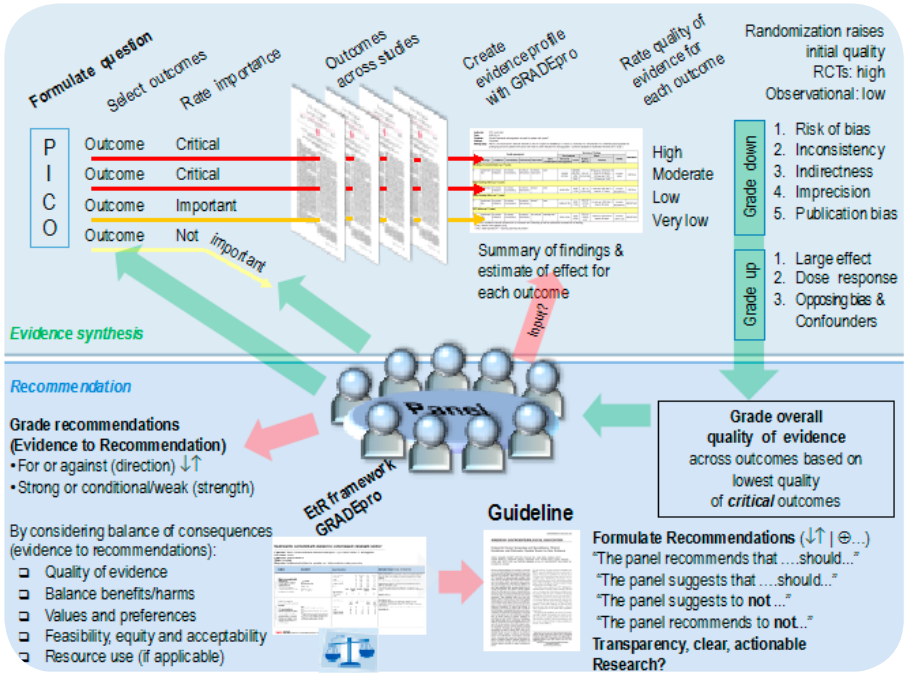
KRISZTINA B. GECSE
ClinCom Member

Apply in 5 steps

Step 1: Submit your synopsis (max. 4 pages) and CV to ClinCom at ***ecco@ecco-ibd.eu***
Step 2: Preliminary ClinCom review to encourage or decline full protocol submission (max. 6 weeks)
Step 3: Submit your full protocol
Step 4: In-depth review process by ClinCom to optimise your study protocol (max. 8 weeks)
Step 5: ClinCom offers to promote your reviewed study at the ClinCom National Study Group meeting to foster international collaboration

For further details on synopsis and full protocol templates please visit: ***https://www.ecco-ibd.eu/about-ecco/ecco-operational-board/clincom.html***

Progress towards implementing the GRADE approach for ECCO Guidelines



GRADE Handbook © The GRADE Working Group*

Since the inception of ECCO, one of the main goals of the organisation has been to produce high-level and high-quality recommendations and guidelines that can lead clinicians through the process of informed decision-making on the management of their patients. With the help and work of many ECCO Officers and ECCO Members, a series of guidelines, topical reviews and consensus documents have been produced and are regularly updated. From the outset, the process for supporting and grading the strength of the evidence for ECCO's documents has been based on the Oxford Centre for Evidence-Based Medicine's levels of evidence, whereby the strength of a statement is rated from 1 to 5 depending on the types of study from which that evidence has been generated. While this approach is widely used and fairly easy to follow and understand, an intrinsic limitation pertains to the fact that assigning evidence levels does not require systematic assessment of the quality of the evidence itself, which is derived from existing data. For example, an evidence level of 1 means that data have derived from randomised clinical trials or from a meta-analysis of randomised controlled trials; however, no systematic appraisal is made of the quality of data from these trials or of whether the original trials contained any critical biases that could prevent a clear recommendation. An immediate disadvantage of this approach is, therefore, that it may lead to an overestimation of the levels of evidence; in another words, there is no separation between the quality of evidence and the strength of the recommendations.

For a while now the Guideline Committee (GuiCom), in conjunction with ECCO's Governing Board, has been discussing the desire to change the methodology that supports ECCO Guidelines and to start using the GRADE methodology. The GRADE methodology represents a systematic approach to making judgements about the quality of evidence and strength of recommendations. It has been developed by the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) Working Group and is now widely seen as the most effective method of linking evidence quality evaluations to clinical recommendations. A kick-off meeting was held in October 2016, and this was followed up by a GRADE Taskforce Meeting on May 12, 2017 in Vienna. All the practical aspects of switching to GRADE methodology were discussed, including the feasibility of applying the GRADE approach while maintaining the same spirit and collaborative and participative approach that characterises ECCO's guideline development.

Implementing the GRADE approach starts with defining the so-called PICO questions, i.e. the health care question, in terms of the population of interest (e.g. Crohn's Disease), the management strategies (intervention and comparator) and all relevant patient-important outcomes (e.g. impact on surgeries, hospitalisations, endoscopic healing and quality of life). Thereafter, a systematic search is performed, all relevant studies are identified, and their data abstracted according to predefined criteria. Subsequently, the quality of evidence is rated according to the factors outlined in the GRADE approach. Finally, the results are discussed by a panel of experts and guideline developers, leading up to the formulation of statements that consider the direction (for or against) and also grade the strength (strong or weak) of the recommendations.

It has been decided that the next Crohn's Disease Treatment Consensus Guidelines (2017–2019) will become the pioneer project for the introduction of GRADE methodology aspects. As usual, the ECCO Office will launch a call for those interested in participating in this process. The novelty will be that specialised librarians and methodologists will also be involved in the guideline development, providing support and ensuring that quality is maintained throughout the entire process. Besides this, patients will be invited to provide feedback on relevant outcomes, where they feel there should be evidence-based recommendations. Additionally, participants will have the opportunity to participate in an online training module that will introduce them to, and train them in, the GRADE process. While this process will undoubtedly be more labour intensive, we believe that it will also represent a step towards quality and methodological rigour, fulfilling the desire of GuiCom and the ECCO Governing Board to improve the guideline development and quality process. So, stay tuned!

Joana Torres © ECCO

JOANA TORRES
GuiCom Member

*Schünemann H, Brożek J, Guyatt G, Oxman A, editors. GRADE handbook for grading quality of evidence and strength of recommendations. Updated October 2013. The GRADE Working Group, 2013. Available from guidelinedevelopment.org/handbook.

The biology of SCFA and their role in IBD

Short chain fatty acids (SCFA) are produced predominantly from fermentation of indigestible dietary carbohydrates (e.g. fibre) and degradations of other nutrients/secretions by gut microbiota enzymes that our body cannot encode. Acetate, propionate and butyrate are the three main SCFA in the human gut, where they occur in a ratio of 6:2:2. Branched chain fatty acids are the metabolic products of protein deriving from the host's habitual diet and salvaging of gut epithelial cell turnover. SCFA exert important roles, not only within the luminal microenvironment and gut, but beyond this organ, for the whole body's immune system, metabolism and homeostasis [1,2]. Acetate enters the systemic circulation and is used in de novo lipogenesis. Propionate is metabolised in the liver; it is an important regulator of cholesterol synthesis and plays a role in gluconeogenesis, appetite regulation and appetite hormones (e.g. PYY and GLP-1) via the G-protein-coupled receptors in the enteroendocrine cells [1,2]. Butyrate is the major energy substrate for the colonic epithelium, stimulates proliferation and differentiation of healthy colonocytes, induces apoptosis of transformed cells and has anti-inflammatory properties. Production of SCFA depends on the type and amount of the fermentable substrate that an individual consumes and the composition of the gut microbiota. Other factors which may regulate production and absorption of SCFA are gastrointestinal physiology and transit time, luminal pH and a primary or secondary disease-specific effect. SCFA have been implicated in many chronic conditions of the gut and beyond this organ, in cardiovascular risk and atopic diseases [1]. In IBD, SCFA have been implicated in the context of disease pathogenesis and as adjuvant treatment.

Several studies have measured the concentration of SCFA in faecal samples of patients and compared these with concentrations in unaffected controls [3–6]. Collectively, there is currently no evidence to suggest that the faecal concentration of SCFA is diminished in patients with IBD compared with healthy controls. A few studies have also looked at aspects of the metabolism of SCFA in patients with IBD. A defect of mitochondrial acetoacetyl CoA thiolase, an enzyme implicated in the oxidation of SCFA, was observed in colonic biopsies of patients with Ulcerative Colitis, but this appeared to be a secondary effect of increased reactive oxygen species generation in mitochondria of epithelial cells [7]. Similarly, reduced oxidation of butyrate in intestinal inflammation has been associated with reduction in MCT1-mediated butyrate uptake by the colonocytes, yet this defect was not a primary event [8]. Supplementation studies with fibre or prebiotics to increase the luminal production of SCFA in patients with IBD have shown no effect in Crohn's Disease (CD) patients and variable responses in patients with Ulcerative Colitis (UC) [9]. Paradoxically, improvement in clinical disease activity was associated with a significant depletion of butyrate in children with CD during EEN, which challenges the primary role of SCFA in CD [3]. Unlike interventions with fibre, randomised clinical trials using pharmacological doses of butyrate, mainly in the form of enemas, showed positive results in terms of clinical, endoscopic and histological improvement of disease activity in patients with UC [10–13]. Similar evidence in patients with CD is scarce, with one open labelled uncontrolled study showing improvement in endoscopic and histological scores at the ileocaecal level and improvement in some inflammatory biomarkers [14].

In conclusion, while in vitro studies and experiments in animal models have implicated SCFA in the pathogenesis and disease management of intestinal inflammation, evidence in human IBD remains elusive.

References

1. Morrison DJ, Preston T. Formation of short chain fatty acids by the gut microbiota and their impact on human metabolism. Gut Microbes. 2016;7:189–200.
2. Scott KP, Gratz SW, Sheridan PO, Flint HJ, Duncan SH. The influence of diet on the gut microbiota. Pharmacological Res. 2013;69:52–60.
3. Gerasimidis K, Bertz M, Hanske L, et al. Decline in presumptively protective gut bacterial species and metabolites are paradoxically associated with disease improvement in pediatric Crohn's disease during enteral nutrition. Inflammatory Bowel Dis. 2014;20:861–71.
4. James SL, Christophersen CT, Bird AR, et al. Abnormal fibre usage in UC in remission. Gut. 2015;64:562–70.
5. Treem WR, Ahsan N, Shoup M, Hyams JS. Fecal short-chain fatty acids in children with inflammatory bowel disease. J Pediatr Gastroenterol Nutrition. 1994;18:159–64.
6. Vernia P, Gnaedinger A, Hauck W, Breuer RI. Organic anions and the diarrhea of inflammatory bowel disease. Dig Dis Sci. 1988;33:1353–8.
7. Santhanam S, Venkatraman A, Ramakrishna BS. Impairment of mitochondrial acetoacetyl CoA thiolase activity in the colonic mucosa of patients with ulcerative colitis. Gut. 2007;56:1543–9.
8. Thibault R, De Coppet P, Daly K, et al. Down-regulation of the monocarboxylate transporter 1 is involved in butyrate deficiency during intestinal inflammation. Gastroenterology. 2007;133:1916–27.
9. Wedlake L, Slack N, Andreyev HJ, Whelan K. Fiber in the treatment and maintenance of inflammatory bowel disease: a systematic review of randomized controlled trials. Inflamm Bowel Dis. 2014;20:576–86.
10. Scheppach W. Treatment of distal ulcerative colitis with short-chain fatty acid enemas. A placebo-controlled trial. German-Austrian SCFA Study Group. Dig Dis Sci. 1996;41:2254–9.
11. Steinhart AH, Hiruki T, Brzezinski A, Baker JP. Treatment of left-sided ulcerative colitis with butyrate enemas: a controlled trial. Aliment Pharmacol Ther. 1996;10:729–36.
12. Vernia P, Cittadini M, Caprilli R, Torsoli A. Topical treatment of refractory distal ulcerative colitis with 5-ASA and sodium butyrate. Dig Dis Sci. 1995;40:305–7.
13. Vernia P, Marcheggiano A, Caprilli R, et al. Short-chain fatty acid topical treatment in distal ulcerative colitis. Aliment Pharmacol Ther. 1995;9:309–13.
14. Di Sabatino A, Morera R, Ciccocioppo R, et al. Oral butyrate for mildly to moderately active Crohn's disease. Aliment Pharmacol Ther. 2005;22:789–94.

KONSTANTINOS GERASIMIDIS
D-ECCO WG Member

Paediatric IBD Cancer and Mortality Study

The issues of both cancer and death arising in children and young people with paediatric-onset IBD (PIBD) during their treatment by the paediatric IBD team or after their transition to the adult IBD team remain major issues for families and clinical teams alike. While such cases are rare, they are, of course, devastating when they occur. For this reason, an independent prospective collaborative study, including some members of P-ECCO and entitled the "Paediatric IBD Cancer and Mortality Study" was launched, led by two Principal Investigators, Arie Levine (Tel Aviv, Israel) and Lissy de Ridder (Rotterdam, The Netherlands), with the plan of providing much better estimates of these rare but very serious outcomes.

This project has now been successfully completed, and the vital hard work in respect of administration, communication and collation of data is being performed by three key people: Linda (M.E.) Joosse and Martine Aardoom of Erasmus MC, Rotterdam, and Chen Sarbagili of the Wolfson Medical Center, Tel Aviv. This prospective study has built upon a previous retrospective survey of paediatric gastroenterologists in 20 European countries that was published in 2014 [1]. That survey had identified 18 deaths and/or 33 cancers in 44 children and young people with paediatric-onset IBD (PIBD) during their IBD course over the years 2006–2011. At the time of publication, this was the largest collection of these serious adverse outcomes; the survey concluded that cancer and mortality in PIBD were rare, but that cumulative rates were not insignificant. Mortality was primarily related to infections, particularly in patients receiving two or more immunosuppressive agents, followed by cancer and uncontrolled disease; at least six lymphomas were likely, by virtue of their phenotype, to have been treatment associated.

So, what did the prospective study of 2014–2016 find? It accrued 60 patients, 50% female and 55% with Crohn's Disease. All suspected cases had been transmitted to Rotterdam by case report

form filled out by the responsible paediatric gastroenterologist and these were reviewed by the key investigators, who made further queries if necessary. There were 25 deaths, including eight due to cancer, and 43 cases of cancer over this 3-year period. All of these cases, with more relevant details on disease state and treatments used, will be reported in a single paper, which is currently in preparation. For those countries within the collaboration for which robust IBD prevalence data are available, we will calculate cancer/mortality per patient or per year. To be included, these particular countries will have both an IBD registry with data on IBD patients <19 years and a >90% response rate of paediatric gastroenterologists for reported cases during the time of the prospective study. The investigators wish to thank all those who returned positive and negative replies to the lead investigators in their country during the regular censuses, and who filled in the case report form when appropriate.

Reference

1. de Ridder L, Turner D, Wilson DC, et al. Malignancy and mortality survey in paediatric patients with inflammatory bowel disease. Inflamm Bowel Dis. 2014;20:291–300.

DAVID WILSON
P-ECCO Member

Colorectal IBD in PSC

Primary sclerosing cholangitis (PSC) is an idiopathic chronic cholestatic liver disease characterised by progressive inflammation and fibrosis of the intra- and/or extrahepatic bile ducts. Most patients with PSC are male and younger than 45 years. PSC has an estimated prevalence of 20–60 cases per 1 million people. There is a strong relationship between PSC and IBD. Indeed, the prevalence of IBD in PSC is high, IBD being present in approximately 70% of cases, though with wide variation between studies [1]. Ulcerative Colitis (UC) accounts for the majority (more than 75%) of cases, while Crohn's Disease (CD) is less common. In patients with IBD, PSC is found much less often. Approximately 2.4%–7.5% of UC patients and 3.4% of CD patients are diagnosed with PSC. Geographical variation in the incidence of PSC and associated IBD has been reported, with the highest rates found in Western Europe and North America.

IBD in PSC is observed to have different characteristics in comparison with conventional IBD without PSC, and therefore represents a distinct phenotype. In a recent meta-analysis, de Vries et al. performed a systematic review of the clinical characteristics of IBD in PSC and found that IBD in PSC patients is characterised by a quiescent course, with a predominance of mild disease activity and seldom showing severe inflammation. Thus many patients with PSC are diagnosed with IBD by active screening. The prevalence of colonic inflammation follows a proximal to distal distribution, with most activity found in the caecum and ascending colon. Involvement of the whole colon is more common in PSC-IBD than in IBD controls, pancolitis being seen in >60%. Isolated distal colon involvement in PSC-IBD is seen in <20%, with isolated proctitis being uncommon. Although less common than pancolitis, both backwash ileitis and rectal sparing are more often found in PSC-UC compared with UC. Strictures and penetrating disease are less common in PSC-CD than in CD without PSC. This emphasises the importance of full colonoscopy and biopsies for accurate diagnosis of IBD in PSC.

Several studies have demonstrated that the presence of PSC increases the risk of colorectal neoplasia in IBD patients compared with the general population [2]. These tumours are more likely to be right sided than those that complicate conventional IBD. Even more worrisome is the fact that patients may already have dysplasia at the initial surveillance colonoscopy. The risk of progression from low- to high-grade dysplasia or even adenocarcinoma may be increased in PSC-UC patients (HR: 10.4; 95% CI: 0.94–115) [3]. Limited data are available on the risk of colorectal cancer (CRC) development in PSC-CD patients as it is less prevalent.

PSC-IBD patients have a higher risk of colorectal neoplasia and cancer than IBD patients without PSC, despite a lower disease activity, demonstrating that this higher risk is unrelated to disease location or extent [4]. The increased risk of neoplasia is maintained after liver transplant and proctocolectomy. The mechanisms underlying increased risk of colorectal neoplasia in these patients remain unknown. A cytotoxic and carcinogenic effect of secondary bile acids accumulating in the proximal colon due to defective small intestine reabsorption in cholestatic liver disease has been proposed [5]. Because of the higher risk of development of colonic neoplasia, patients with PSC and concomitant IBD are advised to undergo surveillance colonoscopy annually with chromoendoscopy, if available, starting at the time of diagnosis [6]. A decision about colectomy in cases of high-grade dysplasia or flat low-grade dysplasia will also take liver function into account.

Colitis-associated CRC (CAC) appears to have unique histomorphological features. CAC is characterised by lack of tumour necrosis, Crohn-like reaction, tumour heterogeneity, presence of mucin and signet ring cell differentiation [7]. Very few studies have examined the histomorphology of CAC in patients with PSC and very few have compared the prognosis of these patients with that of CAC patients without PSC [8]. The most important cohort comprises 11 patients with CAC in the setting of PSC (and 76 patients without PSC as a control group). Background high-grade dysplasia was noted less frequently while low-grade dysplasia was detected more frequently in the study group. All histomorphological features were comparable between the groups. After excluding TNM stage IV patients, patients with PSC showed a trend towards shorter overall survival and progression-free survival. However, these morphological features have been studied in a very small number of patients (11) and there was no morphological, immunohistochemical or molecular study of dysplasia. Thus, further studies are needed in order to better characterise these colorectal neoplasias.

Several types of dysplasia complicating IBD were described in the last WHO classification (2010): (i) the intestinal type; (ii) the serrated type; (iii) the hypermucinous type. The morphology of colorectal neoplastic lesions among patients with both IBD and PSC is not clearly known. An independent project group, including members of the H-ECCO Working Group, is also conducting a study in order to assess the morphological features of neoplastic lesions in patients with IBD and PSC. Preliminary data suggest that PSC-related neoplastic lesions could constitute a morphological type that is distinct from the other types of dysplasia complicating IBD listed by the current WHO classification.

References

1. de Vries AB, Janse M, Blokzijl H, Weersma RK. Distinctive inflammatory bowel disease phenotype in primary sclerosing cholangitis. World J Gastroenterol. 2015;21:1956–71.
2. Bergquist A, Lindberg G, Saarinen S, Broomé U. Increased prevalence of primary sclerosing cholangitis among first-degree relatives. J Hepatol. 2005;42:252–6.
3. Pekow JR, Hetzel JT, Rothe JA, et al. Outcome after surveillance of low-grade and indefinite dysplasia in patients with ulcerative colitis. Inflamm Bowel Dis. 2010;16:1352–6.
4. Sokol H, Cosnes J, Chazouilleres O, et al. Disease activity and cancer risk in inflammatory bowel disease associated with primary sclerosing cholangitis. World J Gastroenterol 2008;14:3497–503.
5. Torres J, Pineton de Chambrun G, Itzkowitz S, Sachar DB, Colombel JF. Review article: colorectal neoplasia in patients with primary sclerosing cholangitis and inflammatory bowel disease. Aliment Pharmacol Ther. 2011;34:497–508.
6. Razumilava N, Gores GJ, Lindor KD. Cancer surveillance in patients with primary sclerosing cholangitis. Hepatology. 2011;54:1842–52.
7. Liu X, Goldblum JR, Zhao Z, et al. Distinct clinicohistologic features of inflammatory bowel disease-associated colorectal adenocarcinoma: in comparison with sporadic microsatellite-stable and Lynch syndrome-related colorectal adenocarcinoma. Am J Surg Pathol. 2012;36:1228–33.
8. Liu G, Lin J, Xie H, Shen B, Stocchi L, Liu X. Histomorphological features and prognosis of colitis-associated colorectal cancer in patients with primary sclerosing cholangitis. Scand J Gastroenterol. 2015;50:1389–96.

MAGALI SVRCEK
H-ECCO WG Member

N-ECCO Activities in Vienna 2018

February 14–15, 2018 – Vienna, Austria

8th N-ECCO School at ECCO'17 © ECCO

4th N-ECCO Research Forum at ECCO'17 © ECCO

It is with great pleasure that N-ECCO once again offers nurses attending the ECCO'18 Congress an outstanding range of clinical and educational opportunities which will meet the wide range of needs of IBD nurses. The agenda for each event has been developed in response to the evaluations received after the ECCO'17 Congress in Barcelona.

The **9th N-ECCO School** aims to introduce IBD nurses new to the specialty to a range of topics within IBD. The school will have participants from all over Europe and a few from outside Europe. Once again, the school will be joined by up to 20 dietitians. In addition to offering interactive workshops, the programme will emphasise the value of having a multidisciplinary team (MDT) responsible for the care of patients with IBD.

The **12th N-ECCO Network Meeting** will deliver a wide variety of subjects presented by expert speakers from several centres across Europe. The theme of the morning session will be "Hot topics in IBD nursing", and the session will include presentations on the value of the IBD nurse and sexual dysfunction in IBD. This will be followed by exploration of real clinical issues in IBD, including with respect to iron deficiency, anaemia, fatigue, blood results and care of the elderly with IBD. Following three oral presentations by IBD nurses, we will focus on patients with severe Ulcerative Colitis. Medical treatment versus surgical intervention (and the combination thereof) will be debated.

The **5th N-ECCO Research Forum**, now an established aspect of the N-ECCO Activities, will offer both talks and workshops. This will include an overview of the following research topics: funding, publication and the development of guidelines. In 2017, two nurse-led research projects received research grants from ECCO. The two investigators will give an update on the projects. Based on positive feedback from 2017, we will also have workshops in 2018. The aim is to allow the less experienced nurses to work together with experienced researchers and perhaps develop research protocols which may be used when submitting an application for project funding. The Research Forum will be of special interest both to nurses already undertaking research and to nurses wishing to learn more about research or to perform research themselves. The programme allows a generous amount of time for discussion and for networking with experienced research nurses.

11th N-ECCO Network Meeting at ECCO'17 © ECCO

The complete programmes for the 9th N-ECCO IBD School, the 12th N-ECCO Network Meeting and the 5th N-ECCO Research Forum are available on the ECCO'18 Congress Website (***www.ecco-ibd.eu/ecco18***).

Please note that there are several other ECCO Activities which can be attended by nurses, such as the **3rd D-ECCO Workshop**, the **5th P-ECCO Educational Course** and the **4th Y-ECCO Basic Science Workshop**, as well as, of course, the main Scientific Programme of the ECCO Congress throughout the rest of the week.

At the ECCO'18 Vienna Congress, two N-ECCO Committee Members will be stepping down: N-ECCO Chair **Palle Bager**, Denmark and Committee Member **Usha Chauhan**, Canada. Palle will be replaced as N-ECCO Chair by **Kay Greveson**, UK, and two new Committee Members will replace Kay and Usha on the main N-ECCO Committee.

With many forums where up-to-date IBD therapy and research can be explored, Vienna is the place to be in February 2018! We very much look forward to seeing you there for another excellent educational event and an ideal opportunity for networking with colleagues from around the world. Can't wait to see you.

Palle Bager © ECCO

PALLE BAGER
N-ECCO Chair
On behalf of the N-ECCO Committee
Kay Greveson, Usha Chauhan, Susanna Jäghult, Liesbeth Moortgat

Joint ESCP-ECCO Mini IBD Symposium in Berlin during the ESCP Meeting

September 21, 2017

At the 12th annual meeting of the European Society of Coloproctology (ESCP), very recently held in Berlin (September 20-22, 2017),), a Joint ECCO and ESCP Symposium on Ulcerative Colitis (UC) was organised. The programme, prepared by the S-ECCO Committee, was as follows:

- Multidisciplinary decision making for colectomy: The difficult patient – Willem Bemelman (The Netherlands)
- Cycling, switching and swapping with drugs: What does it mean to the patient? Impact on the surgical patient – Speaker tbc
- Tailored minimally invasive surgery for UC: How and by whom? – Yves Panis (France)

The aims of this one-hour symposium, chaired by Antonino Spinelli from Humanitas University (Milan) and Janindra Warusavitarne from St Mark's Hospital (London), were to discuss and present all the different surgical options in UC patients, with special reference to multidisciplinary decision making, presented by Willem Bemelman from AMC (Amsterdam), the choice for the best drug in UC patients, Speaker tbc, and the role of minimally invasive surgery in UC patients, presented by Yves Panis from Beaujon Hospital (Paris).

The symposium included discussion of the respective place of two- and three-stage and of modified two-stage ileal pouch–anal anastomosis (IPAA), the possible role of ileorectal anastomosis instead of IPAA, the impact of preoperative medical therapy on surgical outcome in UC patients, the role of laparoscopic surgery and the possible new transanal approach for IPAA.

We hope that colorectal surgeons interested in IBD surgery will have gained much from this symposium, which offered a lot of time for debate and discussion.

Yves Panis © ECCO

YVES PANIS
S-ECCO Member

IBD content at the 11th European Colorectal Congress of St. Gallen

ECC Congress © ECCO

About 1,500 participants from 80 countries are expected at the 11th European Colorectal Congress, to be held from Monday to Thursday, December 4–7, 2017 in St. Gallen, Switzerland (***www.colorectalsurgery.eu***).

Every year, the European Colorectal Congress of St. Gallen focusses on a different theme, covering it extensively and emphasising interdisciplinary decision-making. Michel Adamina, from S-ECCO, is co-organising the meeting. In 2017, 36 lectures by renowned experts will address the latest evidence for the management of rectal cancer, from local excision to extensive resections, including cutting-edge technical refinements and neoadjuvant and adjuvant treatment, and also refrainment from any resection/watch-and-wait strategy. In addition, anastomotic leaks and genitourinary and bowel dysfunction will be discussed. In summary, standards and trends in the care of rectal cancer will be reviewed and debated by key opinion leaders, looking at current challenges and time-tested wisdom.

One important feature of the European Colorectal Congress is a dedicated session on Inflammatory Bowel Diseases, which is endorsed by ECCO. Again, experts will discuss clinical challenges. André D'Hoore (Leuven) will consider innovative bowel-preserving techniques in Crohn's Disease (CD) and Pär Myrelid (Linköping) will discuss whether to anastomose or divert. S-ECCO Members Yves Panis (Clichy) and Antonino Spinelli (Milan) will present contemporary approaches to fistulisation in CD and the management of perianal disease, while Neil Mortensen (Oxford) will discuss proctectomy as a last resort. Finally, Ailsa Hart, London, will highlight pearls of medical management in complex CD patients.

A Colorectal Masterclass will precede the Congress, stressing didactic aspects and allowing plenty of time for discussion and interaction with the Faculty. IBD topics will be the revival of continent ileostomy and toxic colitis, addressed by Gabriela Möslein (Wuppertal) and Yves Panis (Clichy), respectively.

The European Colorectal Congress and its Masterclass are accredited for 18 and 7 Swiss CME credits. UEMS-EACCME accreditation is pending.

Michel Adamina © ECCO

MICHEL ADAMINA
S-ECCO Member

International Symposia and Workshops

Workshop
Liver-Gut-Microbiome Interactions
Hamburg, Germany
January 25 – 26, 2018

Symposium 210
Crossing New Borders in IBD: Thoughts and Demands – From Mechanisms to Treatment
Lisbon, Portugal
April 20 – 21, 2018

Symposium 211
XXV International Bile Acid Meeting: Bile Acids in Health and Disease 2018
Dublin, Ireland
July 6 – 7, 2018

Symposium 212
IBD and Liver: East Meets West
Kyoto, Japan
September 7 – 8, 2018

Symposium 213
Tailored Therapies for IBD: A Look into the Future
Milan, Italy
October 5 – 6, 2018

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2018

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Members' Address

Dear Y-ECCO Friends,

I hope you are all doing well, and have enjoyed a relaxing break during the summer.

It is that time of year when we have to start thinking about the next ECCO Congress. ECCO'18 will take place in Vienna, and there are a few interesting opportunities for Y-ECCO Members.

First, there will be awards for the five best abstracts submitted by a Y-ECCO Member, at least two of which will be for a Basic Science abstract. So please submit your abstracts, and don't forget to tick the box that you are a Y-ECCO Member. Also don't forget to tick the box that you are willing to present your non-clinical abstract at the Y-ECCO Basic Science Workshop. The workshop takes place on Wednesday February 14, the day before the main Congress starts. It is the perfect way to catch up with your peers and to discuss your work with them and experts in the field. The 2018 Workshop will focus on the promises and pitfalls of in vivo and ex vivo models in IBD, with two expert invited speakers, Claudio Fiocchi and Britta Siegmund. There will also be time to relax and enjoy Vienna with fellow Y-ECCO Members, when we will head into town for some drinks and food. More on that later.

Finally, there are two current calls that might be of particular interest to you. The first is the Y-ECCO small research (survey study) proposal, a joint initiative with ClinCom. The deadline is October 1. The research question does not need to be huge or over-ambitious: We welcome simple but interesting proposals that are deliverable within one year. And finally, there are open seats available on the Y-ECCO Committee. It is an amazing group to be part of, so no excuses, and submit your application before September 27.

As always, you can contact ***ecco@ecco-ibd.eu*** for more information/suggestions/requests, or follow and tweet us on Twitter (***@Y_ECCO_IBD***).

Thanks to all of you and see you soon!

Isabelle Cleynen © ECCO

ISABELLE CLEYNEN
Y-ECCO Chair

Update on Y-ECCO e-learning activities

e-CCO Learning © ECCO

Did you miss any of the plenary sessions of the last ECCO Congress? Or are you in need of some "inspiration" for your upcoming talk on novel approaches for fistulising Crohn's Disease? Then the e-CCO Learning Platform may become your best friend and has even much more to offer: The framework for this e-learning platform is set by the newly established ECCO IBD Curriculum. This curriculum highlights all aspects of Inflammatory Bowel Diseases (IBD) that gastroenterologists need to know in order to become an expert IBD-ologist and was established by a joint effort involving ECCO Officers and National Representatives.

Once you are logged in, you can search the ECCO e-Library and filter your search results, e.g. for congress presentations, webcasts and scientific articles, and obtain a rapid overview of what might be relevant for you. In addition, interactive algorithms are available that will help you through challenging clinical situations and reassure you that your treatment approach is in line with recent ECCO Consensus Statements. Interactive e-Courses that depict a case presentation allow for a timely and playful update on recently published ECCO Guidelines. To test your knowledge, these courses are followed by a post-course test.

Another highlight of the e-CCO Learning Platform is the IBD Blue Book, which covers basic aspects of the aetiology, diagnosis and management of IBD as well as recommendations for emergency situations and imaging approaches for your IBD patients. In addition to these examples of evidence-based medicine, you are able to approach selected pieces of eminence-based medicine by watching the so-called Talking Head webcasts, where opinion leaders debate current controversial IBD-related topics such as exit strategies and dietary therapy in IBD.

Another feature is the IBD Boot Camp, a podcast series that discusses aspects of IBD aetiology, diagnostic strategies and the daily clinical management of IBD patients. Y-ECCO was actively involved in developing some of these podcasts. Moreover, as a Y-ECCO Member you are able to further develop the e-CCO Learning Platform: The Y-ECCO Literature Reviews are now integrated into the platform (which will surely increase the visibility of these Y-ECCO contributions) and moreover those Y-ECCO Members who are selected for future ECCO Topical Reviews and Guidelines initiatives are invited to develop further interactive e-Courses.

The e-CCO Learning Platform is continuously growing. For example, during the upcoming UEG week, a joint Y-ECCO/ClinCom Talking Head webcast discussing recent pivotal clinical trials will be recorded.

As a Y-ECCO Member you can access the database for free. So don't waste time and check out this exciting source of IBD knowledge: ***https://e-learning.ecco-ibd.eu/***

Dominik Bettenworth © ECCO

DOMINIK BETTENWORTH
Y-ECCO Member

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

Switching from originator infliximab to biosimilar CT-P13 compared with maintained treatment with originator infliximab (NOR-SWITCH): a 52-week, randomised, double-blind, non-inferiority trial

Jørgensen KK, Olsen IC, Goll GL, Lorentzen M, Bolstad N, Haavardsholm EA, Lundin KEA, Mørk C, Jahnsen J, Kvien TK, on behalf of the NOR-SWITCH study group
Lancet. 2017 Jun 10;389(10086):2304-2316. doi: 10.1016/S0140-6736(17)30068-5. Epub 2017 May 11.

Introduction

The patent for the infliximab originator (Remicade; Janssen Biologics, The Netherlands) expired in 2015 in Europe as well as many other parts of the world. This has led to the development of biosimilar versions of infliximab. A biosimilar is described by the European Medicines Agency (EMA) as "demonstrating similarity [to the originator] based on quality characteristics, biological activity, safety and efficacy based on a comprehensive comparability exercise". The infliximab biosimilar CT-P13 was approved by the EMA in 2013 and by the US Food and Drug Administration in 2016. Being significantly less expensive than the originator, biosimilars offer the opportunity for considerable cost savings and are therefore favourable from a health economics standpoint. Based on the results of the PLANETAS [1] and PLANETRA [2] studies, use of CT-P13 (instead of Remicade) in patients newly commencing infliximab became widely accepted. However, switching stable patients who were doing well on originator infliximab remained controversial, mainly due to concerns regarding immunogenicity. Prior to NOR-SWITCH, there existed no randomised data to inform our practice in this regard.

Methods

NOR-SWITCH was a 52-week randomised, double-blind, parallel-group, multicentre, non-inferiority comparative phase 4 study. The investigators randomised 482 patients (1:1 ratio) on stable treatment with infliximab originator for at least 6 months, to either continue with infliximab originator or to switch to CT-P13, with an unchanged dosing regimen. The cohort included patients with Crohn's Disease (CD), Ulcerative Colitis (UC), spondyloarthritis, rheumatoid arthritis, psoriatic arthritis and chronic plaque psoriasis.

The primary endpoint was disease worsening during follow-up according to worsening in disease-specific composite measures or a consensus about disease worsening between investigator and patient leading to major change in treatment. Disease worsening was defined as an increase from baseline Harvey-Bradshaw Index (HBI) of 4 points or more and a score of 7 points or greater for CD and as an increase from baseline Partial Mayo Score (PMS) of more than 3 and a score of 5 or greater for UC.

Secondary endpoints included time to disease worsening, study drug discontinuation, overall remission status based on the main composite measures, changes in investigator and patient global assessments, and changes in erythrocyte sedimentation rate and C-reactive protein as well as faecal calprotectin for patients with IBD. In addition, infliximab trough drug concentrations and anti-drug antibodies (ADAb) were measured prior to each infusion.

The study was designed to ensure, with 90% confidence, that the upper limit of the two-sided 95% CI would exclude a difference in favour of infliximab originator of more than 15%. Both the power and the non-inferiority margin selected by the investigators appear well considered and appropriate for this type of study. In addition, it was predicted that over 52 weeks a 30% rate of disease worsening would be expected with standard care.

Key findings

The full analysis (intention to treat, ITT) set of patients included 481 individuals and the per-protocol set included 408. Within the full analysis cohort, 155 (32%) patients had CD, 93 (19%) had UC and the remainder had rheumatological or dermatological diseases. The mean duration of treatment with infliximab originator before randomisation was 6.8 years (SD 3.7) and a low level of clinical and biochemical disease activity was observed at baseline (median HBI 2 and PMS 0, median calprotectin 56 mg/kg in the originator group and 53 mg/kg in the CT-P13 group).

Including all diseases in the per-protocol set, disease worsening occurred in 53 (26%) patients in the infliximab originator group and 61 (30%) patients in the CT-P13 group, resulting in an adjusted risk difference of -4.4% (95% CI -12.7% to 3.9%). The corresponding value in the full analysis set was -3.6% (95% CI -11.0% to 3.8%). These values lie within the prespecified non-inferiority margin of 15% and the authors therefore concluded that CT-P13 is not inferior to infliximab originator. To confirm the validity of this finding, the authors performed a sensitivity analysis, which confirmed the robustness of their analyses for the primary endpoint in the per-protocol set. It is important to note that when analysing results of non-inferiority trials, one should review both the ITT (found in this case in the supplementary materials) and the per-protocol data as well as the dropout rate [3]. This is because trial violations will render the groups more similar, hence making it more likely that the trial conclusion will be non-inferiority/equivalence.

The study was not powered to identify non-inferiority within each disease included separately and, therefore, the authors quite rightly advise caution when interpreting the "exploratory subgroup analyses" for each disease in isolation. They state that there is a "relatively high likelihood of at least one false-positive treatment difference" amongst them but also note that the confidence interval for CD was close to inferiority of CT-P13 [per-protocol set, adjusted risk difference -14.3% (95% CI -29.3% to 0.7%)]. However, the adjusted risk difference for UC was well within the inferiority margin at -2.6% (95% CI -15.2% to 10%).

None of the secondary endpoints satisfied criteria for inferiority and trough drug concentrations were similar in the two groups. ADAb were observed at any timepoint in 26 (11%) patients in the infliximab originator group and 30 (13%) patients in the CT-P13 group. When excluding patients with detectable ADAb at baseline, the corresponding values were 17 (7%) and 19 (8%), respectively.

The frequency of patients reporting adverse events or serious adverse events was similar between the two treatment groups and no deaths or suspected unexpected serious adverse reactions occurred during the study.

Conclusions

NOR-SWITCH is the first randomised study to show that, based on a prespecified non-inferiority margin of 15%, switching from originator infliximab to a biosimilar (CTP-13) is not inferior to continued treatment with the originator. There was also no signal that switching leads to an increase in adverse events or that switching results in increased immunogenicity and sub-optimal trough drug concentrations.

There is no doubt that NOR-SWITCH generated data that answered important clinical questions and reassured clinicians and their patients. However, questions remain regarding the extrapolation of these results to other infliximab biosimilars (e.g. Renflexis; Samsung Bioepis, South Korea) and the safety of multiple switches, either between originator and biosimilar or potentially between biosimilars.

References

1. Park W, Hrycaj P, Jeka S, et al. A randomised, double-blind, multicentre, parallel-group, prospective study comparing the pharmacokinetics, safety, and efficacy of CT-P13 and innovator infliximab in patients with ankylosing spondylitis: the PLANETAS study. Ann Rheum Dis. 2013;72:1605–12.
2. Yoo DH, Hrycaj P, Miranda P, A randomised, double-blind, parallel-group study to demonstrate equivalence in efficacy and safety of CT-P13 compared with innovator infliximab when coadministered with methotrexate in patients with active rheumatoid arthritis: the PLANETRA study. Ann Rheum Dis. 2013;72:1613–20.
3. Matilde Sanchez M, Chen X. Choosing the analysis population in non-inferiority studies: per protocol or intent-to-treat. Stat Med. 2006;25:1169–81.

Mark Samaan

Mark Samaan gained experience as an IBD clinician-researcher in London, Amsterdam, Ontario and San Diego. He is currently a clinical research fellow at Guy's & St Thomas' Hospital where his research focusses on therapeutic drug monitoring. He is the Trainee Member of the UK Gastroenterology Clinical Research Network and received an ECCO 2017 Travel Award. He was St George's Young Researcher of the Year 2015 and 2016, and runner-up for the 2016 British Society of Gastroenterology Alistair McIntyre Prize for improving education.

Mark Samaan © Mark Samaan

Long-term outcome of patients with steroid refractory acute severe UC treated with ciclosporin or infliximab

Laharie D, Bourreille A, Branche J, Allez M, Bouhnik Y, Filippi J, Zerbib F, Savoye G, Vuitton L, Moreau J, Amiot A, Cosnes J, Ricart E, Dewit O, Lopez-Sanroman A, Fumery M, Carbonnel F, Bommelaer G, Coffin B, Roblin X, van Assche G, Esteve M, Farkkila M, Gisbert JP, Marteau P, Nahon S, de Vos M, Lambert J, Mary JY, Louis E; Groupe d'Etudes Thérapeutiques des Affections Inflammatoires Digestives.

Gut 2017 Jan 4. pii: gutjnl-2016-313060. doi: 10.1136/gutjnl-2016-313060. [Epub ahead of print] PMID: 28053054

Introduction

Twenty percent of patients with Ulcerative Colitis (UC) develop Acute Severe Ulcerative Colitis (ASUC) at some point in their disease course [1]. ASUC is a potentially life-threatening condition which results in emergency colectomy in 30% of patients within 3 months of presentation [2]. Corticosteroids represent first-line therapy for ASUC; however, approximately one-third of patients do not respond [2]. Infliximab and ciclosporin have demonstrated efficacy as medical salvage therapies for patients who fail to respond to corticosteroids [3,4]. Although two recent randomised controlled trials (CYSIF and CONSTRUCT) and a recent meta-analysis have shown equivalence between standard dose infliximab and ciclosporin [5–7], there is scant detail in the literature on the long-term outcomes and management of patients who successfully avoid early colectomy.

Methods

In this study by the GETAID group, the long-term outcomes of the CYSIF population were examined with respect to colectomy rate and utilised therapies. CYSIF was a randomised, open label, controlled trial conducted between June 2007 and August 2010 to compare the efficacy and safety of ciclosporin and infliximab in ASUC (6). Adult patients who had ASUC defined by a Lichtiger score of >10 and had been refractory to intravenous steroids for >5 days were randomised to either ciclosporin or infliximab. Patients who required emergency colectomy, who had proctitis, Crohn's Disease (CD) or a contraindication to medical salvage therapy or who were thiopurine experienced (unless started within the preceding 4 weeks) were excluded. Patients allocated ciclosporine received intravenous infusions of 2 mg/kg/day, with clinical responders at day 7 being switched to oral dosing. Patients allocated infliximab received 5 mg/kg at weeks 0, 2 and 6. All responders had a standardised steroid taper and were commenced on azathioprine 2–2.5 mg/kg/day. The primary endpoint of the initial trial was treatment failure at any time, defined by the presence of at least one of the following criteria: absence of clinical response at day 7, relapse between days 7 and 98, absence of steroid-free remission at day 98 or severe adverse event leading to treatment interruption, colectomy or death.

Treatment was protocolled until the primary outcome at day 98, after which time patients were treated at the discretion of their treating physician. Follow-up data were retrospectively collected, assessing mortality, colectomy, use of additional UC systemic treatment and first switch to infliximab or ciclosporin.

Key findings

Of 115 included patients, 60 received ciclosporin and 55 received infliximab. The median follow-up time was 5.4 years (IQR: 4.7–6.2). Three deaths occurred during follow-up (all initially received ciclosporin) but none were deemed related to UC or its treatment.

At follow-up, 39 patients underwent colectomy: 19 treated initially with ciclosporin and 20 with infliximab. Colectomy-free survival rates between the two groups were comparable. At 1, 2 and 5 years according to treatment given at inclusion, rates were (95% CI), respectively, 70.9% (59.2%–82.6%), 65.3% (53.0%–77.7%) and 61.5% (48.7%–74.2%) in patients who received ciclosporin and 69.1% (56.9%–81.3%), 67.3% (54.9%–79.7%) and 65.1% (52.4%–77.8%) in those who received infliximab [HR (95% CI) 0.99 (0.49–1.98); p=0.97].

Treatment persistence and change in therapy were also assessed. Cumulative incidence of the first additional systemic treatment at 1, 2 and 5 years according to treatment given at inclusion was (95% CI), respectively, 52.6% (39.0%–64.6%), 58.3% (44.3%–70.0%) and 62.3% (48.1%–73.7%) in patients who received ciclosporin and 20.0% (10.6%–31.5%), 27.3% (16.2%–39.5%) and 36.6% (23.9%–49.3%) in those who received infliximab [ARR (95% CI) 0.547 (0.350%–0.854%); p=0.011].

When considering new UC therapies given during the follow-up period and allowing for drug discontinuation, restart and/or drug optimisation, the cumulative incidence of the first use of new UC systemic treatment or colectomy at 1, 2 and 5 years was (95% CI), respectively, 52.6% (39.0%–64.6%), 58.3% (44.3%–70.0%) and 62.3% (48.1%–73.7%) in patients who received ciclosporin and 9.1% (3.3%–18.5%), 12.7% (5.5%–23.0%) and 22.0% (12.0%–33.8%) in those who received infliximab [ARR (95% CI) 0.273 (0.148–0.504); p<0.001].

Conclusion

This study provides interesting insights into the natural history of ASUC and demonstrates that long-term colectomy-free survival is independent from initial salvage treatment. Success in maintaining long-term remission in ASUC should be viewed as a distinct entity from successful induction therapy. Whilst improvements in induction therapy have been made, long-term colectomy rates remain disappointingly high [8].

Although colectomy-free rates were comparable between the two groups, it is important to note that patients in this study were largely thiopurine naïve. This population group may be more likely to respond to thiopurine maintenance, thus relatively improving the outcomes in the ciclosporin- and the infliximab-treated arm. Notably, a higher proportion of patients initially treated with ciclosporin received new treatments compared with those who received infliximab first, with nearly half of those first treated with ciclosporin switching within 1 year to infliximab.

Although this study provides important real-world information, the lack of a standardised maintenance approach limits the ability to answer the question of what the optimal maintenance strategy following successful induction should be. Hence it is critical that future studies focus on strategies to improve not only induction success but also maintenance therapy in this era in which we are confronted with a complex plethora of options, including combination therapy, dose intensification and class switching, in a cost containment environment.

References

1. Truelove SC, Witts LJ. Cortisone in ulcerative colitis; final report on a therapeutic trial. Br Med J. 1955;2:1041–8.
2. Kaplan GG, Seow CH, Ghosh S, et al. Decreasing colectomy rates for ulcerative colitis: a population-based time trend study. Am J Gastroenterol. 2012;107:1879–87.
3. Van Assche G, D'Haens G, Noman M, et al. Randomized, double-blind comparison of 4 mg/kg versus 2 mg/kg intravenous cyclosporine in severe ulcerative colitis. Gastroenterology. 2003;125:1025–31.
4. Jarnerot G, Hertervig E, Friis-Liby I, et al. Infliximab as rescue therapy in severe to moderately severe ulcerative colitis: a randomized, placebo-controlled study. Gastroenterology. 2005;128:1805–11.
5. Narula N, Marshall JK, Colombel JF, et al. Systematic review and meta-analysis: Infliximab or cyclosporine as rescue therapy in patients with severe ulcerative colitis refractory to steroids. Am J Gastroenterol. 2016;111:477–91.
6. Laharie D, Bourreille A, Branche J, et al. Ciclosporin versus infliximab in patients with severe ulcerative colitis refractory to intravenous steroids: a parallel, open-label randomised controlled trial. Lancet. 2012;380:1909–15.
7. Williams JG, Alam MF, Alrubaiy L, et al. Infliximab versus ciclosporin for steroid-resistant acute severe ulcerative colitis (CONSTRUCT): a mixed methods, open-label, pragmatic randomised trial. Lancet Gastroenterol Hepatol. 2016;1:15–24.
8. Gibson DJ, Heetun ZS, Redmond CE, et al. An accelerated infliximab induction regimen reduces the need for early colectomy in patients with acute severe ulcerative colitis. Clin Gastroenterol Hepatol. 2015;13:330-5.e1.

Matthew Choy

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Matthew Choy © Matthew Choy

Tofacitinib as induction and maintenance therapy for Ulcerative Colitis

Sandborn WJ, Su C, Sands BE, D'Haens GR, Vermeire S, Schreiber S, Danese S, Feagan BG, Reinisch W, Niezychowski W, Friedman G, Lawendy N, Yu D, Woodworth D, Mukherjee A, Zhang H, Healey P, Panés J; OCTAVE Induction 1, OCTAVE Induction 2, and OCTAVE Sustain Investigators

N Engl J Med. 2017;376:1723–36.

Introduction

Ulcerative Colitis (UC) is a chronic, Inflammatory Bowel Disease (IBD), the exact pathogenesis of which is still unknown. Its underlying mechanism seems complex and heterogeneous, involving interactions between genetic, immunologic and environmental factors [1]. To date, the available therapeutic armoury for UC consists of mesalamine, glucocorticoids, thiopurines and antagonists to tumour necrosis factor (TNF) and α4β7 integrin. A high proportion of patients exhibit a partial or poor response and poor maintenance rates as well, necessitating the search for additional treatment options with new mechanisms of action and increased efficacy rates. Beyond TNF antagonists and anti-integrin molecules, which act by blocking the interaction between gut-specific lymphocytes and their receptor on vascular endothelium, the Janus kinase/signal transducer and activator of transcription (JAK/STAT) signalling pathway represents a promising new target in IBD. Tofacitinib is an oral, small-molecule JAK inhibitor that is being investigated for the treatment of UC. Tofacitinib inhibits all JAK inhibitors, but preferentially JAK1 and JAK3, and it has already presented a dose-dependent efficacy as induction therapy for UC during a phase 2 trial [2]. A special feature and advantage of this new drug class is the aforementioned oral route of administration; indeed, it is the first targeted therapy to be administered orally for the treatment of IBD.

Methods

In this original study, the authors report the results of three phase 3 trials, two investigating tofacitinib as induction therapy (OCTAVE Induction 1 and 2) and one investigating tofacitinib as maintenance therapy (OCTAVE Sustain) for UC. It was a multicentre, randomised, double-blind and placebo-controlled study, investigating the results of 610 sites worldwide. The main patient inclusion criteria for the OCTAVE Induction 1 and 2 trials were 18 years of age or older with a confirmed diagnosis of UC for at least 4 months. Patients should have had moderately to severely active disease, as defined by a Mayo score of 6–12. It was a prerequisite for patients to have had treatment failure with or unacceptable

side effects from treatment with at least one of: oral or intravenous glucocorticoids, azathioprine, mercaptopurine, infliximab or adalimumab. Patients who successfully completed the OCTAVE Induction 1 or 2 trial and presented a clinical response (a decrease from induction trial baseline in the total Mayo score of at least 3 points and at least 30%) were eligible to participate in the OCTAVE Sustain trial. A point that should be highlighted is that, apart from the Mayo score, the authors set as a mandatory factor an accompanying decrease in the rectal bleeding subscore of at least 1 point or an absolute rectal bleeding subscore of 0 or 1, thus making the process even more rigorous. In the OCTAVE Induction 1 and 2 trials, eligible patients received induction therapy with oral tofacitinib at a dose of 10 mg twice daily or placebo for 8 weeks, with the primary efficacy end point considered remission (a total Mayo score of ≤2, with no subscore >1 and a rectal bleeding subscore of 0), and the key secondary end point, the mucosal healing (a Mayo endoscopic subscore of ≤1) after this 8-week period. Patients who entered the OCTAVE Sustain trial received maintenance therapy with tofacitinib at a dose of 5 mg twice daily, tofacitinib at a dose of 10 mg twice daily or placebo for 52 weeks. According to this Sustain trial, the primary end point was remission at 52 weeks; key secondary end points were mucosal healing at 52 weeks and sustained and glucocorticoid-free remission among those patients who were in remission when they had entered the maintenance trial.

Key findings

Regarding the primary end point of the study, according to the OCTAVE Induction 1 trial, 88 patients out of 476 (18.5%) exhibited *remission* at 8 weeks in the 10-mg tofacitinib group versus 10 out of 122 individuals (8.2%) in the placebo group. Statistical significance was shown in the OCTAVE Induction 2 trial as well, where the remission rate at the same time point approached 16.6% among patients in the 10-mg tofacitinib group, as compared with 3.6% in the placebo group. As concerns the OCTAVE Sustain trial, remission at 52 weeks was demonstrated in 34.3% (68/198) of patients in the 5-mg tofacitinib group and 40.6% of those in the 10-mg tofacitinib group, versus 11.1% of the placebo group, the difference being statistically significant for both comparisons.

With respect to the key secondary end point of *mucosal healing at 8 weeks*, patients in the 10-mg tofacitinib groups of the OCTAVE Induction 1 and 2 trials exhibited higher mucosal healing rates than patients in the placebo groups. Furthermore, improvement from baseline in the partial Mayo score was more clearly shown in the 10-mg tofacitinib groups than in the placebo groups at all scheduled visits, from as early as week 2. In the OCTAVE Sustain trial, *mucosal healing at 52 weeks* was demonstrated in a greater proportion of patients in the 5-mg tofacitinib group (37.4%) and the 10-mg tofacitinib group (45.7%) than in the placebo group (13.1%), the difference being statistically significant for both comparisons. Accordingly, among patients who were in remission at maintenance trial entry, *sustained and glucocorticoid-free remission* was seen among 23 out of 65 individuals in the 5-mg tofacitinib group and 26 out of 55 individuals in the 10-mg tofacitinib group versus 5.1% in the placebo group ($p<0.001$ for both comparisons). Lastly, the partial Mayo score was also significantly higher in both of these tofacitinib groups than in the placebo group at all study visits.

As far as *safety* is concerned, in the OCTAVE Induction 1 and 2 trials, the rates of overall infection and serious infection were higher with tofacitinib than with placebo. In contrast, in the OCTAVE Sustain trial, the serious infection rate was similar among the investigated groups, though the rates of overall infection and herpes zoster infection were higher with tofacitinib than with placebo. Across all three trials, adjudicated non-melanoma skin cancer occurred in five patients who received tofacitinib and in one who received placebo, and adjudicated cardiovascular events occurred in five who received tofacitinib and in none who received placebo; as compared with placebo, tofacitinib was associated with increased lipid levels. Gastrointestinal perforations have been observed with tofacitinib among patients with rheumatoid arthritis [3,4]. Across the OCTAVE trials, one intestinal perforation occurred with tofacitinib. No cases of tuberculosis were reported in the three trials.

Conclusions

Among patients with moderately to severely active UC, therapy with tofacitinib at a dose of 10 mg twice daily was more effective than placebo in inducing remission and mucosal healing. Maintenance therapy with tofacitinib at a dose of either 5 mg or 10 mg twice daily was more effective than placebo in sustaining remission and mucosal healing. JAK inhibitors appear to be promising in the management of IBD. This drug could enhance our repertoire of therapeutic choices and could be helpful in the future, especially when there is loss of response to another therapy. Its place in the therapeutic strategy remains to be determined, depending on the efficacy observed in the definitive studies.

References

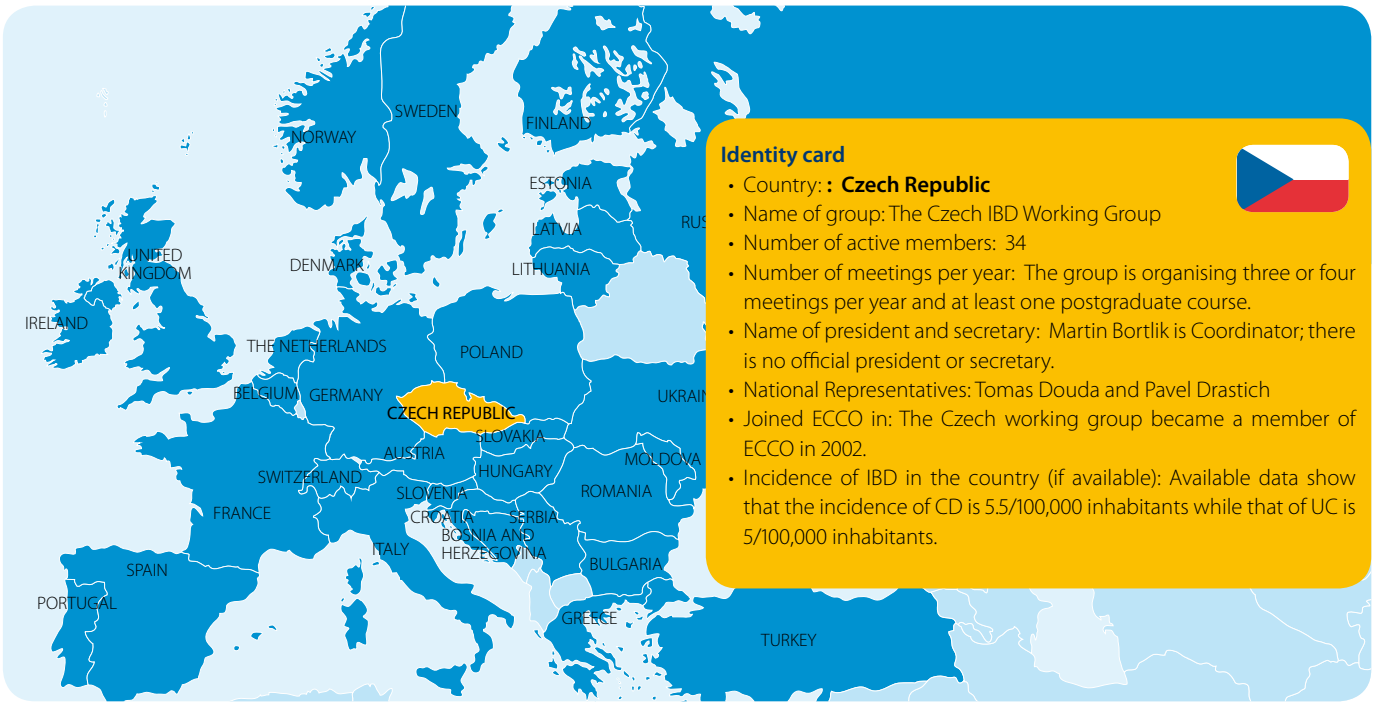
1. Xavier RJ, Podolsky DK. Unravelling the pathogenesis of inflammatory bowel disease. Nature. 2007;448:427–34.
2. Sandborn WJ, Ghosh S, Panes J, et al. Tofacitinib, an oral Janus kinase inhibitor, in active ulcerative colitis. N Engl J Med. 2012;367:616–24.
3. Wollenhaupt J, Silverfield J, Lee EB, et al. Safety and efficacy of tofacitinib, an oral Janus kinase inhibitor, for the treatment of rheumatoid arthritis in open-label, longterm extension studies. J Rheumatol. 2014;41:837–52.
4. Yamanaka H, Tanaka Y, Takeuchi T, et al. Tofacitinib, an oral Janus kinase inhibitor, as monotherapy or with background methotrexate, in Japanese patients with rheumatoid arthritis: an open-label, longterm extension study. Arthritis Res Ther. 2016;18:34.

Michail Galanopoulos

Michail Galanopoulos is a gastroenterology trainee at the General Hospital of Evangelismos, Athens, Greece. He is currently completing his PhD in prevention and early detection of colorectal cancer through novel blood biomarkers. He is interested in recent advances in endoscopic imaging techniques in IBD, such as the use of molecular probes or electronic filter technologies, since endoscopic assessment has a crucial role in the management of Inflammatory Bowel Disease.

Michail Galanopoulos © Michail Galanopoulos

ECCO Country Member Profile



Identity card

- Country: **: Czech Republic**
- Name of group: The Czech IBD Working Group
- Number of active members: 34
- Number of meetings per year: The group is organising three or four meetings per year and at least one postgraduate course.
- Name of president and secretary: Martin Bortlik is Coordinator; there is no official president or secretary.
- National Representatives: Tomas Douda and Pavel Drastich
- Joined ECCO in: The Czech working group became a member of ECCO in 2002.
- Incidence of IBD in the country (if available): Available data show that the incidence of CD is 5.5/100,000 inhabitants while that of UC is 5/100,000 inhabitants.

Questionnaire – CZECH REPUBLIC

What has changed since your society became an ECCO Country Member?
A lot has changed during the last 15 years. ECCO began as a small group and nowadays represents a hugely respected organisation with many activities including scientific research and guidelines preparation. ECCO helped us to optimise diagnostic and treatment strategies, to improve collaboration with patient organisations and to participate in international research. ECCO evokes a family feeling as we are a part of networking organisations.

What are the benefits to you of being an ECCO Country Member?
First of all, the ECCO Network provides opportunities for information sharing and exchange of experience. Secondly, we are improving our patient care and implementing ECCO Guidelines in daily practice. Educational activity of ECCO is offering especially young gastroenterologists the chance to gain knowledge and exploit opportunities for international collaboration.

Is your society making use of the ECCO Guidelines?
Our Group is regularly preparing recommendations on various IBD topics based on the ECCO Guidelines. These recommendations are regularly published in the official journal of the Czech Gastroenterological Society: Gastroenterology and Hepatology.

Have you developed research projects with other countries through your ECCO Country Membership?
Yes, we are active in the EpiCom Group.

Have you developed educational activities with other countries through your ECCO Country Membership?
Our Group is working closely with Slovak colleagues and their IBD Working Group. The main expression of this cooperation is the annual organisation of the Czech-Slovak (Slovak-Czech) IBD symposium.

Has your country been involved in a fellow exchange through ECCO?
Yes, and it must be a continuous process.

What are your main areas of research interest?
The Group, or at least some of its members, has participated in several research projects, including on the following topics: biologic therapy during pregnancy, development of children exposed to biologics during pregnancy and the ECCO-EpiCom study on incidence of IBD throughout Europe. A prospective study on faecal microbiota transplantation (FMT) in UC patients and a study on early surgery in CD patients are ongoing.

Does your centre or country have a common IBD database or bio bank?
CREdIT is a registry of IBD patients treated with biologic preparations, the creation of which was supported by the Czech Gastroenterological Society. The aim of the registry is to collect basic information on how biologic therapy is used in the Czech Republic, thus contributing to increase the effectiveness and safety of this type of treatment. Participation in the registry is free of charge and is open to all IBD Biologic Treatment Centres. The poster "Czech Registry of Inflammatory Bowel Disease Patients on Biologic Therapy: Results from the first year" will be presented in UEG Week 2017.

What are your most prestigious/interesting past and ongoing projects?
The studies on biologic therapy during pregnancy and on its effect on children's development seem to have been the most successful up to now. Results of the prospective FMT study and the study on early surgery in CD are eagerly awaited.

The Czech IBD Working Group

Which ECCO Projects/Activities is the group currently involved in?
There is an ongoing EpiCom study which is investigating not only the incidence of IBD throughout Europe but also a broad spectrum of environmental factors, health care and economic aspects, IBD-related quality of life etc.

What are your aims for the future?
We would like to increase our activities in clinical research as only a few projects have been completed so far by the Group. As mentioned above, two big multicentre projects are currently ongoing. We will continue our participation in educational activities, including preparation and updating of the national guidelines in different areas of IBD. There is also a need to continue with discussion and negotiation with health insurance authorities regarding the system of reimbursement of medical care in IBD patients.

How do you see ECCO helping you to fulfill these aims?
Travel awards, grants and fellowship programmes may all be helpful; however, we have not been successful when applying so far. Therefore we would appreciate it if ECCO were to be more clear in the evaluation of submitted projects. Moreover, there are some interesting research projects organised by ECCO in which we would like to participate, but we feel there is a lack of financial support from ECCO.

What do you use ECCO for? Network? Congress? How do you use the things/services that ECCO has to offer?
The majority of Czech physicians and nurses interested in IBD benefit from their membership in ECCO in that they have easier access to the Congress and JCC. From a clinical point of view, ECCO Consensus Statements and Guidelines on different topics are greatly appreciated and are being applied by more and more gastroenterologists and surgeons in their clinical practice. We also believe that one of the most important advantages of being a member of the ECCO Family comes from the networking, meetings and discussions with our colleagues from all over Europe. Last but not least, we are happy to have the chance to invite some of the "stars" of European IBD to participate in different national meetings and symposia.

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Announcement
2018

Inflammatory Bowel Diseases

13th Congress of ECCO
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- Reed Messe Vienna
- EACCME applied
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