e-WGN

WORLD GASTROENTEROLOGY NEWS

Official e-newsletter of the World Gastroenterology Organisation

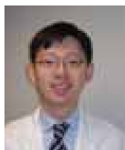
www.worldgastroenterology.org

VOL. 17, ISSUE 4 **DECEMBER 2012**

In this issue

The Growing Global Burden of Gallstone Disease

Monica Acalovschi, MD and Frank Lammert, MD



New Era of Antiviral Therapy for Chronic Hepatitis C Infection: Implications on Global Health

Joseph K. Lim, MD

Professor IN "Solly" Marks – A Pioneer in Gastroenterology, 1926-2012

Richard Hunt, FRCP, FRCPEd, FRCP(C), FACG, AGAF

The Importance of Membership in the World Gastroenterology Organisation

Current Members, Prospective Members, and the Global Gastroenterology Community

Cihan Yurdaydin, MD

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Encompassing over 100 national member societies, WGO touches 50,000 practitioners, including some of the world's leading minds in gastroenterology, hepatology, and related disciplines. Our unique mission to promote, to the general public and healthcare professionals alike, an awareness of the worldwide prevalence and optimal care of digestive disorders through the provision of high quality, accessible and independent education and training makes WGO a Global Guardian of Digestive Health, Serving the World. We are extremely proud of our esteemed membership base and the commendable efforts and accomplishments of our volunteers in promulgating our mission and goals all around the world.

The true wealth of WGO lies not only in the strength of our membership, which offers a platform for worldwide exposure of our national member societies, but in the truly global amplitude of our programming. Membership dues contributed each year are channeled into training, education and advocacy in the developing world, while also strengthening these aspects in developed regions. WGO's portfolio of training and education programs that serve to fulfill its mission include 15 Training Centers worldwide, Train the Trainers workshops, Global Guidelines and Cascades, Outreach, and Advocacy and Public Awareness efforts which are most prominently realized through the World Digestive Health Day annual campaign. Each WGO program is thoughtfully designed to address specific areas of need in the practice of gastroenterology, hepatology, and related disciplines, whether it is training, education, capacity building, providing resources, increasing awareness or advocacy.

A Look Back at 2012

The past year has been especially prolific for WGO; the 2012 WDHD campaign, "*From Heartburn to Constipation - Common GI Symptoms in the Community: Impact and Interpretation*," has been very successful with a record number of well over 100 events taking place in almost 30 countries. Also in 2012, the first-ever

continued on page 3

Contents

Editorial

The Importance of Membership in the World Gastroenterology Organisation – Current Members, Prospective Members, and the Global Gastroenterology Community 1
Cihan Yurdaydin, MD

Scientific News

The Growing Global Burden of Gallstone Disease 6
Monica Acalovschi, MD and Frank Lammert, MD

New Era of Antiviral Therapy for Chronic Hepatitis C Infection: Implications on Global Health 10
Joseph K. Lim, MD

World Congress

Gastro 2013 News: An Overview of the Programmatic Highlights at Gastro 2013 14

World Digestive Health Day News

World Digestive Health Day 2012 17

A Glimpse into Next Year's Campaign 20
Douglas R. LaBrecque, MD, FACP

WGO & WGOF News

FAGE's 40th Anniversary 22
Daniel Berbara, MD

WGO at United European Gastroenterolgy (UEG) Week 2012 22

Association Africaine Francophone de Formation Continue en Hépato-Gastroentérologie (AAFFCHGE) 23
Vincent Lamy, MD, FEBG, FRCP

Professor IN "Solly" Marks – A Pioneer in Gastroenterology, 1926-2012 25
Richard Hunt, FRCP, FRCPEd, FRCP(C), FACG, AGAF

WGO Training Center News – Suva, Fiji 27

WGO Porto Alegre Hepatology Training Center 28
Mário Reis Álvares-da-Silva, MD

Inaugural ACG Course Highlights: Training for the Trainer 30

WGO Global Guidelines

The Latest News in WGO Global Guidelines and Cascades 31

WGO Calendar of Events

Event Calendar 33

VOL. 17, ISSUE 4

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TTT workshop in China took place this past April in Xi'an, Shaanxi Province. It was met with great success as 49 gastroenterologists representing 21 countries developed their teaching and training skills. For more information on WGO's remarkable achievements in 2012, we invite you to read the editorial by Professor Henry Cohen, President, WGO, which can be found in the October issue of *e-WGN.*

National Society Members

WGO believes that it is the responsibility of societies to take an active role in promoting the growth and welfare of areas struggling to provide excellence of care in regions where available resources are at their lowest. In this respect, WGO serves as the international arm of its individual member societies, leveraging resources collectively to achieve this purpose. The high level of commitment from the WGO leadership, and many committee members, all of whom are volunteers, and staff to participate in the governance, training, and development of education and other resources for your members, along with a strong belief in our mission, makes the WGO an organization of which you can be proud.

As we reflect on the past year of growth and learning, we would like to take this opportunity to thank our national member societies for their ongoing support of WGO. By contributing membership dues, participating in WGO programming, and submitting your exciting and educational news to our publications, you help drive the expansion of the depth and breadth of WGO's global aims and mission. Thank you to those societies who have paid 2012 dues! If your society has not yet had an opportunity to do so, or has any questions regarding the process, please contact the WGO Executive Secretariat at membership@worldgastroenterology.org. We thank you once again for your support in 2012 and we look forward to continuing to work together in 2013.

Prospective Members

Is your national society interested in WGO membership? Gastroenterological societies from all over the globe are welcome and encouraged to apply. In order to be eligible, according to our statutes and By-laws applicant societies are eligible where they comprise:

- A national gastroenterological society,
- Specialized sections in gastroenterology or groups of gastroenterologists in those countries in which there is no gastroenterological society.

To apply, societies will confirm that they have:

- A democratically elected council and constitution and clearly identified officials such as a president, secretary, and treasurer.
- Regular clinical/scientific meetings of the society.
- Agreed to abide by the Statutes and By-laws of WGO including the annual payment of dues.

Please visit the Membership Application Section of the WGO website for further information about applying for membership.

WGO strives to offer its members a unique and effective array of benefits. We invite you to explore what WGO offers its members:

- Receipt of *e-WGN,* WGO's premier quarterly publication, and the monthly *e-Alert;*
- Access to the quadrennial World Congress of Gastroenterology, the largest gathering of WGO members and committees, and the key opportunity to meet with colleagues and develop and exchange ideas and information;
- Global promotion of regional and national meetings as well as your own society's programs and events;
- Participation in committees and input in elections of representatives to the WGO leadership and committee membership;
- A platform to interact with a global network of gastroenterologists;
- Access to educational opportunities and WGO Training Center programs, such as Train the Trainers workshops worldwide; and
- Use of additional resources on the WGO website such as the Ask a Librarian service, which provides access to high quality clinical and research information, along with the Graded Evidence system, which continuously provides updates on the research found in WGO's Global Guidelines, and the Clinical Research Tools section, a valuable guide for researchers in various phases of work, featuring an Abstract Assistance Service.

We encourage you to apply for membership within WGO. As a federation of national member societies, together we create a powerful mechanism by which we can meaningfully impact the ability of organizations and regions with lesser resources to grow, thrive, and serve the needs of their constituencies. Partnering with WGO member societies extends our reach, broadens our influence, and strengthens global knowledge of digestive health. WGO makes you and your members active participants in the global gastroenterology community!

The Global Gastroenterology Community

WGO aims to provide information germane to gastroenterology, hepatology, and related disciplines that is easily accessible to both members and the general public, widely applicable to a global audience, and that helps to improve the standards in gastroenterology training and education. This is accomplished through a variety of means, including Global Guidelines and Cascades, the quarterly *e-WGN* newsletter, monthly *e-Alerts,* WDHD

WGO now has 15 Training Centers in 14 countries.

advocacy and educational materials, and up-to-date information about industry-related conferences and meetings taking place throughout the world. Access to our Global Guidelines and Cascades, as well as *e-Alerts* and the quarterly *e-WGN,* is available free of charge. We welcome any feedback you may have via our online inquiry form. We encourage you to visit our website and make use of the many resources and materials available to you!

Looking Forward to 2013

Next year holds a great deal of excitement for WGO and the global gastroenterology community. We look forward to the 2013 WDHD campaign, "LIVER CANCER: Act Today. Save Your Life Tomorrow. *Awareness. Prevention. Detection. Treatment.*", and to the three Train the Trainer workshops; two in Porto, Portugal and one in Bogotá, Colombia.

We especially look forward to Gastro 2013 APDW/WCOG Shanghai, which will begin with an outstanding Postgraduate Course, on 21 September, incorporating lectures focused on current topics in disorders of Upper and Lower GI Tract, Liver Disease and Biliary-Pancreatic Disorders. Concurrent with the Postgraduate Course, a full one-day Live Demonstration Endoscopy Program will take place. Over the next three days, 22-24 September, the main program will be convened and presented during symposia organized in four primary tracks: Live Demonstration Endoscopy and didactic Endoscopy sessions, Upper GI, Lower GI and Liver Disease. Each day of the main program will begin with Plenary Sessions during which Named Lectureship presentations will be presented. Other key programmatic components will be offered including Working Party Reports and Guidelines - a prominent feature of past World Congresses of Gastroenterology and the Asian Pacific Digestive Week conferences, respectively – the WEO Learning

Shanghai, the location of Gastro 2013, APDW/WCOG Shanghai.

Center, a Young Clinicians Program - which commences prior to the main program and continues throughout the core meeting - free paper presentations, poster exhibition, and a program for nurses and other allied healthcare professionals organized by the Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA) in collaboration with local and regional nursing bodies, industry-sponsored symposia and a technical exhibition. We hope you join us in Shanghai for this outstanding and dynamic program.

I invite you to visit the WGO booth at various events throughout 2013, including Digestive Diseases Week (DDW) in Orlando, Florida, USA in May, United European Gastroenterology (UEG) Week in Berlin, Germany, and at the ACG 2013 Annual Scientific Meeting and Postgraduate Course in San Diego, California, USA, both taking place in October. I also hope to see many of you at Gastro 2013!

Please join me in welcoming 2013 and the challenges and successes it is sure to bring.

If you have feedback, questions, or comments for WGO, please contact the Executive Secretariat at info@worldgastroenterology.org. We welcome and encourage your feedback at any time. Thank you again for your ongoing support and WGO looks forward to many more successful years!

To learn more about the events, publications, and meetings mentioned in this editorial, please visit the sites listed below:

Digestive Disease Week (DDW) 2013

http://www.ddw.org

Gastro 2013 APDW/WCOG Shanghai

http://www.gastro2013.org

Gastro 2013 APDW/WCOG Facebook Page
http://www.facebook.com/pages/Gastro-2013-Shanghai/273684426065365?ref=stream

Gastro 2013 APDW/WCOG Twitter Page
http://twitter.com/gastro_shanghai

Train the Trainers
http://www.worldgastroenterology.org/train-the-trainers.html

United European Gastroenterology (UEG) Week
http://www.ueg.eu/week/

WDHD 2012
http://www.wgofoundation.org/wdhd-2012.html

WDHD 2013
http://www.wgofoundation.org/wdhd-2013.html

WGO Global Guidelines and Cascades
http://www.worldgastroenterology.org/globalguidelines.html

WGO Publications
http://www.worldgastroenterology.org/wgo-publications.html

WGO Prospective Member and Application Information
http://www.worldgastroenterology.org/membership-application.html

The Growing Global Burden of Gallstone Disease

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Gallstones are formed in the biliary tract, mainly in the gallbladder. About 10-15% of gallstone patients have simultaneous gallbladder and common bile duct stones, whereas intrahepatic stones occur less frequently. According to the chemical composition, there are three major types of stones: cholesterol, pigment (bilirubin), and mixed stones.

Gallstone prevalence and chronological changes

There is a marked geographic variation in gallstone prevalence (Figure 1). In developed countries, more than 85% of gallstones are cholesterol stones. About 20 million people in the USA (15% of the population) have gallstones[1]. The Third National Health and Nutrition Examination Survey (NHANES III) indicated a higher prevalence in Mexican-Americans than in non-Hispanic whites, and a lower prevalence in non-Hispanic blacks[2]. An extraordinarily high prevalence was found in American Indians (specifically, the Pima tribe from Arizona) (Figure 1). In Europe, ultrasound studies revealed a prevalence of 9 - 21% and an incidence of 0.63/100 persons/year[3]. A trend for increasing gallstone prevalence has been identified in Europe and North America by necroptic[4] and ultrasound studies[5, 6].

This trend has also been demonstrated in Japan. Here, a higher gallstone prevalence (10%) than that previously described as well as an increased proportion of cholesterol stones has been documented by the Japan Gallstone Study Group[7]. In South Eastern Asia, the prevalence of gallstones (mostly brown pigment) is low. Gallstone prevalence rates are even lower in Africa.

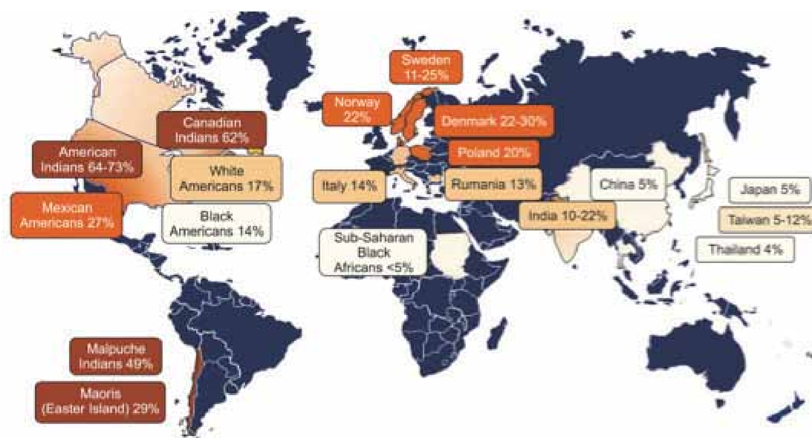

Figure 1: Worldwide prevalence of gallstones in females based on ultrasonographic surveys (Stinton LM, Shaffer EA, Gut and Liver 2012,; 6: 172-187).

Health-related and socio-economic burden of gallstone disease (GD)

Mortality rates for GD decreased between 1979 and 2004 in the United States by 56% for gallstones as the underlying cause and by 71% for GD as the underlying or other cause (Figure 2). This was the greatest rate of decline for any common digestive disease in this time period[1]. The trend is not the same with respect to morbidity rates. Although symptomatic and complicated stones represent only 20% of all gallstones, they lead to clinically relevant morbidity and complications as well as high costs of medical care. Complication rates are higher in older people and in some ethnic groups, and are also influenced by socio-economic factors[8, 9].

In the United States, GD is the second most expensive digestive disease only surpassed by gastroesophageal reflux disease. In 2000, GD was the most common inpatient diagnosis, with 262,411 hospitalizations and

Table 1: Risk factors for gallstone disease

Risk factors for cholesterol gallstones
Non-modifiable
Advancing age
Female gender
Family history
Ethnicity
Modifiable
High calorie/high carbohydrate diet
Low fibre diet
Pregnancy and parity
Reduced physical activity
Obesity/metabolic syndrome
Diabetes mellitus/hyperinsulinism
Rapid weight loss/weight "cycling"
Total parenteral nutrition
Drugs: estrogen, progesterone, octreotide, ceftriaxone, thiazide diuretics
Bariatric surgery/gastrectomy
Chronic hepatitis C virus infection
Risk factors for pigment stones
Non-modifiable
Age
Modifiable
Chronic haemolysis (black stones)
Liver cirrhosis*
Crohn's disease*
Extensive ileal resection (black stones)
Cystic fibrosis (black stones)
Biliary infections/infestations (brown stones)
** both black pigment and cholesterol stones*

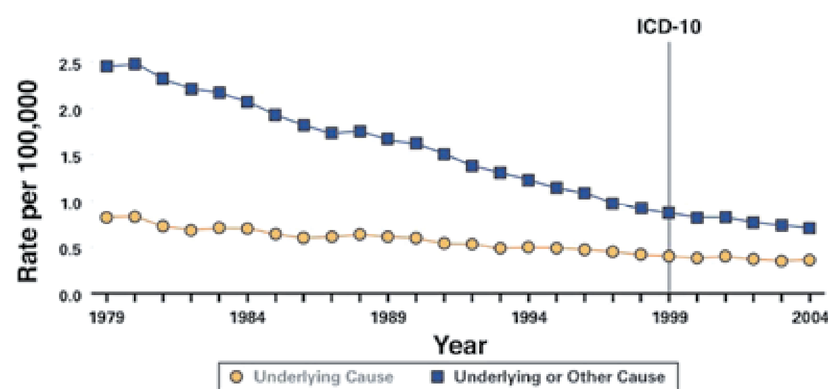

Figure 2: Gallstones: age-adjusted rates of death in the United States, 1979-2004 (EverhartJE & Ruhl CE, Gastroenterology 2009; 136: 1134-1144) (with permission from Elsevier).

costs of $11,584 per inpatient[10]. In 2004, there were 1.8 million ambulatory care visits with GD diagnosis[1]. Every year about 700,000 cholecystectomies are performed in the United States[11], and 190,000 patients with GD undergo surgery in Germany[12]. The health care costs of GD (~ 6.5 billion dollars/year) increased by 20% over the last three decades in the United States[1].

Risk factors for gallstones

Cholesterol gallstones result from oversaturation of the bile with cholesterol, combined with accelerated nucleation of crystals and impaired gallbladder motility. Advanced age, gender and heredity are major risk factors for cholesterol lithogenesis (Table 1). Cholesterol GD results from the interaction between genetic susceptibility and "lithogenic" environmental factors. Based on twin studies, genetic susceptibility has been estimated to contribute about 25% of the total gallstone risk[13, 14]. Variants of the cholesterol transporter *ABCG5/G8* may account for one third of the genetic risk[15, 16].

Pigment gallstones form when bilirubin is excreted in excess into bile (black stones) or in association with bile duct infections (brown stones). The major risk factors for black stones are chronic haemolysis and liver cirrhosis, and patients with biliary infections or infestations are at risk for brown stones.

Risk factors contributing to the increasing prevalence of GD

The GD prevalence is rising in the industrialized countries in Europe and America due to the changes in life style. A similar trend appears to be present in some developing countries. Apart from the aging of the population, key risk factors accounting for the increasing GD prevalence are environmental.

Obesity

Obesity is a major risk factor for cholesterol GD, due to the increased hepatic cholesterol synthesis (via increased HMGCoA reductase activity) and biliary cholesterol excretion. The risk is higher in women and very high in morbidly obese individuals. Multiple weight cycling and rapid weight loss (e.g. after bariatric surgery) enhance the gallstone risk.

An increase of the body mass index between 1980 and 2008 has been documented worldwide, with great variations in different countries. In 2008, an estimated 1.46 billion adults were overweight, and of these, 500 millions were obese[17]. The most dramatic obesity epidemic has been observed in the United States: in 1990 no state had an obesity prevalence equal to or higher than 15%; while in 2010 obesity was present in more than 25% of the adult population in half of the country's states[18].

Diabetes mellitus

Type 2 diabetes is associated with an increased risk for GD. An increased cholesterol secretion into bile and gallbladder stasis, due to neuropathy, may explain the higher proportion of gallstone carriers among diabetics. Due to population growth, urbanization,

aging and the increasing frequency of obesity and sedentary lifestyle, diabetes will continue to be a major health problem in developed countries and a growing problem in developing countries[19, 20]. At the global level, the number of people with diabetes increased from 153 million in 1980 to 347 million in 2008[19]. Accordingly, the age-standardized adult diabetes prevalence rate was significantly higher in 2008 (9.8% in men and 9.2% in women) than in 1980 (8.3% and 7.5%, respectively).

Metabolic Syndrome (MS)

The association between GD and obesity is now recognized as part of the MS, which includes central obesity, high triglyceride and low HDL-cholesterol levels, glucose intolerance, and hypertension. Hepatic insulin resistance stimulates cholesterol secretion into bile and impairs bile acid synthesis, favoring gallstone formation[21]. Hepatic insulin resistance is associated with GD even in non-diabetic, non-obese individuals[22]. The prevalence of MS is increasing up to epidemic proportions in many developed countries.

Non-alcoholic fatty liver disease (NAFLD)

NAFLD is the hepatic expression of the MS. Gallstones are more frequent in NAFLD patients than in the general population[23, 24], as NAFLD and cholesterol GD share common lifestyle and metabolic risk factors. The obesity epidemic will lead to an increased prevalence of NAFLD.

Dyslipidemia

Although there is no correlation between cholesterol gallstones and total cholesterol levels in blood, GD is associated with low HDL-cholesterol and high triglyceride serum levels. Nearly all patients with hypertriglyceridemia have supersaturated bile, even if they are lean[25].

"Western-type" diet

The change over time in gallstone prevalence suggests that there has been a similar change with respect to environmental risk factors. One of the main environmental exposures is nutrition. Chronic overnutrition with refined carbohydrates and reduced intake of dietary fibre might account for the increased cholesterol gallstone prevalence in Native Americans, European countries and urban centres in Eastern Asia (Japan). This increase is linked to obesity, slow intestinal transit, hypertriglyceridemia, and insulin resistance. Moderate alcohol consumption and coffee consumption seem to be protective factors for gallstone formation, or at least for the development of symptoms in gallstone carriers.

Decreased physical activity

Prospective studies have shown that sedentary behavior is associated with an increased risk of cholecystectomy, both in women and men[26]. On the contrary, regular exercise improves - alone or most pronounced in association with low calorie diet - the metabolic profile associated with obesity and cholesterol gallstones, decreasing the lithogenic risk.

Liver cirrhosis and chronic hepatitis C virus (HCV) infection

End-stage liver disease is a well-known risk factor for GD. About 25-30% of cirrhotic patients have gallstones. Pigment lithogenesis is favored by chronic haemolysis and changes of liver metabolism. Cholesterol gallstones are also frequent in liver cirrhosis, in particular in cirrhotic patients with chronic HCV infection or NAFLD. Chronic HCV infection was shown to be an independent risk factor for GD both in patients with liver cirrhosis[27] and in chronic hepatitis[28]. The prevalence of liver cirrhosis in HCV-infected patients has increased significantly over the past years[29]. It will continue to increase, given the fact that the spread of HCV infection in the USA and Europe occurred mainly after the 1970s and long duration of infection is necessary for cirrhosis to develop.

Conclusions

Gallstones are highly prevalent in most developed countries, leading to high health care costs. In developing countries, there also exists a trend toward an increasing prevalence of the metabolic risk factors for GD. As long as the obesity and diabetes epidemics continue to spread around the world, an increase of gallstone prevalence rates is to be expected; and will parallel the aging populations in these countries.

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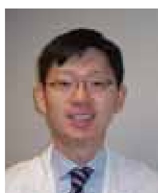
New Era of Antiviral Therapy for Chronic Hepatitis C Infection: Implications on Global Health



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Glossary

ABT-333: Abbott non-nucleoside polymerase inhibitor

ABT-450: Abbott protease inhibitor

BI-201335: Boehringer-Ingelheim protease inhibitor

BI-207127: Boehringer-Ingelheim nucleoside polymerase inhibitor

BID: twice daily

BOC: boceprevir

CYP3A4: cytochrome P450 enzyme 3A4

DAA: directly acting antiviral agent

GS-7977: Gilead Sciences nucleotide polymerase inhibitor

GT: genotype

IVDU: intravenous drug use

N: number of subjects

Peg-IFN: pegylated interferon alpha

QD: once daily

R155K: arginine to lysine mutation at position 155

RBV: ribavirin

SVR: sustained virologic response

TPV: telaprevir

V36M: valine to methionine mutation at position 36

Global Burden

Chronic hepatitis C virus (HCV) infection represents a global public health burden which is associated with significant morbidity and mortality. The worldwide prevalence is estimated at 170 million individuals, with the highest concentration observed in sub-Saharan Africa, South-East Asia, and the Western Pacific[1-2]. Chronic HCV infection represents one of the leading causes of chronic liver disease, and places individuals at risk for progressive liver fibrosis and cirrhosis, hepatocellular carcinoma, and liver-related death. Following initial infection, approximately 70% develop chronic infection, of whom an estimated 20% will progress to liver cirrhosis, and 5% will die from cirrhosis or liver cancer. More than 15,000 and 350,000 individuals in the United States (U.S.) and worldwide, respectively, die of HCV-related liver disease each year, and this is expected to increase significantly over the next 10-20 years[2-3].

Based on World Health Organization (WHO) estimates, the highest prevalence of chronic HCV infection is seen in Africa (5.3% or 31.9 million individuals), the Eastern Mediterranean (4.6% or 21.3 million), and the Western Pacific (3.9% or 62.2 million), with a lower prevalence observed in South-East Asia (2.15% or 32.3 million), the Americas (1.7% or 13.1 million), and Europe (1.03% or 8.9 million). Countries with the highest rates of chronic infection include Egypt (22%) and two of the world's most populous nations, China and Pakistan, where >3% of the population are infected (Table 1). Globally, key risk factors for HCV transmission include blood transfusion from unscreened donors, unsafe therapeutic injections, and health care-related procedures, particularly in the developing world, whereas injection drug use has remained the predominant source of new infections in most developed countries[1]. In the U.S., the Centers for Disease Control and Prevention (CDC) recently modified its screening recommendations for hepatitis C to expand beyond individuals with known risk factors to a broader population of "baby boomers" born between 1945-1965, a strategy that has been found to be cost-effective and may identify an additional 800,000 infected individuals[4-5].

Significant progress has been made over the past 15 years in our ability to eradicate chronic HCV infection. In 2001, the combination regimen of pegylated interferon alfa (peg-IFN) plus ribavirin (RBV) emerged as a new global standard of care which was associated with a sustained virologic response (SVR) in approximately 40%, 50%, and 75% of genotypes 1, 4, and 2-3, respectively. However, this regimen has been limited by high complexity, financial cost, and significant adverse effects, thus limiting its uptake in resource-limited settings outside major developed countries; even in the U.S. and Europe, it is estimated than fewer than 20% have undergone antiviral therapy[6].

REGION	PREVALENCE (% Population)	INFECTED PERSONS	ROUTES OF TRANSMISSION
Americas	1.7%	13.1 million	Blood transfusion, IVDU, high-risk sexual exposure
Africa	5.3%	31.9 million	Blood transfusion, unsafe injection practies
Europe	1.0%	8.9 million	Blood transfusion, IVDU
Eastern Mediterranean	4.6%	21.3 million	Intravenous tartar emetic, infected blood and medical products, unsafe injection practices
South-East Asia	2.2%	32.3 milllion	Blood transfusion, infected blood and medical products, IVDU
Western Pacific	3.9%	62.2 million	Blood transfusion, IVDU

Table 1: Global Prevalence of Hepatitis C by WHO Region.

Directly Acting Antiviral Agents (DAAs)

Last year, two NS3/4A protease inhibitors were approved in North America, South America, Europe, and Japan. Boceprevir (Victrelis) and telaprevir (Incivek, Incivo, Telavic), used in conjunction with peg-IFN and RBV, significantly increase the rate of viral eradication, and represent the new standard-of-care for the treatment of genotype 1 hepatitis C infection[7-8]. In treatment-naïve individuals, a combination regimen consisting of 12 weeks of triple therapy (telaprevir, peg-IFN, RBV) followed by an additional 12-36 weeks of dual therapy (peg-IFN, RBV) resulted in an SVR rate of 69-75% (versus 42% peg-IFN/RBV alone) in phase 3 registration trials; a similar combination regimen consisting of 4 weeks of dual therapy (peg-IFN, RBV) followed by an additional 24-44 weeks of triple therapy (boceprevir, peg-IFN, RBV) resulted in an SVR rate of 63-66% (versus 38% peg-IFN/RBV alone). Approximately 66% of treatment-experienced patients also achieved SVR with either boceprevir or telaprevir-based triple therapy regimens, although the likelihood of viral eradication diverged significantly based on prior response to peg-IFN plus RBV, with SVR rates of approximately 30% in prior null responders (<2 log decrease in HCV RNA within 12 weeks of peg-IFN plus RBV), 50-60% in prior partial responders (≥2 log decrease in HCV RNA within 12 weeks of peg-IFN plus RBV but still detectable at 24 weeks of therapy), and 80% in prior responder-relapsers (≥2 log decrease in HCV RNA within 12 weeks of peg-IFN plus RBV, undetectable at 24 weeks and at end-of-treatment, but detectable after end-of-treatment). Although triple therapy regimens are associated with significant improvements in efficacy in both treatment-naïve and treatment-experienced patients, this is balanced by additional challenges, including significant pill burden, challenging q8 hour dose schedule, drug-drug interactions due to inhibition of cytochrome P450 CYP3A4, potential for viral resistance mutations, and additional adverse effects beyond peg-IFN and ribavirin such as severe anemia, dysgeusia, rashes, anorectal symptoms, and rare skin reactions such as Stevens-Johnson Syndrome and DRESS syndrome. Characteristics of these regimens are summarized in Table 2 [9-13].

Future of Interferon-Free Regimens

Telaprevir and boceprevir represent only the first generation of a large number of oral DAA's which have demonstrated remarkable promise in the suppression of HCV replication.

Protease-Inhibitor Based Triple Therapy

	peg-IFN/RBV	Boceprevir/peg-IFN/RBV	Telaprevir/peg-IFN/RBV
Efficacy (SVR)	38-42%	63-66% Treatment-Naïve 66% Treatment-Experienced	69-75% Treatment-Naïve 66% Treatment-Experienced
Treatment Duration	48 weeks	28-48 weeks	24-48 weeks
Dosing	Weekly injection Twice daily pill	P/R + BOC q8 hours	P/R + TPV q8 hours
Pill burden	5-6 pills/day (RBV 2-3 caps bid)	17-18 pills/day (BOC 200 mg tab, 4 tab PO q8 hours)	11-12 pills/day (TPV 375 mg tab, 2 tab PO q8 hours with 20 g fat)
Side effects	Constitutional, skin, bone marrow, neuropsychiatric, autoimmune	Anemia (49%) Dysgeusia (43%)	Anemia (37%) Rash (56%) -- severe 4% Anal itching/burning (29%) Gout (<1%)
Drug-Drug Interactions	None	Significant CYP3A4 inhibition	Significant CYP3A4 inhibition
Barrier to resistance	None	Low (V36M, R155K)	Low (V36M, R155K)
Genotype coverage	All GT 1-6	GT1 only	GT1 only

Table 2: Protease-Inhibitor Based Triple Therapy.

It seems likely that triple therapy regimens with either telaprevir or boceprevir will be the best available therapy until at least 2014. Several second-generation agents are now entering phase 3 trials and provide hope for even greater increases in safety and efficacy in both treatment-naïve and treatment-experienced individuals. Current triple therapy regimens with DAA remain limited by the requirement for peg-IFN and RBV, complex and burdensome response-guided regimens, restriction to genotype 1-infected individuals, and less than optimal SVR rates in prior nonresponders to pegylated interferon-ribavirin. Phase 2 data from trials evaluating next generation protease inhibitors, nucleos(t)ide and non-nucleos(t)ide polymerase inhibitors, NS5A inhibitors, novel interferons, therapeutic vaccines, and cyclophilin inhibitors suggest that the next shift in the hepatitis C treatment paradigm is likely to be characterized by further increases in SVR, decreased pill burden, once or twice daily oral regimens, shorter treatment duration, more favorable safety profiles, and broader genotype coverage. Although it is possible that quadruple therapy regimens combining two DAAs plus peginterferon plus ribavirin will be necessary for some patients with poor interferon sensitivity and multiple negative predictors of viral response, the ultimate goal of future HCV therapy will be interferon-free combination regimens of two or more oral DAAs with or without ribavirin which achieve high levels of SVR in both treatment-naïve and treatment-experienced individuals. In 2011, a landmark paper by Lok et al. provided the first proof-of-principle that SVR can be achieved with two DAAs without interferon (NS5A inhibitor daclatasvir plus protease inhibitor asunaprevir), moreover, in a cohort of highly refractory patients who were prior null responders to peg-IFN and RBV[14]. In 2012, additional reports from phase 2 trials provided further confirmation that SVR can be achieved without interferon; two studies evaluating the role of a quadruple oral regimen for 12 weeks (ritonavir-boosted protease inhibitor ABT-450, non-nucleoside polymerase inhibitor ABT-333, and ribavirin) and a dual oral regimen for 24 weeks (nucleotide polymerase inhibitor GS-7977 plus NS5A inhibitor daclatasvir) demonstrated SVR rates of 95% and 100%, respectively (Table 3)[15]. These promising results unequivocally provide a foundation for further exploration of interferon-free regimens as a viable future strategy for HCV treatment, and spur hope that such regimens may become available within the next 3-5 years.

Implications on Global Health

Although DAA-based antiviral therapy has been widely adopted in developed countries with access to first-generation protease inhibitors, these new antiviral drugs will unlikely benefit resource-limited settings in the short term. Logistical constraints related to peg-IFN administration, high treatment complexity, substantial pill burden, prohibitive cost, significant adverse effects, and access to specialty providers all remain important barriers to broader utilization. It is hoped that simpler, shorter, safer, and more effective oral-only regimens

Drugs	GT	Cohort	N	Dosing	Duration	DAA SVR
Daclatasvir + Asunaprevir	1	Null responders	11	60 mg Daclatasvir QD 600 mg Asunaprevir BID	24wks	36% overall -2/2 GT1a -2/9 GT1b
Daclatasvir + Asunaprevir	1b	Null responders	10	60 mg Daclatasvir QD 600 mg Asunaprevir BID ** reduced to 200 mg during clinical trial	24wks	90%
BI201335 + BI207127 + Ribavirin	1	Naïve	81	120 mg BI201335 QD 600 mg BI207127 TID Weight-based ribavirin	16wks	59% overall -43% GT1a -69% GT1b
GS-7977 + ribavirin	1	Naïve	25	400 mg GS-7977 QD Weight-based ribavirin	12wks	59-88%
GS-7977 + Ribavirin	2,3	Naïve	10	400 mg GS-7977 QD Weight-based ribavirin	12wks	100%
GS-7977 + ribavirin	1	Null	9	400 mg GS-7977 QD Weight-based ribavirin	12wks	11%
ABT-450 + ritonavir + ABT-333 + ribavirin	1	Naïve	33	150-250 mg ABT-450 QD 100 mg ritonavir QD 400 mg ABT-333 QD Weight-based ribavirin	12wks	93-95%
ABT-450 + ritonavir + ABT-333 + ribavirin	1	Treatment-Experienced	17	150 mg ABT-450 QD 100 mg ritonavir QD 400 mg ABT-333 QD Weight-based ribavirin	12wks	47%
Danoprevir + ritonavir + mericitabine + ribavirin	1	Naïve	169	100 mg danoprevir QD 100 mg ritonavir QD 1000 mg mericitabine BID Weight-based ribavirin	24wks	41% -71% GT1b -26% GT1a
Daclatasvir + GS7977 +/- ribavirin	1	Naïve	44	60 mg daclatasvir QD 400 mg GS-7977 QD Weight-based ribavirin	24wks	100%

Table 3: Phase 2 SVR Results for Interferon-Free Regimens.

eliminating peg-IFN may provide a critical step in drug development to permit global expansion of HCV treatment. In a similar manner as witnessed in the expansion of antiretroviral therapy for HIV, strategic partnerships between manufacturers, government agencies, specialty and advocacy organizations, and non-governmental organizations (NGOs) will have a historic opportunity to provide the financial support and political will required to achieve truly worldwide access to HCV therapy, and fundamentally alter the global burden of this infection.

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Gastro 2013 News: An Overview of the Programmatic Highlights at Gastro 2013

GASTRO 2013 APDW/WCOG SHANGHAI

Asian Pacific Digestive Week 2013 | World Congress of Gastroenterology

21-24 September 2013 | Shanghai Expo Center, Shanghai, China

The World Congress represents the joint efforts of many, merging together to create an integrated program that will serve the interests of all. The program will facilitate the interaction of colleagues and peers worldwide while offering a broad array of opportunities for learning and discussion. This opportunity is not one to be overlooked and you are encouraged to attend the Congress to further your own personal and professional objectives. This outstanding and dynamic program is being organized by four global partners - Asian Pacific Digestive Week Federation (APDWF), Chinese Societies of Digestive Diseases (CSDD), the World Endoscopy Organization (WEO), and the World Gastroenterology Organisation (WGO) – a combination that is sure to bring an exciting array of educational views from around the globe.

Programmatic highlights of Gastro 2013 APDW/WCOG Shanghai will include:

Postgraduate Course and Live Demonstration Endoscopy Program

The Congress will offer a full one-day Postgraduate Course incorporating lectures focused on current topics in disorders of Upper and Lower GI Tract, Liver Disease and Biliary-Pancreatic Disorders. Concurrent with the Postgraduate Course, a full one-day Live Demonstration Endoscopy Program will take place. Presentations will be given by world experts throughout the course of the day on Saturday, 21 September. Only delegates who register for the main Congress may register for the Postgraduate Course and Live Demonstration Endoscopy Program.

Named Lectureships presented by the Organizing Partners

Opening Plenary Sessions will be convened each morning of the Congress, 22-24 September, and will present the highly prestigious Named Lectureships of the organizing partners.

Named Lectureships presented on Sunday, 22 September 2013 include the following lectures:

- JGHF Okuda Lecture
- WEO François Moutier Lecture
- WGO Henry L. Bockus Medal and Lecture

Named Lectureships presented on Monday, 23 September 2013 include the following lectures:

- JGHF Emerging Leader Lecture
- JGHF Marshall & Warren Lecture
- WEO Sadataka Tasaka Lecture
- WGO Georges Brohée Medal Lecture

Named Lectureships presented on Tuesday, 24 September 2013 include the following lectures:

- JGHF Emerging Leader Lecture
- WEO Rudolf Schindler Lecture

(JGHF = Journal of Gastroenterology and Hepatology Foundation, WGO = World Gastroenterology Organisation, WEO = World Endoscopy Organization)

Four Primary Tracks of Symposia

Symposia will cover new approaches to diagnosis and treatment and place major emphasis on innovative advances in the management of gastrointestinal, hepatic and related disorders. Sunday through Tuesday, 22-24 September, symposia will be offered in four primary tracks: Endos-

copy, Upper GI, Lower GI, and Liver Disease.

The Endoscopy track on 22-24 September will feature symposia reporting on a broad spectrum of current topics including two Working Party Reports that will be highlighted within these sessions; keep reading for further information on the Working Party Reports that will be presented during these symposia. Also integrated into the Endoscopy track are Live Demonstration Endoscopy sessions where attendees will have the opportunity to observe experts as they guide delegates through a series of endoscopic techniques in real time.

The Upper GI, Lower GI and Liver Disease tracks will each feature nine symposia spread over the three days of the Main Meeting, 22-24 September. Topics will cover new and cutting-edge information on the etiology, pathogenesis, diagnosis and treatment of the broad range of gastrointestinal, liver and related disorders. Seven Working Party Reports will be highlighted throughout these three tracks. Presentations will focus on the fusion of basic science and clinical practice with a spotlight on the Asian-Pacific region presented by faculty from all corners of the globe.

Working Party Reports and Guidelines

Working Party Reports will be highlighted within Symposia throughout the core Scientific Program on Sunday to Tuesday, 22-24 September. Previous and highly successful Working Parties have resulted in the publication of important documents including the “Sydney Classification”, “The LA Grading System”, “The Montreal Definition and Classification of GERD”, and “The London Classification of Gastrointestinal Neuromuscular Pathology”.

Working Party Reports and Guidelines continue to be a distinctive feature of the World Congress of Gastroenterology and Asian Pacific Digestive Week meetings, respectively. All member societies and organizing partners were encouraged to submit topics that represented areas in need of a ‘new look’ or where real guidance is required on classification, diagnostic criteria or therapeutic strategies.

Twenty-eight high-quality proposals were received and nine of the most highly rated proposals were accepted. All Working Party Reports were reviewed by the Gastro 2013 Scientific Program Committee and graded according to the following criteria:

- Topics submitted were to have a global perspective focusing on topical issues in gastroenterology which, when addressed, would help change treatment and management protocols.
- Working Party proposals were to include: the title of the chosen topic, suggested Working Party chair(s), suggested Working Party members, justification for the selection of the proposed topic, an outline of the Working Party strategy, and summary of expected outcome and impact.

The final chosen topics are listed in alphabetical order by the topic name and the submitting organization is listed next to each Working Party Topic.

- *A novel validated classification for perianal lesions and fistulas in Crohn’s disease,* International Organization for Inflammatory Bowel Disease
- *Celiac disease - an emerging epidemic in the Asian-Pacific region and a global concern,* Asian Pacific Association of Gastroenterology
- *Definition of acute on chronic liver failure,* World Gastroenterology Organisation
- *Diagnostic approaches to chronic diarrhea,* American College of Gastroenterology
- *Endoscopic management of early gastroenterology cancers,* World Endoscopy Organization
- *Genetics of GI disease,* British Society of Gastroenterology
- *Interval lesions in colorectal cancer screening and serrated polyps,* European Society of Gastrointestinal Endoscopy
- *Radiological exposure in gastroenterology,* American College of Gastroenterology
- *Standardized endoscopy reporting,* European Society of Gastrointestinal Endoscopy

Delegates will have the opportunity to gain hands-on experience in the WEO Learning Center.

WEO Learning Center

The WEO Learning Center will be open to Gastro 2013 registered participants during the Main Meeting, Sunday-Tuesday, 22-24 September.

The WEO Learning Center will provide attendees an opportunity to delve into the world of endoscopy during the Congress through lectures in a small forum lecture platform for interaction between world renowned experts and an interested audience, video teaching that will encompass educational material at DVD stations as well as simulator training where delegates receive hands-on experience in scheduled sessions or on a walk-in basis; delegates will have the opportunity to demonstrate the use of

equipment in a teaching environment where doctors and industry representatives will assist in the training.

Nursing Program

A meeting for GI nurses and other allied health professionals will be organized by the Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA) in collaboration with local and regional nursing bodies. It will be held 22-24 September at the Shanghai Convention Center in conjunction with Gastro 2013 APDW/WCOG Shanghai. For further information on the SIGNEA Conference, please visit the Gastro 2013 website at www.gastro2013.org.

Free Paper Sessions

Submitted abstracts will be reviewed by a panel of experts, and if an abstract is selected as an oral presentation, it will be allocated to a Free Paper Session. Free Paper Sessions will take place during the Main Meeting, Sunday -Tuesday, 22-24 September.

Young Clinicians Program (YCP)

This unique program commences prior to the Main Meeting and continues throughout the core meeting. The YCP program will bring together trainees from around the world who clearly represent future opinion leaders in their respective countries. The program will incorporate formal lectures and hands-on training sessions in various practical skills as well as provide opportunities throughout the Congress week for discussion and review of topics presented.

Poster Exhibition

Posters will be displayed daily during the Congress in the exhibition hall at the Shanghai Expo Center. All posters will be changed daily and will be on display for the full course of each day, with poster presentations scheduled during key viewing time opportunities.

The Gastro 2013 Scientific Program Committee invites Congress participants to submit an abstract of original work for presentation during Gastro 2013 APDW/WCOG Shanghai. Abstracts must be submitted online before 15 April 2013. It is recommended that you fully review the information and guidelines presented on the Gastro 2013 website at www.gastro2013.org, before submitting any abstract.

An overview of the Technical Exhibition at Gastro 2009 UEGW/WCOG London.

Industry Sponsored Symposia

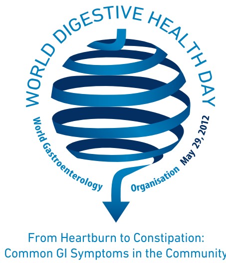
Breakfast, Lunch and Dinner Satellite Symposia will be organized by the biomedical industry and will be open to all Congress participants. Symposia will have timeslots of 60 minutes, running in parallel with others, and will take place Sunday through Tuesday, 22-24 September. Satellite Symposia will be announced in all Congress communications including the Gastro 2013 website, all announcements and the Final Program.

Technical Exhibition

A technical exhibition will accompany the Congress at the Shanghai Expo Center. For further information about the technical exhibition and organizations that will be present at Gastro 2013 APDW/WCOG Shanghai's Technical Exhibition please visit the Gastro 2013 website at www.gastro2013.org.

For More Information

Visit www.gastro2013.org for updates and complete information regarding the Congress. The website will be updated regularly with the most up-to-date information as it becomes available. If you would like to receive notifications regarding Gastro 2013 join our mailing list! Simply visit, www.gastro2013.org, scroll to the bottom of any Gastro 2013 webpage and enter your email address in the "be added to the congress mailing list" submission box. Gastro 2013 will send you reminders as deadlines draw closer and the latest news regarding the Congress. Gastro 2013 is on Facebook and Twitter; follow us on Twitter and like us on Facebook.



World Digestive Health Day 2012

WDHD 2012 has been a resounding success with well over 100 events throughout almost 30 countries taking place in celebration of the 2012 campaign this year! The WGO thanks each organization, healthcare professional and participant for helping to spread the word about Common GI Symptoms in the Community. Since WDHD's inauguration, 55 countries have participated, and in 2012 alone, 19 participating countries were represented by WGO National Member Societies! With relatively balanced distribution across the globe, 31% of events came from Europe, 27% from Africa and the Middle East, 22% from the Americas, and 21% from the Asia Pacific region. Most events consisted of a general public awareness event along with the distribution of WGO tools and resources. Many other events included professional development, publications, and collaboration with media. Visit http://www.wgofoundation.org/wdhd-2012-events-calendar to see what types of events took place and to gather ideas to begin planning for 2013!

DID YOU KNOW...

- WDHD has grown almost 7-fold since 2008, from 18 events, to well over 100 recorded to date?
- This year, media outreach sky-rocketed with almost 50 reported newspaper articles, radio and TV interviews, which includes WDHD messages on networks such as CNN?
- Participation continues to grow in the Africa & Middle East region with countries such as Myanmar and Qatar holding WDHD events?
- First ever activities include the creation of a special postmark to commemorate WDHD 2012, a Walkathon, patient awareness camps and free health check-ups?
- WGO is creating a new Global Guidelines & Cascades titled "Coping with Common GI Symptoms in the Community; a global perspective" in support of WDHD 2012?

Numerous tools, resources, newspaper articles, television spots and materials in various translations were created to further the reach of WDHD 2012 around the globe!

With events continuing to take place through the end of 2012, we are pleased to feature the following WDHD 2012 events!

INDIA

In Tamilnadu, India, Dr. K.R. Palaniswamy, Member, WGO Foundation Board of Directors, identified three areas in which WDHD events could be held in collaboration with the Tamilnadu Chapter of the Indian Society of Gastroenterology (ISGTNC): Ooty, Kumbakkonam, and Kallipatti Village (Erode District).

Ooty - To read the event report from the walkathon and meetings held in Ooty on May 29, download the July issue of *e-WGN*.

Kumbakonam - On September 9, 2012, The Public Awareness Program on Common Gastrointestinal symptoms, from Heartburn to Constipation, took place in Kumbakonam (a temple town). About 3,000 flyers written in both English and the local language, Tamil, were distributed across this Temple City.

The interaction between the public and the panel of doctors went very well at Hotel RAYA'S.

Kallipatti Village (Erode district of Tamilnadu) - On the morning of December 15, 2012, the ISGTNC held a medical camp and screening for Hepatitis B at Kallipatti Village which consists mainly of agricultural farm lands. The next day the public awareness program on Common Gastrointestinal Symptoms from Heartburn to Constipation was held in the same Kallipatti Village. As usual, flyers were sent out in the first and second week of December 2012 to inform the public of the program.

RUSSIA

Report on the Work of the Circuit Plenum of the Scientific Society of Gastroenterologists of Russia and Joint Education Course *"The Interactions of the Surgeon and Therapists in the Treatment of Gastroenterological Diseases"*

A Circuit Plenum of the Scientific Society of Gastroenterologists of Russia (GSSR) was dedicated to World Digestive Health Day 2012 and held in the city of Krasnodar on 30 May 2012. The scientific theme for the discussion was the Border States and diseases of the digestive system; How to diagnose, when it's enough to use conservative tactics of treatment, and when to resort to operational methods. These questions were answered by the staff of the Central Scientific Research Institute of Gastroenterology (CSRI of Gastroenterology), and other leading clinics and research centers of Russia, including the Krasnodar Region. The Plenum was held in a conference hall of the Krasnodar City Clinical hospital No. 2. All in all more than 150 gastroenterologists, surgeons, endoscopists and physicians from 15 regions and territories of Russia, including the Krasnodar region, participated. Twenty-four reports were made at sectional meetings, in which actual questions of the management of patients with complicated courses of gastroenterological diseases, problems of differential diagnostics and detections of oncological diseases were considered.

The President of the GSSR, Professor L. Lazebnik, summed up the results of the work of the Plenum, and in his final speech, underscored the high frequency of prevalence of chronic gastroenterological diseases, severe surgical complications, a high mortality rate, a long-term disability, and, most importantly, the development of oncological diseases, and brought them to the level of medico-social problems of paramount importance.

For a full report of this meeting describing the various sessions, visit the Success Stories page at http://www.wgofoundation.org/wdhd-2012-events-calendar

URUGUAY

Due to the success of "The Path to a Healthier Life" in Uruguay earlier this year, an educational activity for the community to increase knowledge about Common Gastrointestinal Symptoms, the event - *"Camino a una mejor salud digestiva"* - was held for a second time on 21 September. A brochure with the 10 Recommendations of WGO was distributed, and the activity was held on a public square just in front of the Congress venue, Radisson Hotel. A video was created of the event with pictures taken during the Congress: http://youtu.be/F2KSnQzd6C4

Visitors explore the "Path to a Healthier Life" in Uruguay.

VENEZUELA

Digestive Health Global Campaign 2012: *"Functional Disorders of the Gut"*

Many activities took place between May and November 2012 in Venezuela:

1. Educational lectures to the community (20 minutes long daily) given by senior doctors, residents, and graduates in nutrition and psychology, with the support of nursing staff at in the Gastroenterology Ser-

vice with an average of 20 attendees per lecture.
2. Preparation of two educational videos (GERD and IBS) directed to patients, which were transmitted after the educational talk every day.
3. A survey for patients in order to assess the educational activity.
4. A survey for medical interns and residents to assess the educational activity.
5. Educational leaflets about GERD, Dyspepsia, Irritable Bowel Syndrome and Constipation.
6. Programming for The Digestive Health I Conference which was held on 30 November under the 52nd Anniversary UNIMAR-Hospital 2012. It was based on the campaign and promotion of WDHD 2012, From Heartburn to Constipation. This conference consisted of four themes: Gastroesophageal Reflux Disease, Dyspepsia, Irritable Bowel Syndrome and Chronic Constipation, and included the presence of an International Guest, Dr. Edgardo Suarez, a specialist in the area of gastrointestinal motility.
7. The design of articles about myths and realities, tips and recommendations in GERD, and IBS.

Educational materials on dispepsia, in Venezuela.

Educational lecture in Venezuela.

On November 30, 2012, a program was held at the Hospital Universitario de Maracaibo for Gastroenterologists, Internists, Family Physicians, General Practitioners, Residents and Interns. Moderated by Dra. Maribel Lizarzabal, Chief of Gastroenterology HUM, lectures included Helicobacter Pylori and Dyspepsia. When to Treat?, and Pain and Abdominal Distension, Without Alarm Symptoms. What to do?

For a full report of Venezuela's activities, visit the Success Stories page at http://www.wgofoundation.org/wdhd-2012-events-calendar

For a full list of events that have happened in celebration of WDHD 2012, visit http://www.wgofoundation.org/wdhd-2012-events-calendar. Have you held a 2012 WDHD event that you would like to share? You can still submit your event! Begin doing so by filling out the event form, here: http://www.wgofoundation.org/submit-wdhd-2012-event.

Countries that Participated in 2012

Argentina
Bangladesh
Belarus
Canada
Chile
Finland
Guatemala
India
Iran
Ireland
Italy
Jordan
Kazakhstan
Latvia
Malaysia
Myanmar
Morocco
Pakistan
Qatar
Romania
Russia
Serbia
Spain
Ukraine
Uruguay
USA
Venezuela

A Glimpse into Next Year's Campaign

WDHD 2013: LIVER CANCER. Act Today. Save your Life Tomorrow.
Awareness. Detection. Prevention. Treatment

Douglas R. LaBrecque, MD, FACP

Chairman, WDHD 2013
Founding Member, WGO Foundation
Chairman, WGO Hepatology Interest Group
University of Iowa Carver College of Medicine

Although the most common causes of liver cancer, hepatitis B and hepatitis C, are completely preventable and treatable, the World Health Organization reported that there were still approximately 700,000 deaths worldwide in 2008[1]. More than eight out of ten (84%) of the cases occurred in developing countries[2]. Hepatocellular carcinoma (HCC) is the 5th most common cancer worldwide, the 3rd most common cause of death from cancer worldwide, and the number 1 killer in an increasing number of low-resource countries.

The World Gastroenterology Organisation (WGO) seeks to raise awareness of this growing health crisis and reduce the number of individuals affected by supporting the worldwide fight to bring recognition through education and training concerning this disease. World Digestive Health Day (WDHD) 2013: "LIVER CANCER: Act Today. Save Your Life Tomorrow. *Awareness. Prevention. Detection. Treatment.*" will serve as the perfect opportunity. HCC will be addressed, as well as the disease entities and factors that give rise to HCC, including hepatitis B and C, aflatoxin, NASH, alcohol and excess dietary iron.

Prevention, early detection, treatment, and curability, supported by relevant epidemiological and clinical data, will be the main focus of the 2013 campaign. Through a multifaceted approach, to include local and regional campaigns and conferences, the WDHD 2013 campaign will endeavor to inform healthcare providers and the community at large of the prevalence, risk factors, and causes of liver cancer and to present an evidence-based and patient-centered approach to the prevention, detection and treatment of HCC and its underlying causes.

Regional conferences to develop these recommendations are currently planned for North America (United States), Latin America (Lima, Peru, during the annual meeting of the Latin American Liver Association-ALEH), Western Europe (Portugal, in conjunction with the Portuguese Liver Society meeting), Eastern Europe (Turkey, in conjunction with the Turkish Liver Society meeting), North Africa and the Middle East (in conjunction with the 5th Hepatology and Post Graduate Course and 14th International Workshop of Therapeutic Endoscopy in Cairo, Egypt), sub-Saharan Africa (during the annual SAGES meeting in South Africa) and Southeast Asia. These efforts will include worldwide activities on World Digestive Health Day, May 29, 2013, and the local and regional campaigns and conferences referenced above, as well as other various important initiatives. Key among these will be a survey that is currently being distributed at key liver meetings, as well as generally, in order to collect important global statistics on liver cancer and liver diseases in various regions. The results of the above activities will be presented at the next World Congress of Gastroenterology, Gastro 2013 WCOG/APDW Shanghai between the 21st and 24th of September 2013 where a major symposium will summarize the *Global Burden of HCC*, and the recommendations will also be published in a white paper following the congress which will recommend the regionally appropriate steps needed to begin to eliminate this major health problem. In addition, a broad range of educational offerings are being planned for presentation during the campaign year and beyond.

A Steering Committee with a global perspective on liver cancer will provide guidance to WGO member organizations, with a special emphasis on lower-resource regions, with additional support from the WGO Global Guidelines and Cascades on Hepatitis B, Hepatitis C, Hepatocellular Carcinoma (HCC), NASH, Management of Acute Viral Hepatitis and Esophageal Varices.

1. "Cancer." *World Health Organization*. Media Center, n.d. Web. Feb. 2011. <www.who.int/mediacentre/factsheets/fs297/en/>.

2. "Liver Cancer." *News & Resources Homepage: Cancer Research UK.* Cancer Research UK, 19 Sept. 2011. Web. <http://info.cancerresearchuk.org/cancerstats/world/liver-cancer-world/>.

Have you started planning your 2013 WDHD event? Submit your event to be added to the calendar by visiting http://www.wgofoundation.org/submit-wdhd-2013-event!

World Digestive Health Day • WDHD May 29, 2013

WORLD DIGESTIVE HEALTH DAY

LIVER CANCER

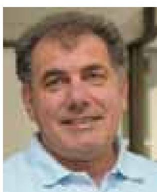
LIVER CANCER

Act Today.

Save Your Life Tomorrow.

Awareness. Prevention. Detection. Treatment.

FAGE's 40th Anniversary



Daniel Berbara, MD

President, Federación Argentina de Gastroenterología (FAGE)
Córdoba, Argentina

Professors Cohen and Berbara with FAGE's commemorative plaque.

In celebration of the Argentine Federation of Gastroenterology's 40th Anniversary, (1972-2012), two main meetings were held, at Paraná and Córdoba, respectively. The Regional International Course on Gastroenterology and Hepatology took place at Paraná on March 29-30. Guest speakers from Spain, Chile, Uruguay, Paraguay, Bolivia and Argentina delivered Conferences and participated in Round Table discussions dealing with the most current hot topics in both Gastroenterology and Hepatology.

Celebrating FAGE's 40th Anniversary.

Additionally during 2012, the 10th Anniversary of FAGE's Main Central Office at Córdoba was celebrated. On July 20th, Prof. Dr. Henry Cohen, the World Gastroenterology Organisation's President, was invited as the main speaker, delivering a Conference regarding "Gastroesophageal reflux and its impact on life quality".

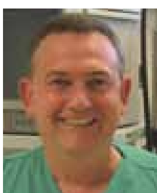
WGO Exhibits During the ACG Annual Meeting & UEG Week

The WGO exhibit booth during the 2012 American College of Gastroenterology's Annual Meeting in Las Vegas.

WGO recently exhibited at the 20th UEG Week in Amsterdam, where over 14,000 delegates traveled to participate, and in Las Vegas at the ACG Annual Meeting, where there was a record number of 5,460 attendees!

Professor Khean-lee Goh, WGO Vice-President and member of the Gastro 2013 Steering and Scientific Program Committees, and WGO Program Manager, Leah Kopp, display the Gastro 2013 promotional postcard.

Association Africaine Francophone de Formation Continue en Hépato-Gastroentérologie (AAFFCHGE)



Vincent Lamy, MD, FEBG, FRCP

Dept. d'hépatogastroéterologie, CHU de Charleroi
Charleroi, Belgium

Last March I traveled to Paris to attend the JFHOD 2012 (Journées Francophones d'Hépato-gastroentérologie et d'Oncologie Digestive –which is the most prestigious meeting of French speaking Gastroenterologists, Hepatologists and GI Oncologists). During this meeting we were pleased to meet our new WGO President, Professor Henry Cohen.

As Prof. Cohen speaks French fluently, it was easy to speak with him and he was very interested in our new GI Organization. One-third of the attending gastroenterologists and hepatologists come from outside France, mainly Belgium, Luxembourg, Romania and Switzerland, and French speaking (Francophone) Africa. We informed him that our organization is called "Association Africaine Francophone de Formation Continue en Hépato-Gastroentérologie" (AAFFCHGE). We usually attend and meet during this Congress.

Senegal, where the AAFFCHGE was born.

Prof. Cohen asked us to share with you our history which we are pleased to do for the world GI community.

In May 1997, an International Workshop on Colonic Diseases was organized by the local "Cercle Sénégalais d'hépato-gastroentérologie" in Dakar, Senegal, Western Africa. During this meeting some genius initiators had the idea to create quality CME meetings in Africa for African partnership with societies from French speaking European countries.

So, step by step, we have built a federation grouping all the main scientific societies of gastroenterology and hepatology from France and Belgium for Europe, and all the main African French speaking societies and individual gastroenterologists from North Africa (Algeria, Morocco and Tunisia) and the African sub-Saharan countries (Mauritania, Senegal, Mali, Guinea, Burkina Faso, Ivory Coast, Togo, Benin, Cameroun, Gabon, Congo Brazzaville, Democratic Republic of Congo, Central Africa Republic and Burundi).

We have organized for 15 years an annual CME-oriented meeting alternatively in Maghreb Region (North Africa) and in sub-Saharan Africa (Western, Central or Eastern Africa) countries. Previous Journées de Gastroentérologie d'Afrique Francophone (JGAF) meetings were held in Brazzaville (Republic of Congo) in November 2011, and the most recent JGAF meeting took place in Algiers December 13-15, 2012.

These meetings offer three days of opportunities for GI and Hepatology specialists, digestive surgeons and endoscopy nurses from all these

Algiers, Algeria, the host city for the most recent JGAF Meeting.

African countries - with the help and expertise of specialists from France and Belgium - to review the main digestive diseases and their management. We try to be mainly concerned with the primary local diseases and medical local facilities.

We are offering grants for young gastroenterologists - in order to facilitate and to join the next meetings - if they have been chosen by a peer review jury for their best oral or poster presentation.

We also created four years ago, an e-Journal for AAFFCHGE named

"Journal Africain de Gastroentérologie et d'Hépatologie" (JAGHE), published by Springer France in Paris. The Journal is peer reviewed and will soon be indexed in Medline: www.springer.com/medicine/internal/journal/12157. We are also working to launch our website linked with the FMC-HE website (French CME-Hepato-gastroenterology Association), which will be www.aaffchge.org.

We have started to conduct epidemiological surveys through African member countries. The first one was on Upper GI Tract Bleeding. We were able to collect more than 2,500 observations through an original e-CRF designed by our partners from the French Association of General Hospitals Gastroenterologists (ANGH). We are building two new surveys for protocols on Helicobacter pylori and Hepatitis B Viral infections in Africa, based on WGO Guidelines.

Another big challenge is to improve the training in Gastroenterology, especially in sub-Saharan African Countries. We need more equipment for this training, mainly ultrasound machines, endoscopic and educational materials. We urgently need the help of the WGO and other partners in order to collect these materials and provide the University Training Centers that are not well equipped.

AAFFCHGE is an extraordinary human and scientific adventure starting at the end of the 20th Century and very promising for the ongoing century. Born in May 1997 in Dakar, West Africa, a true French speaking GI Community was built. This Community appreciates meeting and working together to improve the significant health challenges we face in Africa today. Tomorrow, the main part of the French speaking Community will be based in Africa. Our Association will be concerned and should be prepared for important cultural and scientific changes in the near future.

■

Professor IN “Solly” Marks

– A Pioneer in Gastroenterology, 1926-2012

Richard Hunt, FRCP, FRCPEd, FRCP(C), FACG, AGAF

Professor, Division of Gastroenterology
Department of Medicine
McMaster University Health Science Centre
Hamilton, Ontario, Canada

African gastroenterology and the WGO lost an iconic leader, consummate clinician, respected researcher, enthusiastic teacher and great friend when Professor IN Marks, better known as Solly, passed away at his home in Bishopscourt, near Cape Town on 19th October 2012.

Solly was born on 23rd October 1926 in Cape Town and obtained a BSc (1946) and MBChB (1949) at the University of Cape Town before he headed to Edinburgh to achieve his MRCP in 1953. He was subsequently elected FRCP (Edinburgh) in 1965.

Between 1953 and 1956, Solly was a registrar in gastroenterology at the Western General Hospital, Edinburgh. With Wilfred Card, he established the relationship of maximal acid output to the parietal cell mass by meticulously counting parietal cells, a tribute to his passion and patience for research. After Edinburgh, Solly moved to the Fels Research Institute and Temple University in Philadelphia where he was an Instructor and Research Fellow in Gastroenterology. During these early years Solly was mentored by or met some of the great names in our specialty. Among these was Henry Bockus, founder of the Organisation Mondiale de Gastroentérologie (OMGE), which started his long association and interest in the organization. Solly had the unique distinction of attending all 14 of the WCOG congresses since their inception in Washington, D.C. in 1958. He was conferred as Master of WGO (MWGO) at our last World Congress in 2009.

Dr. IN “Solly” Marks, 1926-2012.

Solly returned to Cape Town and Groote Schuur hospital in 1959 and set about establishing the Gastrointestinal Unit, which was to become renowned for its work on peptic ulcer disease, pancreatitis and inflammatory bowel disease. Over the years, the unit became a wonderful example of the joint medical-surgical units which Solly had seen pioneered so successfully by Sir Francis Avery-Jones. This led to a most successful and collaborative relationship with the GI surgeons at Groote Schuur, which continues to this day. Simmy Bank and Mike Moshal joined Solly and together they founded SAGES (South African Gastroenterology Society) in 1962. The wise council and support which Solly provided the society over the years led to his election as Life Time President. At the 50th anniversary meeting of SAGES in Durban this year, we had the privilege of hearing Solly deliver The Solly Marks Lecture in his own inimitable style, complete with “Solly-isms” and recollections of his life as a gastroenterologist and the history and development of gastroenterology in South Africa.

The Gastrointestinal Unit became a focus for both GI training and research and Solly established strong collaborations with international colleagues, including Peter Cotton who was then at the Middlesex Hospital in London. A steady stream of his excellent trainees

Solly examines an X-ray.

spent time in Cape Town, helping establish it as the African centre for GI training and increasing clinical research interest and productivity. Solly's prodigious research output included more than 400 scientific papers and 35 invited chapters and he was widely sought as an international speaker on some 50 occasions.

The University of Cape Town appointed Solly to the newly created position of Professor of Gastroenterology in 1986, and further recognition of his national and international scholarship led to his election as a Fellow of UCT, before he became Emeritus Professor in 1995. The Department of National Health for South Africa awarded him the Salus Gold medal in 1993 for his contributions to gastroenterology.

In 2012, Solly and his gracious wife Inge celebrated their golden wedding anniversary. Inge was always at Solly's side and provided a beautiful home and unswerving support for his professional and academic endeavours. The warm welcome and generous hospitality at Dunkeld Lodge are among the most memorable for those whose lives were touched by Solly. Visits were often embellished by Solly showing off his extensive collection of orchids and protea, which were just a part of his extraordinary knowledge of African flora. The unique Marks hospitality was a wonderful way to integrate the Cape Town team and introduce overseas visitors to them.

Solly was a chairman, mentor and conversationalist with a great sense of humor, extensive knowledge and experience of medicine, wisdom and respect for medical history which combined to endow all those who knew him with a sense of purpose in our chosen careers. We have lost a great leader and a wonderful friend who will be greatly missed but all who knew him will have many fond, meaningful and happy memories. The WGO joins me in sending our most sincere condolences to Inge and the family at this sad time.

■

Solly and his wife, Inge.

WGO Training Center News – Suva, Fiji

The Gastroenterological Society of Australia (GESA) recently held its annual meeting, Australian Gastroenterology Week, in Adelaide, Australia, 16-19 October. During the meeting Professor Joji Malani, Co-director of the WGO Training Center located in Suva, Fiji, delivered his annual report to a group of Australian trainers who provide training at the Suva Training Center. Professor James Toouli, Co-ordinator of Education and Training, WGO, was present and participated in the event. Also during this event, Dr. Mai Ling Perman, a Suva Gastroenterology Training Center trainee, received her certificate of completion for training at a WGO Training Center.

The WGO Suva Gastroenterology Training Center is housed at the Fiji School of Medicine (FSM) and is one of only three institutions in Fiji and the Pacific Island nations to offer local medical training in the region. The Center was officially inaugurated on 26 October, 2008 and offers training in endoscopy, hepatology, and luminal gastroenterology. To further address the need for specialist training in the region, programs in GI Surgery and paediatric gastroenterology are also in development.

Professor Joji Malani, Co-director of the Suva Training Center, presents his annual report.

With a population of approximately 875,000, Fiji, together with several other island nations, forms part of the larger Pacific sub region of Melanesia. Gastrointestinal diseases in Melanesia are managed by primary care physicians, general physicians, and general surgeons. Gastrointestinal maladies faced by the region include amoebic colitis and *Helicobacter pylori,* and, less commonly, Western gastrointestinal diseases such as inflammatory bowel disease and colonic polyps. Viral hepatitis, particularly chronic hepatitis B, is also present, though the prevalence is unclear.

During the month of July 2012, the Suva Gastroenterology Training Center hosted trainees from all around Micronesia, including the Solomon Islands, Tonga, and Kiribati, with some participants traveling thousands of kilometers to reach Suva. The trainees arrived with a wide range of entry skills and chose the skill they wished to develop during their training in Suva. This educational endeavor was made possible through the support of the Strengthening Specialised Clinical Services in the Pacific (SSCIPS) program, the Australian Government AusAID (www.ausaid.gov.au) initiative, and the Royal Australasian College of Surgeons (RACS) Pacific Islands Project (PIP, http://www.surgeons.org/government/community-and-international-programs/pacific-island-countries/).

Dr. Mai Ling Perman receives a certificate of completion of training from Professor James Toouli, Coordinator of Education and Training, WGO, accompanied by Professor Finlay Macrae, Co-director of the Suva Training Center.

The WGO looks forward to an ongoing partnership with the Suva Gastroenterology Training Center and its continued service in the Melanesian region. For more information on the Suva Training Center, as well as WGO's 14 other Training Centers, please click here!

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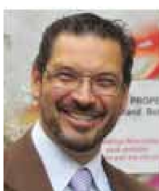
WGO Porto Alegre Hepatology Training Center



Mário Reis Álvares-da-Silva, MD

Associate Professor of Hepatology
Universidade Federal do Rio Grande do Sul
Hospital de Clínicas de Porto Alegre
Porto Alegre, Brazil

As knowledge grows - fast and inescapably - so does the need for young doctors to spend hours and hours studying. It is not easy for them to organize the huge contemporary amount of information, particularly in a specialty like gastroenterology, with its several organs and many different diseases. Facing the diseases of the esophagus, the challenges of the pancreas, the gastrointestinal hemorrhages, the never-ending complaints of the irritable bowel, and other mysteries of the gut is far from being a stress-free task. But there is also the liver! The Dark Monarch, as wrote many years ago Pablo Neruda, the poet.

Liver diseases are currently one of the main challenges to the gastro-hepatologist and even to the pure, the homozygous hepatologist, the "HH genotype", as said the Argentinean "HH" Federico Villamil during the recent Porto Alegre meeting. Liver is quiet and symptomless and end-stage liver disease is full of risks and warrants really hard work. Few areas among the gastroenterological sciences have experienced in the last years such significant expansion as Hepatology has. Viral hepatitis, fatty liver disease, hepatocellular carcinoma, tissue elastography, portal hypertension, transplant, coagulation, and the critical care of the liver patient: all of them are relevant and somewhat difficult areas for study. Presently, liver disease patients are living longer and longer as a result of modern and sophisticated therapies, but they are becoming much more complex than they were in the past. Thus, even for the HH genotype physicians to be updated is a difficult task.

Faculty members from the Training Center inauguration, along with Professor Henry Cohen, President, WGO, and Training Center Director Mário Reis Álvares-da-Silva, with the Porto Alegre Hepatology Training Center banner.

The WGO Porto Alegre Hepatology Training Center was recently inaugurated on November 30, in Porto Alegre, in the south of Brazil. It is the first WGO Training Center uniquely dedicated to the study and teaching of Hepatology. The Brazilian Federation of Gastroenterology (FBG in Portuguese) and WGO had signed the preliminary agreement at the end of 2011, and the Hospital de Clínicas de Porto Alegre (HCPA), the largest university hospital in the south of Brazil, has also agreed to collaborate to make it real. Merck Sharp & Dohme (MSD) joined us from the beginning as the sponsor.

Professors Reis and Cohen at the Training Center inauguration.

The launching course was dedicated to Hepatitis C, maybe the most challenging liver disease. Undeniably, we are living a new era on Hepatitis C treatment. The experience with the new protease inhibitors is slowly growing around the world. These medications brought with them many questions and (not enough) answers until now. During three days Hepatitis C was discussed in depth, from the acute to the recurrent disease after liver transplantation. Trainees were exposed to several cases, which were specially prepared to assist them in acquiring evidence-based decision abilities on outpatient and inpatient care. Dialogue sessions discussed low and high Hepatitis C viral load,

minimal and advanced liver fibrosis, and compensated and decompensated cirrhosis, despite the IL28B genotype or the size of the hepatocellular carcinoma. Also, applied research on Hepatitis C was an object of discussion, trying to teach students that there is life outside the industry-sponsored trials that nowadays dominate the specialized literature.

Teachers from São Paulo, Recife, Campinas, and Porto Alegre, Brazil, Buenos Aires, Argentina, and Montevideo, Uruguay, were present, and Flair Carrilho, Claudia Oliveira, Leila Pereira, and Thomas Reverbel da Silveira (all of Brazil) and Federico Villamil (Argentina), composed the qualified faculty. HCPA was the ideal venue for the event, stressing the importance of teaching hospitals in the incorporation of new insights in liver diseases. Professor Henry Cohen, President, WGO, kindly attended the course, and unveiled the inauguration plaque.

We learned during these three days that Hepatitis C is a disease that can be defeated, and that the new cases are declining, but there are still risk groups, which include health professionals. We discussed the need to enhance the diagnostic and drug coverage for the disease. We examined the most promising drugs such as sofosbuvir and daclatasvir, as well as schemes with pegylated interferon and peg-free regimens, as well as the future of ribavirin, and still anticipate a therapeutic vaccine for Hepatitis C. But more than that, we reinforced in our audience the solid belief in knowledge, in the power of applied research and teaching for training people in Latin America and the world. Hepatology needs to chat more and more with non-HH genotype physicians if this old lady wants to succeed. We do not believe that Hepatitis C will no longer be a health problem by 2025. But we are confident that we are on track.

Faculty and attendees pose for a picture at the newly inaugurated Porto Alegre Hepatology Training Center.

As director of this new center, my very special thanks to some people who made it possible: José Galvão-Alves (former FBG president), Carlos Francesconi (Head, Gastroenterology Unit of HCPA), Sergio Pinto Ribeiro (former HCPA Vice President) and even more particularly, to Henry Cohen, who believed that the HCPA and the Brazilian Hepatology community would be able to put down roots for the creation of this center.

The Porto Alegre Hepatology WGO Training Center is open! In 2013, two more courses on viral hepatitis and hepatocellular carcinoma will take place, lasting three days each, and two places for long-term students in the first and second semester. This center represents the WGO recognition of the importance of liver diseases. It came to make history. You just need to apply!

Inaugural ACG Course Highlights Training for the Trainer

The College hosts 40 Junior Faculty and Program Director for Four-day Gathering

A weekend course offering an opportunity for junior faculty and program directors to enhance their own academic and practice skill sets turned out to be so much more. Forty Junior Faculty and Program Directors from across the U.S. and Canada convened in Houston, Texas, on July 12-15 for Train the Trainers-USA (TTT-USA), a highly interactive program that offered them an opportunity to develop skills not only for training the future generation of gastroenterologists, but to enhance their own professional development. The program grew out of the College's partnership with the World Gastroenterology Organisation (WGO) and WGO's highly regarded international Train the Trainer programs, though the program was modified and shortened for the North American audience.

Doctor Jack Di Palma presents to the audience at TTT-USA.

Course Directors Amy Oxentenko, MD, FACG and Jack A. Di Palma, MD, FACG gathered an array of faculty in addition to members of ACG leadership. As it was the inaugural gathering of TTT-USA, "Many individuals came to the course not fully knowing what to expect…this course has provided the spark to make them better clinicians, educators and researchers," stated Dr. Oxentenko. Her sentiment was shared by participants. One of the forty participants, Seth Richter, MD, stated, "This course definitely changed the way I view my career and helped me to rethink where I am professionally and where I would like to see myself in the future."

The agenda covered such topics as Principles of Adult Education which addressed assessing the learner, how to evaluate and give feedback, Faculty Development: Finding Tools You Need, The Problem Trainee, Writing Test Questions, The Keys to Academic Promotion, Assessing Procedural Skills, Negotiating for Your Academic Needs, Clinical Trial Designs and

Doctor Ronald J. Vender, MD, FACG, 2012-2013 President, American College of Gastroenterology, delivers a lecture during TTT-USA.

The Keys to Work-Life Balance. In addition to the Course Directors, leading the sessions and serving as mentors and advisors were: David J. Bjorkman, MD, MSPH, FACG, Douglas A. Drossman, MD, MACG, Amy E. Foxx-Orenstein, DO, FACG, Eamonn M.M. Quigley, MD, FACG, Lawrence R. Schiller, MD, FACG, Christina Surawicz, MD, MACG, Ronald D. Szjkowski, MD, FACG, and Ronald J. Vender, MD, FACG.

All participants for the inaugural TTT-USA applied to attend. In selecting applicants, the College sought a balance in participants seeking a balance in region of the U.S. and Canada, gender, and years in practice. Colleagues from 20 states and Canada were in attendance.

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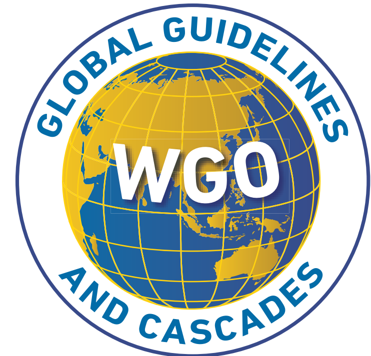
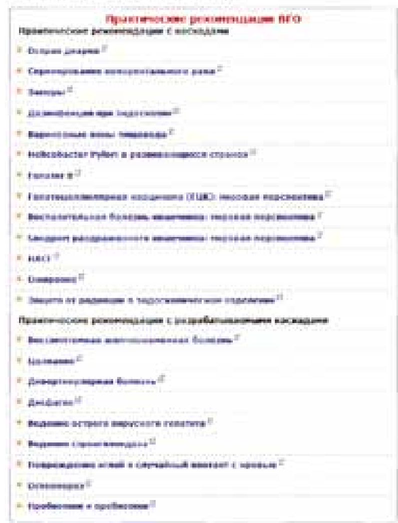
The Latest News in WGO Global Guidelines and Cascades



Global Guidelines & Cascades Homepage – Now Translated into Russian!

The WGO is pleased to announce the release of the Global Guidelines and Cascades homepage into Russian! You may view the page by visiting http://www.worldgastroenterology.org/global-guidelines-ru.html.



The new Russian Guideline homepage.

RECENTLY UPDATED & RELEASED GUIDELINES!

NAFLD-NASH

WGO's newest guideline, Non-alcoholic Fatty Liver Disease and Nonalcoholic Steatohepatitis (NAFLD-NASH) is now available for download, and features cascade options for diagnosis in patients with suspected NAFLD-NASH as well as a therapy cascade for extensive, medium, and limited resources. NAFLD-NASH are now the number one cause of liver disease in Western countries, and play an equally important role in the Middle East, Far East, Africa, the Caribbean, and Latin America. Led by Professor Douglas LaBrecque, USA, this guideline was created with a global view with representation from Pakistan, Austria, Malaysia, Russia, Venezuela, Colombia, Mexico, India, Croatia, Canada, France and The Netherlands. Watch future issues of the monthly *e-Alert* as more languages are released!

Obesity

The Obesity Guideline is now available in multiple languages! Available for download at http://www.worldgastroenterology.org/obesity.html, the Obesity Guideline can now be downloaded in English, Spanish, Mandarin, and Portuguese. Look for more languages, soon! The Obesity Guideline is unique in having been updated to include five appendices: Nutrition, Pharmacotherapy, Lifestyle Changes, Surgery, and Obesity and the Elderly. You may also view the WGO Review Article on Obesity and the Elderly written by co-author of the Obesity Guideline, Prof. Elisabeth Mathus-Vliegen, on the Journal of Clinical Gastroenterology's website.

Acute Diarrhea

The Acute Diarrhea Guideline, led by Professor Michael Farthing, is now available! This guideline now features specific information on pediatric aspects of acute diarrhea. This aspect has been built by special advisor Dr. Mohammed Abdus Salem of the ICDDR-Bangladesh. The guideline has a cascade for acute, severe, watery diarrhea – cholera-like with severe dehydration. There is also a cascade for acute, mild/moderate, watery diarrhea – with mild/moderate dehydration and, finally, the guideline has a third cascade for acute bloody diarrhea – with mild/moderate dehydration.

Begin downloading the updated version by clicking here, and watch future *e-Alerts* for announcements on more available languages!

Probiotics

Originally created in 2008, the 2011 updated version is now available in English, Spanish, Portuguese, Mandarin, and French and is now available

for viewing in WGO's official Journal, the *Journal of Clinical Gastroenterology*.

Download the newest version now!

NEW GUIDELINES TO LOOK FOR!

Along with the release of these Guidelines comes the creation of two very important Guidelines: A guideline on hepatitis C, led by Professors Muhammad Umar, Pakistan, and Douglas LaBrecque, USA, and a special guideline focused on this year's World Digestive Health Day, titled *"Coping with Common GI Symptoms in the Community; a Global Perspective"*. Chaired by Professors Eamonn Quigley, Ireland, and Richard Hunt, Canada, this is the first Guideline with key GI symptoms as a starting point such as heartburn, abdominal discomfort, bloating and constipatio. It is also unique having three care levels as the Cascade approach: from the view of the pharmacist, the primary care doctor, and a specialist. With this approach the aim is to build another unique and globally useful Guideline/Cascade that will help to cope with common but not disabling GI complaints.

Continue to watch *e-WGN* for news on the creation of these very important guidelines!

WGO Calendar of Events

11th Gastro Forum München
When: January 18-19, 2013
Location: Auditorium Maximium der TU München und diverse Kliniken
Address: Arcisstr. 21, 80333, München, Germany
Organizer: COCS GmbH – Congress Organisation C. Schäfer
E-mail: katharina.meusel@cocs.de
Website: http://www.cocs.de

The 12th Saudi Gastroenterology Association Annual Meeting
When: January 29-30, 2013
Location: Hilton Hotel, Jeddah, Saudi Arabia
Organizer: Saudi Gastroenterology Association
E-mail: sga@saudigastro.com
Website: http://www.saudigastro.com

15th Düsseldorf International Endoscopy Symposium
When: February 1-2, 2013
Location: Maritim Hotel Düsseldorf
Address: Maritim-Platz 1, 40474 Düsseldorf, Germany
Organizer: COCS GmbH
E-mail: sandra.reber@cocs.de
Website: http://www.endo-duesseldorf.com

Endocon 2013 – 14th Annual Conference of the Society of Gastrointestinal Endoscopy of India (SGEI)
When: March 1-3, 2013
Location: The Leela Kempinski Guragon Delhi
Address: Ambience Island, NH 8, DLF City Phase III, Guragon, Haryana, 122002 India
Organizer: Society of Gastrointestinal Endoscopy of India (SGEI)
E-mail: endocon2013@gmail.com
Website: http://www.sgei.co.in

Canadian Digestive Diseases Week
When: March 1-4, 2013
Location: Victoria, British Columbia, Canada
Address: #224 – 1540 Cornwall Road, Oakville, ON, L6J 7W5
Organizer: Canadian Association of Gastroenterology
E-mail: CDDW@cag-acg.org
Website: http://www.cag-acg.org

23rd Conference of the Asian Pacific Association for the Study of the Liver (APASL)
When: March 7-10, 2013
Location: Singapore
Organizer: The Asian Pacific Association for the Study of the Liver (APASL)
E-mail: apaslconference@kenes.com
Website: http://www.apaslconference.org

6th Sydney International Endoscopy Symposium Incorporating the Westmead Endoscopy Symposium Nurses' Workshop
When: March 8-10, 2013
Location: The Hilton Sydney
Address: 488 George Street, Sydney, Australia
E-mail: info@e-kiddna.com.au
Website: http://www.sies.org.au

19th National Congress of Digestive Diseases
When: March 20-23, 2013
Location: Bologna, Italy
Organizer: Federazione Italiana Società Malattie Apparato Digerente (FISMAD)
E-mail: fismadbologna2013@grupposc.com
Website: www.fismad.it

10th International Symposium on Functional Gastrointestinal Disorders
When: April 12-14, 2013
Location: Pfister Hotel, Milwaukee, WI, USA
Organizer: University of Wisconsin School of Medicine and Public Health, Office of Continuing Professional Development and the International Foundation for Functional Gastrointestinal Disorders (IFFGD)
E-mail: symposium@iffgd.org
Website: http://www.iffgd.org/symposium

The 48th International Liver Congress™
When: April 24-28, 2013
Location: Amsterdam RAI Convention Center, Amsterdam
Address: Europaplein, NL 1078 GZ, Amsterdam
PO Box 77777, NL 1070 MS Amsterdam
Organizer: European Association for the Study of the Liver (EASL)
Email: easloffice@easloffice.eu
Website: http://www.easl.eu/_the-international-liver-congress/general-information

Digestive Disease Week (DDW) 2013
When: May 18-21, 2013
Location: Orlando, Florida, USA
Organizers: American Association for the Study of Liver Diseases (AASLD), American Gastroenterology Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), and The Society for Surgery of the Alimentary Tract (SSAT)
Email: ddwadmin@gastro.org
Website: http://www.ddw.org

2nd International Conference on Gastroenterology & Urology
When: June 10-12, 2013
Location: Hilton Chicago/Northbrook, Chicago, Illinois
Organizer: OMICS Group
E-mail: gastroenterology2013@omicsonline.com
Website: http://omicsgroup.com/conferences/gastroenterology-urology-2013

OESO 12th World Congress

When: August 27-30, 2013
Location: Paris, France
Address: UNESCO, 125 Avenue de Suffren, 75005 Paris
Organizer: World Organization for Specialized Studies on Diseases of the Esophagus (OESO)
E-mail: michele.liegeon@oeso.org
Website: http://www.oeso.org

Gastro 2013 APDW/WCOG Shanghai

When: September 21-24, 2013
Location: Shanghai, China
Address: Shanghai Expo Center, 1500 Shibo Avenue, Shanghai, China
Organizers: Asian Pacific Digestive Week Federation (APDWF), Chinese Societies of Digestive Diseases (CSDD), World Endoscopy Organization (WEO), World Gastroenterology Organisation (WGO)
E-mail: congress_international@gastro2013.org
Website: http://www.gastro2013.org

The 32nd World Congress of Internal Medicine (WCIM 2014)

When: October 26-30, 2014
Location: COEX, World Trade Center Samseong-dong, Gangnam-gu, Seoul, Korea
Organizer: The International Society of Internal Medicine (ISIM)
E-mail: wcim2014@intercom.co.kr
Website: http://www.wcim2014.org

Highlighted events represent WGO member events. For a full listing of events, please visit http://www.worldgastroenterology.org/major-meetings.html