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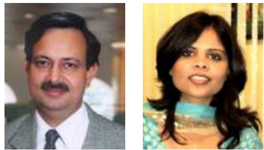

Global Burden Of Liver Disease: A True Burden on Health Sciences and Economies!!

S. K. Sarin, MD, DM; Rakhi Maiwall, MD, DM

11th Training Course in Gastroenterology at the WGO-RTC

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Gastro 2013 APDW/WCOG Shanghai: the first quadrennial World Congress of Gastroenterology to be held in China!

Kwong-Ming Fock, MD

Co-Chairman
Gastro 2013 Steering Committee

Richard Kozarek, MD

Co-Chairman
Gastro 2013 Steering Committee

Dai-ming Fan, MD

Chairman
Gastro 2013 Local Organising Committee

On behalf of the Steering Committee, Scientific Programme Committee and the Local Organising Committee, we are proud to officially announce Gastro 2013 APDW/WCOG Shanghai, the next World Congress of Gastroenterology, September 21-24, 2013. 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) - which is sure to bring an exciting array of educational views from around the globe.

Gastro 2013 APDW/WCOG Shanghai will take place in China, a first for the quadrennial World Congress of Gastroenterology. Shanghai and the Shanghai Expo Center will open its doors to the World Congress in 2013 and offer various opportunities to experience the culture and society of this venerable city. Shanghai has a variety of local highlights including the Bund, Temple of Jade Buddha, Yu Garden, Old City Bazaar, Shanghai

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Museum, Xintiandi, former Residence of Dr. Sun Yet Sen, Oriental TV Tower, Shanghai Nanjing Road, and Huangpu River Cruising. These local tourist destinations in parallel with the excitement surrounding the Congress will foster an environment of eagerness and delight.

All committees involved are working tirelessly to orchestrate a program that will facilitate the union of colleagues and peers worldwide while offering a broad array of opportunities for learning and discussion. A perfect balance of science and clinical practice will be maintained throughout the entire Congress with sessions covering Endoscopy, Hepatology, Gastroenterology and related GI disorders. We are expecting no less than 10,000 attendees to participate in the 2013 Congress. The high level of attendance will guarantee a truly global perspective, offer broader insights into the challenges we face in our professional lives day in and day out, and expand our capacity for the exchange of information and ideas.

The World Congress is a joint effort from many quarters, merging together to create an integrated program that will serve the interests of many. We are excited to bring together the highest quality scientific program that will take a global perspective while recognizing the special concerns in the Asia Pacific region. This opportunity is not one to be overlooked and we encourage you to attend the Congress to further your own personal and professional objectives.

Highlights of the Congress include:

- A full-day Postgraduate Course on the front end of the Congress; this course will focus on regional issues in Gastroenterology, Hepatology and Biliary-Pancreatic Disorders
- Live demonstration endoscopy program and daily didactic endoscopic symposia
- Symposia on new and cutting-edge approach to the etiology, pathogenesis, and diagnosis and treatment of conditions presenting in Gastroenterology, Hepatology, Endoscopy, and related GI diseases
- Special Plenary Sessions presenting Named Lectureships offered by the Organizing Partners for Gastro 2013
- Working Party Reports and Guidelines presentations
- Young Clinicians Program
- Free Paper and Poster presentations
- Industry-sponsored Symposia

More details regarding the upcoming Congress are forthcoming and will be presented as this information becomes available on the Gastro 2013 APDW/WCOG Shanghai website, www.gastro2013.org.

We look forward to meeting with you, our esteemed colleagues, as we benefit together from the impressive science that will be shared with us from around the world. The Congress has never looked more promising and we eagerly anticipate welcoming you to Gastro 2013 APDW/WCOG Shanghai next September!

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Heartburn and Chronic Constipation: The Asian Perspective

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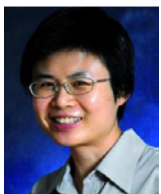

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Gastroesophageal reflux disease (GERD) and constipation are two of the more prevalent GI disorders encountered by physicians in Asia. Until 2003, GERD was thought to be uncommon in Asia but in the last decade, there has been an increase in the prevalence of GERD including both erosive and non-erosive reflux disease (NERD) (2,3,4). Estimates of constipation prevalence range from 8.75% in the Asia Pacific region to 27% in Western countries (5). Within Singapore, the prevalence of chronic constipation was estimated to be 7%, with females more commonly affected than males (11% vs. 3% respectively) (6).

Heartburn and acid regurgitation are typical symptoms of GERD. Atypical GERD symptoms include epigastric pain, non-cardiac chest pain, sore throat, unexplained chronic cough and hoarseness of voice (7). The accuracy of heartburn and acid regurgitation in the diagnosis of GERD is difficult to define, limited by the lack of a gold standard for the diagnosis of GERD. Furthermore, many languages do not have a direct translation for the word "heartburn." Unique to Asia, the multicultural and multiracial population of patients do interpret "heartburn" differently. Whilst a test-and-treat approach with proton pump inhibitors (PPI) in patients with no alarm symptoms is recommended as a first line option in existing guidelines, it has its limitations. A response or lack of response to PPI does not always confirm or exclude a diagnosis of GERD. There is high false positive response due to placebo effect alone.

Up to 50% of patients with GERD will have normal endoscopies. Nevertheless, endoscopy is indicated in patients with complicated disease. The prevalence of Barrett's oesophagus is generally low in Asian countries, ranging from 0.9%-2% (8,9). Endoscopy is performed in patients in the region to exclude peptic ulcer or gastric cancer rather than to exclude Barrett's oesophagus. Recently, more enhanced endoscopic imaging have allowed the Asian clinician to better evaluate patients through the use of narrow band imaging that allows enhanced visualisation of the oesophageal mucosal (10). Reports from Asia have indicated the usefulness in evaluating NERD whilst reports from the West indicate the usefulness of this modality in Barrett's oesophagus (11).

Continuous pH monitoring with either the conventional ambulatory pH monitor or the wireless pH capsule (12) as well as the use of the combined 24 hour pH impedance system that evaluates both acid and non-acid reflux have further enhanced our understanding of the complex pathogenesis underlying GERD symptomatology (13). Whilst these novel tools have enhanced our diagnostic armamentarium, their use in routine clinical practice is limited by costs and availability.

In Asia, there is a controversy regarding the relationship between Helicobacter pylori infection and development of GERD. Helicobacter pylori eradication does not worsen GERD but on the other hand, there is convincing evidence showing the benefit of eradication of helicobacter pylori in curing peptic ulcer disease and reducing the risk of gastric cancer (14). Hence testing and treating H pylori should be considered in region with high prevalence of peptic ulcer disease or gastric cancer.

Constipation is a polysymptomatic disorder (15). Discrepancies in the

population prevalence of constipation have been attributed to the lack of a uniform diagnostic criteria and the number of patients who seek medical care. Constipation is associated with significantly impaired quality of life and psychological distress (16), as well as increased health care costs and impaired work productivity (17). Being a polysymptomatic disorder, the presence of symptoms such as excessive straining, passage of hard stools and feeling of incomplete evacuation are equally or even more important than the actual frequency of bowel movements. This recognition of the heterogeneity of symptoms in chronic constipation represents a major challenge in the management of patients with this chronic condition.

Three overlapping subtypes of constipation have been defined, namely (i) slow transit constipation, (ii) normal transit constipation and (iii) dyssynergic defecation (16). Slow and normal transit constipation can occur concurrently with dyssynergic defecation. Up to 50% (18) of patients with chronic constipation who were referred to a tertiary care centre for further evaluation were found to have dyssynergic defecation. However, there is a lack of data on the prevalence of dyssynergic defecation amongst Asians. Subtyping the various types of constipation helps the clinician to tailor treatment appropriately. In the absence of alarm symptoms or a family history of colon cancer, motility tests are not indicated unless patients have failed conservative treatment with increased dietary fibre and fluid intake and eliminating any secondary cause (19). Investigative modalities targeted at evaluating patients with chronic constipation after exclusion of secondary causes include colonic transit markers, balloon expulsion test, colonic manometry and anorectal manometry. More sophisticated techniques include magnetic resonance defecography for real-time evaluation of structural abnormalities and the wireless colonic SMART® pill. The main aim of subtyping patients with chronic constipation stems from the evidence that it allows an algorithmic approach to the management of patients based on the underlying pathophysiology (20). This is particularly relevant for patients with pelvic dyssynergia where biofeedback therapy has proven beneficial effects. However, these tests are not routinely performed outside of research centres. In addition, these tests lack sensitivity. Healthy asymptomatic subjects have been reported to have abnormalities suggestive of pelvic floor dyssynergia on anorectal manometry. In addition, normal values of MR defecography have not been well defined. Faced with the limitations of costs, availability and lack of standardized normal values, these tests are not routinely performed in Asia. More studies on the epidemiology of the various subtypes of chronic constipation in Asians are awaited.

Faced with the lack of routine availability of these diagnostic tools, patients with chronic constipation are often prescribed laxatives for symptom relief. Traditional laxatives such as bulking agents and osmotic laxatives are first line treatment readily available but are associated with high dissatisfaction rates (21). More recently, the 5HT4 receptor agonist Prucalopride (Resolur®) received regulatory approval by the Health Sciences Authority (HSA) in Singapore for use in male or female patients with chronic constipation who have failed conventional laxatives. In controlled trials in chronic constipation, Prucalopride has been shown to significantly improve the number of spontaneous bowel movements and the associated symptoms, whilst maintaining a favourable safety record. More studies are awaited with regards to the long term efficacy of this novel agent.

Similar to the West, heartburn and chronic constipation are highly prevalent conditions in Asia, with significant impact on quality of life and socio-economic costs. However, epidemiological studies within Asia have shown a higher prevalence of gastric cancer and a lower prevalence of Barrett's oesophagus compared to the West. Such subtle differences in epidemiology were addressed in the latest Asia-Pacific GERD consensus (1) and highlight the need for guidelines unique to Asia. In Asian societies such as Singapore, where surgical options for functional GI disorders are rarely considered, the availability of novel prokinetic agents such as Prucalopride for chronic constipation represents a significant advancement in our treatment armamentarium. As we evaluate this drug with cautious optimism, our past experience from Tegaserod serves as a constant reminder of the potential safety issues surrounding the serotonin agonists, although these fears have not been borne out by the favourable safety profile to date of Prucalopride.

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Global Burden Of Liver Disease: A True Burden on Health Sciences and Economies!!

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Chronic liver disease occurs throughout the world irrespective of age, sex, region or race. Cirrhosis is an end result of a variety of liver diseases characterized by fibrosis and architectural distortion of the liver with the formation of regenerative nodules and can have varied clinical manifestations and complications. According to WHO, about 46% of global diseases and 59% of the mortality is because of chronic diseases and almost 35 million people in the world die of chronic diseases (1). Liver disease rates are steadily increasing over the years. According to National statistics in the UK, liver diseases have been ranked as the fifth most common cause of death (2). Liver diseases are recognized as the second leading cause of mortality amongst all digestive diseases in the US. (3)

Global Burden of Disease (GBD) Project was formed by WHO to provide a consistent estimate of mortality and morbidity which varies by age, sex and region (4). To understand the burden of a certain disease, it is important to know its incidence, prevalence, mortality and morbidity including, impairment of quality of life and the direct or indirect cost expenditures. Knowledge of burden of a disease helps in establishment of public health priorities and in guiding prevention programs.

Liver cirrhosis

Global prevalence of cirrhosis from autopsy studies ranges from 4.5% to 9.5% of the general population (5, 6, 7). Hence, we estimate that more than fifty million people in the world, taking the adult population, would be affected with chronic liver disease. Globally, alcohol, NASH and viral hepatitis currently are the most common causative factors. Prevalence of cirrhosis is likely to be underestimated as almost a third of the patients remain asymptomatic. With the use of non-invasive tests like transient elastography, a more realistic picture could emerge in the near future. During 2001, the estimated worldwide mortality from cirrhosis was 771,000 people, ranking 14th and 10th as the leading cause of death in the world and in developed countries, respectively (8). Deaths from cirrhosis have been estimated to increase and would make it as the 12th leading cause of death in 2020 (9).

NON-VIRAL-RELATED CIRRHOSIS AND CHRONIC LIVER DISEASES

Alcohol

According to the WHO, alcohol consumption accounts for 3.8% of the global mortality and 4.6% of DALYs. Liver disease represents 9.5% of alcohol-related DALY's worldwide, while individual rates vary in different regions. Alcohol is the main cause of liver-related death in Europe with highest mortality rates reported from France and Spain (approximately 30 deaths per 100,000 per year). There is a possibility of underestimation of mortality due to legal issues of documenting alcohol as primary cause

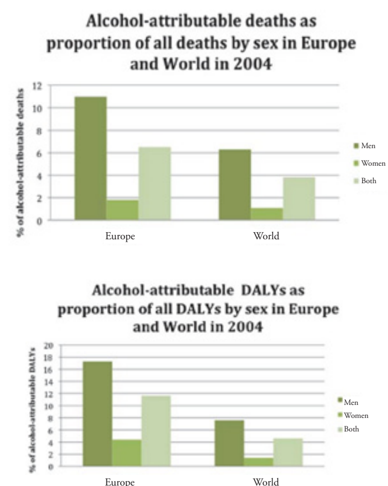

Fig 1: Alcohol-attributable deaths as proportion of all deaths by sex and alcohol-attributable disability adjusted life years (DALYs) as proportion of all DALYs by sex in Europe and World. Data from WHO Global Burden 2004[21]

of death. The lack of specificity of the national survey questionnaires also fails to allow accurate classification of liver diseases. Today, even in Asian countries like India, alcohol is emerging as the commonest cause of chronic liver disease (11).

Non-Alcoholic Steato-Hepatitis (NASH)

The burden of obesity has been steadily increasing with an estimated 1 billion people reported as overweight, and over 300 million people as obese (WHO 2005 report) with a predicted increase to 1.5 billion by 2015. Globally, the prevalence of NASH ranges from 6% to 35%, with a median of 20% (12). Prevalence rates from China, India and Japan have been reported as 5%, 5-28% and 14%, respectively. Prevalence in the US, using non-invasive tests is reported to be as high as 10-35% but only 3-5% using liver biopsy (10). The data from NASH Clinical Research Network demonstrated that individuals with NAFLD have reduced QOL which was more pronounced in patients who had underlying cirrhosis, diabetes and obesity (13).

Cryptogenic

Most of these patients have underlying diabetes and obesity similar to that of patients with NASH, and represents end-stage NASH. Also, a fraction of cryptogenic cirrhosis cases may represent Autoimmune Hepatitis (AIH) in a "burnt-out" stage. The reported prevalence of HCC in patients of cryptogenic cirrhosis has ranged from 6.9-29% by various studies, and is gradually increasing (14).

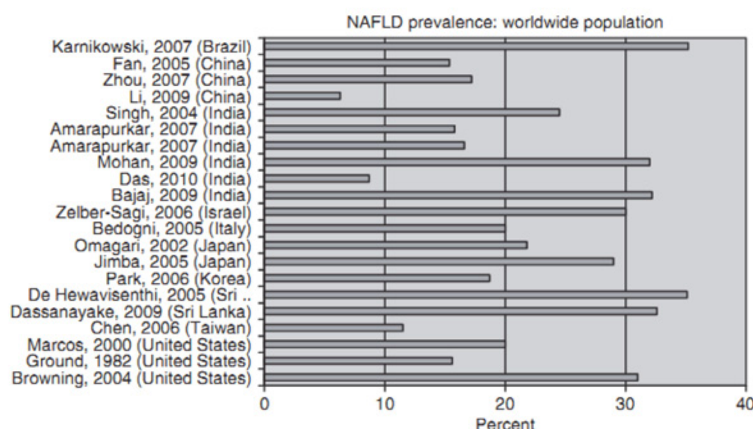

Fig 2: Non-alcoholic fatty liver disease prevalence rates reported from Asia, Europe, Middle East, North America and South America[12]

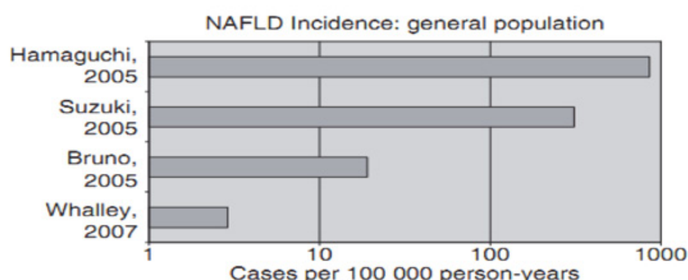

Fig 3: Non-alcoholic fatty liver disease incidence in the general population[12].

Cholestatic and autoimmune liver disease

In both Europe and the US, the incidence and prevalence of primary biliary cirrhosis (PBC) has been measured as 2-3 (peak incidence of 4-6 in women 40 years of age) and 21-40 (59-65 in adult women) per 100,000 persons per year, respectively, and mortality rate of 0.5 per 100,000 per year (15,16). Data from Norway showed an incidence and prevalence of primary sclerosing cholangitis (PSC) of 1.3 and 8.5 per 100,000 per year, respectively, and mortality rates were the same as that for PBC (16). In the Norwegian study, the reported incidence of AIH was 1.9 per 100,000 per year, and the prevalence was 17 per 100,000 (16).

METABOLIC LIVER DISEASES

Hereditary hemochromatosis

This is one of the most common genetic diseases among persons of Northern European descent with the highest reported allele frequency for the homozygous C282Y of 6.4%-9.5% (17).

Wilson's disease (WD)

Globally, WD has been estimated to affect approximately 1 in 30,000 individuals, with higher incidence reported in parts of Asia, for instance India. Unfortunately, to date no community-based incidence and prevalence study has been reported from India. About 15-20 new cases of WD are registered annually at the WD specialty clinic in the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore (18).

Alpha-1-antitrypsin deficiency

This is the most common genetic liver disease in infants and children with reported prevalence of 1:1,600 to 1:2,800 babies born in the United States and Northern Europe. Given the low prevalence of these diseases,

there are no national statistics available about mortality or economic burden associated with these conditions.

Hepatocellular carcinoma (HCC)

Cirrhosis is well recognized and the main cause of HCC, which has an annual global incidence of over half a million, and a 5 year survival of 10%. The incidence of this cancer has been steadily rising at an alarming rate, making HCC the 5th most common cancer in men and the 7th most common cancer in women in recent estimates. It is likely to contribute approximately 5.6% of all human cancers with a predicted increase in burden through 2020. Almost 85% of HCCs occur in the developing world. HCV-related HCC is the fastest rising cause of cancer related deaths in the developed countries (19). It accounts for 70% to 85% of primary liver cancers. With the rising incidence of NASH and metabolic syndrome, these are also becoming a major concern. Liver cancer was recognized as the 4th most common cancer in males and accounted for 37% of all infection-related cancers in females in a recent study from India (20). Data from 1992–2002 showed that combined liver and intrahepatic bile duct cancer ranked 12th in males and 18th in females with rates of 8.6 and 3.3 per 100,000 persons, respectively. The mortality rates for liver and intrahepatic bile duct cancers were still higher, ranking 10th for men and 13th for women.

	World	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Lung cancer	1 448	27	264	34	401	164	558
Stomach cancer	933	38	89	25	182	78	521
Colon and rectum cancers	1 080	32	217	23	409	106	293
Liver cancer	632	65	38	13	67	64	386
Cervix cancer	489	95	95	15	81	180	73
Breast cancer	1 100	72	310	54	326	154	184
Prostate cancer	605	77	236	13	180	45	54
Lymphomas and multiple myeloma	479	56	102	39	113	91	79
Leukaemia	375	20	68	28	86	72	101
Other cancers	5 187	234	874	226	1 214	773	919
All sites (excluding non-melanoma skin cancer)	11 474	716	2 294	470	3 058	1 726	3 166

Table 1: Cancer incidence (thousands) by site, by WHO region, 2004[21]

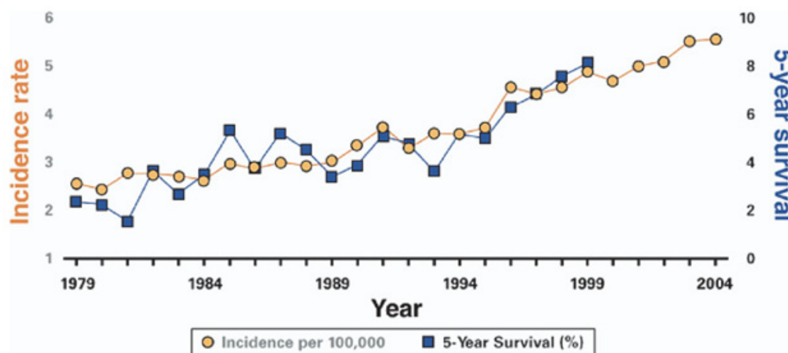

Fig 4: Primary liver cancer: age-adjusted incidence rates (left axis) and 5-year survival rates (right axis), 1979 –2004. (Source: Surveillance, Epidemiology, and End Results [SEER] Program.)

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World Digestive Health Day 2012 Events Around the Globe

With almost 50 events throughout 27 countries already taking place in celebration of WDHD 2012, the WGO is pleased to present the following reports, highlights and photos in this and future issues of e-WGN!

INDIA

On May 29, the Tamil Nadu Chapter, Indian Society of Gastroenterology, celebrated World Digestive Health Day by conducting a Walkathon in Ooty, a popular tourist destination in India. The walk started at Jain temple and ended at Nahar Hotel, and participants included doctors, eminent personalities and the general public. Following the walk, a public awareness program on Common Gastrointestinal Symptoms such as heartburn and constipation took place with experts in the field of gastroenterology. The experts included Dr. K.R. Palaniswamy, Chennia, Dr. Mohammed Ali, Chennai, Dr. Venkatakrishnan, Coimbatore and Dr. K. Premkumar, Chennai.

The walkathon which took place in Ooty

A panel of experts conduct a public symposium

THE HINDU • WEDNESDAY, MAY 30, 2012

Protect digestive health through proper lifestyle, plead experts

FOR A HEALTHY LIVING: *A walkathon to mark World Digestive Health Day evoked a good response in Ooty on Tuesday.* – PHOTO: M. SATHYAMOORTHY

Special Correspondent

UDHAGAMANDALAM: A walkathon organised here on Tuesday by the Indian Society of Gastroenterology (ISG), Tamil Nadu chapter, in association with the Junior Chamber, Ooty, in connection with the observance of World Digestive Health Day evoked a good response.

Flagging off the rally at the Jain Temple, the Nilgiris Collector Archana Patnaik lauded the effort and said that in an increasingly stressful world lifestyle-related maladies are on the rise. She lamented that people are not aware of many of them.

K.R. Palaniswamy, patron, ISG, Tamil Nadu, said that this vacation destination had been chosen as the venue for the event as the presence of a large number of tourists would facilitate a wider reach of the message.

Among those who participated were Superintendent of Police S. Nizamuddin and actor Sathyaraj. In an interaction that followed the consensus of a panel of experts was that digestive health can be protected through proper life style management, exercise, shunning of junk food and consumption of adequate quantity of water.

Initiating the discussions, Dr Palaniswamy pointed out that lifestyle determines the quality of life and regretted that owing to changing lifestyles even children were now suffering from health problems such as constipation.

Coimbatore-based expert Mohan Prasad said that lifestyle changes had increased the number of reflux cases and also made obesity common. He underscored the need for a good night's sleep.

Mohammed Ali, an expert from Chennai, said that a major contributory factor for gastrointestinal disorders was the growing preference for fast food. People should eat to live and not the other way round.

Venkatakrishnan, another expert from Coimbatore, listed the benefits of exercise.

N. Anandamurthy, Ooty-based physician, said that since the number of diabetes and hypertension cases were quite high in the Nilgiris, every patient with gastrointestinal symptoms was also checked for cardiac problems as a measure of abundant precaution.

He said that alcohol abuse was high on the list of causes for gastrointestinal problems.

Sheela Nambiar, a fitness and lifestyle expert, said that the role of exercise was very important. Mere walking was not enough. A composite programme was needed to deal with such problems.

K. Premkumar of Chennai said that the three main meals should be taken at the right time and one should consume at least two litres of water in small quantities.

RALLY IN OOTY

Walk for better digestive health

B. RAVICHANDRAN | DC
OOTY, MAY 29

It was a walkathon with a simple message : Keep the digestive juices flowing. With changes in lifestyle and the growing fast food culture ushering in a host of health problems today , "Walkathon 2012" made its way through this hilly town on the occasion of World Digestive Health Day on Tuesday, cautioning people to take note before its too late.

Flagged off by Nilgiris collector Archana Patnaik and film star Sathyaraj from near the Jain temple in Lower Bazaar, the rally was organised by the Ooty chapter of the Junior Chamber of India (JCI) and the Tamil Nadu chapter of the Indian Society of Gastroenterology.

Later at an interactive session with the public, Dr Mohan Prasad, a specialist in gastroenterology from Coimbatore, said good digestive health paved the way to general good health and helped keep blood pressure, cholesterol and body weight under control.

"Heartburn, bloating of the abdomen, indigestion and constipation are symptoms of common gastrointestinal complications," added Dr K.R. Palaniswamy from Chennai, warning that sometimes these symptoms could even suggest acid reflux, ulcer or cancer.

"In most people, these symptoms are occasional and require lifestyle modification, dietary alterations and supportive measures like antacids. But in some patients, these symptoms can be frequent and bothersome or even disabling," he said.

Unfortunately the symptoms could be misinterpreted and their impact and significance misunderstood both by health care provides and the patients themselves, he warned.

Pointing out that bloating, fullness of abdomen and constipation could indicate cancer of the stomach or abdomen, he stressed that if diagnosed early the condition could be cured.

Archana Patnaik collector of Nilgiris and cine-actor Sathayaraj flag-off the rally held in Ooty for World Digestive Health Day on Tuesday. – DC

AWARENESS RUN

A marathon to create awareness gastrointestinal disorders will be held on June 2 by Gem hospital in association with World Health Organisation with heartburn and constipation as the theme this year.

The campaign organised by the hospital will enlighten people to treat heartburns to escape oesophaegal cancer and prevent constipation to keep rectal cancer at bay. Lifestyle changes and food habits has resulted in the increase of diseases , said chairman of Gem Hospital Dr C. Palanivelu.

Smoking, consumption of alcohol and junk food are some of the main reasons for increase heartburn and constipation. In the last 20 years, cancer due to heartburns has increased ten-folds and rectal cancer has gone up thirty times. Lack of awareness has resulted in loss of several lives. Regular gastro master check-up is can early detection or prevent it. Gem Hospital is holding free consultation for a week from Tuesday

ஊட்டியில் உலக செரிமான தின நடைபயணம்

குடல் நோய் பாதிப்புகளை தவிர்க்க உணவு கட்டுப்பாடு, உடற்பயிற்சி அவசியம்

அப்போலோ மருத்துவர் பழனிச்சாமி பேச்சு

Many newspaper articles were written on the event, as well as articles on digestive health. To read various articles in full, visit http://www.thehindu.com/todays-paper/tp-national/article3471318.ece and http://www.thehindu.com/health/article3469669.ece.

PAKISTAN

The Department of Hepatogastroenterology, Sindh Institute of Urology and Transplantation (SIUT), observed World Digestive Health Day (WDHD) 2012 on the 6th of June. Dr. Zaigham Abbas, Head, Department of hepatogastroentrology, highlighted the importance of the event and the impact of common gastrointestinal problems on the general population. He said that many times, these symptoms were related to the changes in dietary habits or lifestyle, while at the other extreme they might be a warning sign of a serious gastrointestinal disorder. Prof. Adibul Hasan Rizvi, Director SIUT, in his opening remarks, stated that such programs always help in educating the masses not only about awareness of common diseases and their diagnosis and management, but also about taking preventive measures against them.

Dr. Mudassir, in his presentation, pointed out the factors causing heartburn and highlighted lifestyle modifications as preventive measures. Dr. Adeel discussed dyspepsia, contributing factors and management. Dr. Farina's presentation focused on bloating and excessive gas production. Dr. Osama lectured on constipation and termed it as a very important complaint in the society. He emphasized that it is necessary to have good intake of fiber and fluid in your diet to prevent constipation. Ms. Nusrat, a dietician, gave tips on dietary management of common gastrointestinal symptoms.

Faculty of the SIUT WDHD 2012 symposium

The symposium was moderated by Dr. Nasir Hassan Luck and Dr. Abbas Ali. The program ended with a panel discussion along with a question and answer session. The program was well attended by doctors, nurses, paramedical staff, medical and nursing students, and non-medical visitors.

PAKISTAN

On the celebrated occasion of Golden Jubilee of the College of Physician & Surgeons of Pakistan (CPSP) and World Digestive Health Day, a "Hands on Workshop" was organized by the Department of Gastroenterology & Hepatology at the Lady Reading Hospital (LHR) in Peshawar, Pakistan. This workshop was conducted on June 7, 2012, at LRH under the chairmanship of Prof. Aamir Ghafoor Khan, WGO Guideline Core Committee member.

During May 2012, an awareness campaign among the outpatients was carried out regarding the wide range of symptoms of the gastrointestinal system ranging from heartburn to constipation as part of WGO awareness campaign. Prof. Shoaib Shafi, Vice President of the CPSP, was the honorable chief guest. Among the other guests were Prof. Mumtaz Marwat, Regional Director CPSP, Peshawar, Dr. Rahim Jan, Medical Superintendent, LRH, Peshawar, Prof. Intikhab Alam, Head of Medical Department, LRH, Peshawar.

The Workshop started at 9:00 am with the recitation of few versus from the Holy Quran. The workshop had 3 sessions as follows:

1) Session I: Introduction
2) Session II: Lectures
3) Session III: Hands on Endoscopy

Prof. Khan welcomes the participants

During Session I, Prof. Aamir Ghafoor Khan, Head of Gastroenterology Unit, LRH, Peshawar, formally welcomed all the guests and the participants to the workshop. In his welcome address he briefly told the history of the department and about the services provided by the department. Each year his department has been actively celebrating WDHD.

After the welcome address, all the guests came to the stage and addressed the participants. They appreciated all of the organizers for organizing such a useful workshop and highlighted the need to learn techniques of modern day medicines.

During Session II lectures were delivered, one by Prof. Aamir Ghafoor Khan and one by Dr. Abbas Khan Khattak, Asst/Professor, Gastroenterology Unit, LRH, Peshawar. Lectures were to help the participants understand the basics of Upper & Lower Gastrointestinal Tract Endoscopy before they could actually have their hands on an endoscope in the next session.

Participants during the WDHD event held in Peshawar

In Session III, the 2 facilitators, Prof. Aamir and Dr. Abbas carried out a practice session with all of the participants, where they observed and actively participated in the upper and lower gastrointestinal endoscopic procedures carried out on different patients who were specially selected for the workshop with a wide range of gastrointestinal symptoms.

URUGUAY

On May 29th, the Uruguayan Society of Gastroenterology celebrated World Digestive Health Day, developing an awareness event for the community at the entrance of the main shopping mall in Montevideo, the capital city. "The Path to a Healthier Life", an educational activity, was created to increase knowledge about Common Gastrointestinal Symptoms. The event ran for 7 hours and was attended by 1,400 people. A brochure with the 10 Recommendations by WGO was distributed, and briefings were conducted. Different mass media attended the activity, TV and radio interviews were held, and newspaper articles were published. Information and a video has been published on the website as well, at www.sgu.org.uy.

A school class took the "Path to a Healthier Life" in Uruguay

Mrs. Fabiana De Ferrari, Danone, Prof. Henry Cohen, WGO President, Dr. Claudia Stefanoli, SGU Secretary General, and Dr. Cristina Dacoll, SGU Past-President, visited the "Path to a Healthier Life" during the event in Uruguay

For a full list of events happening around the globe and in your country, visit http://www.wgofoundation.org/wdhd-2012-events-calendar.

Are you holding a 2012 WDHD event? Don't forget to submit your event! Begin doing so by filling out the event form, here: http://www.wgofoundation.org/submit-wdhd-2012-event.

11th Training Course in Gastroenterology at the WGO-RTC

Naïma Amrani, MD

Chef de service; EFD Hépato-Gastroentérologie; Hôpital Ibn Sina, CHU - Rabat; Faculté de Médecine et de Pharmacie, UM5S - Rabat; Directrice du Centre de Formation de l'OMGE - Rabat; WGO Scientific Programs Team Leader; amrani.naima@gmail.com

The 11th Post-Graduate Training Course in Gastroenterology took place January 26-February 4, 2012, through the World Gastroenterology Organisation's (WGO) Rabat Training Center (WGO-RTC).

This is a unique training program for the region that takes place in an ideal location that also offers the exchange of ideas and experiences. This is a place where all participants can renew acquaintances and make new friends. We must remember that this Centre, which falls under the l'Université Mohammed 5-Souissi, is the fruit of an agreement between the Ministry of Higher Education and the WGO Rabat Training Centre.

This centre is part of the Mohamed V-Souissi University and is located at the Medicine and Pharmacy Faculty of Rabat, near the academic Hospital Ibn Sina.

Located at the Faculty of Medicine and Pharmacy of Rabat, the Training Centre benefits fully from the proximity of the Ibn Sina University Hospital (http://wgo-rtc.um5s.ac.ma). It is open to all French-speaking gastroenterologists, particularly in Africa who wish to improve their theoretical and practical knowledge in the field of hepatology, gastroenterology and digestive oncology.

The objectives set for it are highly relevant:

1. To promote the highest standards in training in gastroenterology
2. To promulgate the best practice guidelines in gastroenterology
3. To develop a curriculum for training based on current science, ethical principles and relevance to local and regional healthcare needs
4. To expose trainees to the most current knowledge in gastroenterology
5. To foster interactions between international and regional experts in the field of gastroenterology

Since opening, the Centre has organized an annual course for 10 to 15 days for groups of over 60 gastroenterologists ranging from 40 to 76 physicians each group, a total to date of around 700 physicians representing 24 different countries: Afghanistan, Algeria, Benin, Burkina Faso, Burundi, Cameroon, Congo Brazzaville, Cote d'Ivoire, Djibouti, Gabon, Guinea, Lebanon, Mali, Morocco, Madagascar, Mauritania, Palestine, Democratic Republic of Congo, Senegal, Syria, Tanzania, Chad, Togo and Tunisia.

WGO-RTC also offers trainees, particularly in Africa, the possibility of a long-term training ranging from several months to 5 years. Thus our

The President of the University, along with Prof. Naima Amrani, (UM5S -- Rabat) visiting the WGO-RTC and welcoming the participants at the 11th Course

Centre claims the privilege of providing some African countries with their first specialists.

The educational program is composed of theoretical and practical training.

The teaching techniques and endoscopic ultrasound diagnosis and treatment enable the focus on practical training. Various tutorials offer the ability to customize the educational programme. This ranges from training on simulators, mechanical or computerized (Symbionix), to the acquisition of several of endoscopic procedures on the most diverse pig stomachs (EASIE model).

For participants already familiar with endoscopy, we decided, in light of our first experiences, to replace live-transmission from the hospital by

a fellowship programme that allows small groups to work with experts.

This learning a la carte allows each participant to follow regardless of their level of training. An emphasis is given to education in the form of interactive workshops for presentation of clinical cases. The multimedia library, which is continuously evolving, provides trainees with electronic documents selected according to their teaching.

Since acquiring videoconferencing equipment in 2006, telemedicine has been our hobbyhorse, with the goal of giving gastroenterologists from other countries the opportunity to benefit from these courses.

Teleconferencing event with the Cape Town Hospital during the 11th Course

Supervision is provided by experts internationally recognized for their expertise and teaching skills. They have come from different countries such as Austria, Belgium, Cameroon, Canada, England, France, Germany, Holland, Ireland, Italy, Libya, Morocco, Portugal, Senegal, Sweden, Tunisia and Turkey.

The WGO Rabat Training Centre, which celebrated its 10th Course in 2011, owes its success first and foremost to the Moroccan academic hierarchy, represented by the University Mohammed V-Souissi, Faculty of Medicine and Pharmacy Rabat and Ibn Sina University Hospital as well as its partners.

It should also be noted that our partners list has grown steadily since the opening of the Rabat Training Centre, including the Munich Gastroenterology Foundation (GF) and the commune Urbaine du Grand Nancy (CUGN), who has just joined us.

The success, scientific as well as material, also goes to the academic partners from the following prestigious scientific societies: the Société Nationale Française de Gastroentérologie (SNFGE), the Association Française pour l'Etude du Foie (AFEF), the Société Française d'Endoscopie Digestive (SFED) and Formation Médicale Continue en Hépato-Gastroentérologie (FMC-HGE), the Société Belge d'endoscopie digestive (BSGIE), the Association Française de Chirurgie Hépato-Biliaire et de Transplantation Hépatique (ACHBT), The Société Allemande d'Endoscopie Digestive (DGE-VB), and Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie (CREGG).

We would like to thank all our partners for their support and confidence, which is an honor for us. This success is also for people who have spared no effort in the Training Centre's development.

Thanks go out to Professor M. Classen, President of the Munich Gastroenterology Foundation and sponsor of the WGO-RTC, for his generosity, both material and scientific. Professor Classen, founder of the Center, participated in its creation and continues to contribute to its development. He created a special bond with the IDCA (International Digestive Cancer Alliance). This opens new perspectives to the Centre and allows it to raise its ambitions training in digestive oncology.

Participants at the 11th Course

Thanks also goes to Professor G. Tytgat for his annual participation in promoting the specialty of gastroenterology, not only in WGO-RTC but worldwide. WGO-RTC proudly recognizes the establishment of the Rabat WGO Traineeship to honour Professor Guido Tytgat as a Master of the WGO for his exemplary contributions.

Lastly, we thank all those who have contributed their support to the Rabat Training Centre and ask them to continue to support the development and fulfillment of gastroenterology in emerging countries, especially in Africa.

2012 Advanced Therapeutic EUS & ERCP Course, Basic Therapeutic Endoscopy Course and RFA Course

Muhammad Umar, MD

MBBS, MCPS, FCPS (PAK), FACG (USA), FRCP (L), FRCP (G), ASGE-M (USA), AGAF (USA); Chair & Professor of Medicine Rawalpindi Medical College Rawalpindi; Pakistan Chief Gastroenterology & Hepatology Division; Clinical Coordinator of Hepatitis Prevention and Control Program; Holy Family Hospital Rawalpindi Pakistan

Earlier this year, the Centre for Liver and Digestive Diseases at Holy Family Hospital in Rawalpindi, Pakistan, hosted the first ever Advanced Endoscopy Course of its kind to take place in Islamabad. Internationally endorsed by the ASGE, ACG, WGO, and WEO, the course took place February 2-3, 2012. Topics covered included Therapeutic Endoscopy, Radiofrequency Ablation, ERCP and EUS. The course Directors for this course were Prof. Muhammad Umar and Prof. Hamama-tul-Bushra Khaar and the Co-Directors were Prof. Anwaar A. Khan and Prof. Gen. Tassawar Hussain.

During the Therapeutic Endoscopy course, participants received instruction and demonstration on procedures including esophageal variceal band ligation, glue injection, stricture dilation, colonic polypectomy, and therapeutic skills. While fellowship in gastroenterology has been offered in Pakistan for the last 15 years, there are very few venues available to give training in advanced gastroenterology and hepatology, making these courses especially valuable.

During the course, the first-ever structured Radiofrequency Ablation (RFA) workshop took place. Historically, RFA has not been widely available in Pakistan. With a high prevalence of Hepatitis B and C with many accompanying cases of HCC in Pakistan, many early tumors were not treated due to lack of availability of RFA technology. There was hands-on training as well, particularly focused on HCC.

Participants look on in the Therapeutic Endoscopy Course

Geared towards gastroenterologists, GI fellows, and specialty nurses, the ERCP course taught the techniques of the procedure. Learning objectives included description of the appropriate indications and contra-indications of performing ERCP, management of the pre and post-procedure patients, techniques for safe and successful cannulation and sphincterotomy, proper applications of endoscopic techniques, and recognition of appropriate management of complications resulting from ERCP.

Observing an RFA procedure

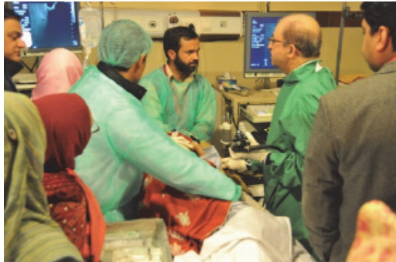
Participants watch an ERCP procedure

EUS is a relatively new technique in Pakistan and its availability is limited to just three centres. In the EUS course the participants learned about EUS Anatomy at different stations and identification of vessels by Doppler and viscras by architecture. FNAC technique was demonstrated and slide making and staining were explained. The tumor staging was explained and demonstrated on live cases.

Aside from the specialized courses, the Advanced Endoscopy Course included four modules on Basic Therapeutic Endoscopy:

Module 1: Disinfection of Endoscope and Accessories

- Pre-cleaning and remove the suction and air water channel button
- Brushing the channels
- Learning the steps of disinfection (cleaning with detergent, washing with water, dipping in disinfectant, washing with water)
- Washing, brushing, drying and storage



Observing a live ERCP demonstration

Module II: Esophageal Varceal Band Ligation and Gastric Varices Glue Injection

- Recognizing high risk varices and bleeding stigmata
- Loading a shooter to the scope
- Locating the site where the band is to be applied
- To know when to fire a band
- Learning the injection technique
- To know how to protect the scope
- Recognizing the complications

Module III: Esophageal Stricture Dilatation

- To know the types of stricture
- To measure the length of stricture
- To know the principles of bouge dilatation and balloon dilation
- To know the different types of guide wires and its uses
- Recognizing the post dilation complication

Module IV: Colonic Polypectomy

- To differentiate types of polyps
- Learning the injection technique and lift sign
- Recognizing endoscopically removable polyps
- Learning the procedure of electrosurgical cautery
- Differentiating types of snares
- To know how to snare the polyp
- Learning to control the post polypectomy bleeding

The Learning Resource Centre (LRC) was the most popular component of the course. Internationally and locally recorded procedures were shown at different computer stations, such as Esophageal Variceal Band Ligation, Gastric Varices Glue Injection, Technique of Polypectomy, ERCP Cannulation Technique and EUS Techniques. The Learning Resource Centre contains about 200 CD's, DVD's and about 100 Books on GI and Liver Diseases. All International and National Journals like GIE, Journal of Hepatology, Liver Transplantation, Hepatology International, Journal of Gastroenterology and Hepatology, and many other National and International Journals are available.

In total, the course boasted 188 participants, 10 types of procedures, and 60 live cases. On the last day of the course, 3 February 2012, Rawalpindi's own Centre for Liver and Digestive Diseases (CLD) was inaugurated. The Centre for Liver and Digestive Diseases is the state of the art, first purpose-built diagnostic and therapeutic center for treatment of GI, HCC and hepatobillary diseases in the public sector. It is providing a facility for procedures like ERCP, EUS, RFA, TIPS and TACE. There are three OPD clinics: an HCC Clinic, Hepatopancreatobiliary Clinic, and Pre and Post Liver Transplant Evaluation Clinic. The Centre is well equipped with latest Endoscopy System; Digital fluoroscope, Ultrasound with color Doppler, Digital Library, and Digital Reporting System. The Centre has dedicated rooms for ERCP, EUS, RFA, and a Pre-Procedure preparation room, Recovery Room, Reference Library, Conference & Projection Rooms, IT Department and Cafeteria.

Ribbon-cutting ceremony at the new CLD

WGO 2012 Calendar of Events

OESO 11th World Conference
When: September 1-4, 2012
Location: Grand Hotel Como, Como, Italy
Email: c.uzzo@planning.it
Website: http://www.oeso.org

8th International Endoscopy Workshop
When: September 12-15, 2012
Location: The 8th International Endoscopy Workshop's venue will be located at Cipto Mangunkusumo National General Hospital and Indonesian Digestive Disease Week (IDDW) 2012'S venue will be located at Borobudur Hotel, Jakarta, Indonesia
Organizer: Indonesian Society of Gastroenterology and Indonesian Society for Digestive Endoscopy
E-mail: gitipdui@cbn.net.id

IV Advanced Theoretical-Practical Course on Endoscopic Submucosal Dissection in Animal Model
When: September 14 and 15, 2012
Location: Cáceres
Address: Centro de Cirugía de Mínima Invasión Jesús Usón - Carretera N-521, km 41,8 10071 Cáceres, Spain
Organizer: Minimally Invasive Surgery Centre Jesús Usón
E-mail: ccmi@ccmijesususon.com
Website: www.ccmijesususon.com

International Prague Hepatology Meeting
When: September 20-22, 2012
Location: Congress Centre – Diplomat Hotel Prague
Address: Evropská 15, 160 41 Prague 6, Czech Republic
Organizer: Czech Society of Hepatology, Foundation of the Czech Society of Hepatology
Website: www.congressprague.cz/en/kongresy/phm2012.html

Boston International Live Endoscopy
When: October 3-5, 2012
Location: Joseph B. Martin Conference Center at Harvard Medical School
Address: Blackfan Circle, Boston, MA, United States of America
Organizer: Beth Israel Medical Center, Harvard Medical School
Website: www.bilec.com

AGW 2012
When: October 16-19, 2012
Location: Adelaide Convention Center
Address: North Terrace, Adelaide, Australia
Organizer: Gastroenterological Society of Australia
Email: gesa@gesa.org.au
Website: http://www.agw.org.au

UEGW Amsterdam 2012
When: October 20 - 24, 2012
Location: Amsterdam RAI Convention Centre
Address: Europaplein, NL 1078 GZ Amsterdam, The Netherlands
E-mail: office@uegf.org
Website: http://uegw12.uegf.org/

American College of Gastroenterology Annual Scientific Meeting
When: October 19 - 24, 2012
Location: The Venetian, Las Vegas, Nevada, USA
Address: 3355 Las Vegas Boulevard South, USA
Website: http://www.acgmeetings.org

13th World Congress of the International Society for Disease of the Esophagues
When: October 15-17, 2012
Location: Venice Lid, Italy
E-mail: isde2012@keycongress.com
Website: http://www.isde2012.org/

The 3rd Asian-Pacific Pan Topic Conference
When: November 3, 2012
Location: Shiba Park Hotel
Address: 1-5-10 Shiba Park, Minato-ku, Tokyo, 105-0011 Japan
Organizer: The Japanese Society of Gastroenterology (JSGE) and Asian Pacific Association of Gastroenterolology (APAGE)
Email: int.comm@jsge.or.jp

Panama Gastro 2012

When: November 7-10, 2012
Location: ATLAPA Convention Center, Panama City, Panama
Email: gastro-panama2012@eventoskreativos.com
Website: http://www.gastropanama2012.com

6th AMAGE Congress

When: November 22 - 24, 2012
Location: Calabar, Nigeria, a peaceful and quiet area with beautiful scenery and many tourist attractions to enjoy during your stay
Hosted by: the African Middle East Association of Gastroenterology (AMAGE) in collaboration with the Nigerian Society of Gastroenterology (SOGHIN)
Organizer: Arab Organizers Company, Dr. Ibrahim Farouk, araborganizers@hotmail.com
President: Hussein Abdel-Hamid (Egypt)
Email: hussein.egypt22@gmail.com
Telephone: 0202 01006602429
Founding President: Ziad Shariha (Jordan)
Email: z_ash@hotmail.com
Vice President for Middle East: Siavosh Nasseri- Moghaddam (Iran)
Vice President for Africa: Ronald Ndoma (Nigeria)
Secretary General: Olusegun Ojo (Nigeria)
Email: segun.ojo@gmail.com
Telephone: 234 8033185701
Treasurer: Reda Elwakil (Egypt)
Email: wakil_md@yahoo.com
Treasurer: Edith Okeke (Nigeria)
Website: http://www.sixthamagecongress-calabar.com/

75th Annual University of Minnesota Colon and Rectal Surgery: Current Principles & Practice

When: October 24-27, 2012
Location: Hyatt Regency
Address: 1300 Nicollet Mall, Minneapolis, MN, USA
Email: info@colonrectalcourse.com
Website: http://www.colonrectalcourse.org

Iranian Congress of Gastroenterology and Hepatology 2012

When: November 27-30, 2012
Location: Razi Congress Center
Address: Hemmat Highway, Tehran, Iran
Organizer: Iranian Assocation of Gastroenterology and Hepatology
Email: mirnasseri@gmail.com
Website: www.iaghcongress.org

Highlighted events represent WGO member events. For a full listing of events happening in 2012, visit http://www.worldgastroenterology.org/major-meetings.html

The Latest News in WGO Global Guidelines and Cascades

A Resource Sensitive Solution

UPDATED GUIDELINE JUST RELEASED!

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!

Obesity

The Obesity Guideline has been released! The English and Spanish versions, now available for download at http://www.worldgastroenterology.org/obesity.html, has been updated to include five appendices: Nutrition, Pharmacotherapy, Lifestyle Changes, Surgery, and Obesity and the Elderly.

Probiotics

Originally created in 2008, the 2011 updated version is now translated into English, Spanish, Portuguese, Mandarin, and French and is available for viewing in WGO's official Journal, the *Journal of Clinical Gastroenterology*.

Download the newest version now!

NEW GUIDELINES TO LOOK FOR IN 2012!

NASH

NASH, a brand new WGO guideline, is chaired by WGO Foundation Board Member Professor Douglas LaBrecque and is in its final stages. It features cascade options for diagnosis in patients with suspected NAFLD/NASH as well as a therapy cascade for extensive, medium, and limited resources. A special section lists specific bibliographies for epidemiology, pediatric epidemiology, non-invasive diagnosis, hepatitis C and NAFLD/NASH, pathophysiology, and treatment. The NASH guideline incorporates strong feedback from Austria, Pakistan, USA, Malaysia, Russia, Venezuela, Colombia, Mexico, India, Croatia, Canada, France and the Netherlands.

Along with the release of these Guidelines comes the creation of two very important Guidelines: A guideline on hepatitis C, led by Professor Umar of Pakistan, and a special guideline focused on this year's World Digestive Health Day, led by Professor Richard Hunt, Canada, which will bring a new and exciting approach to WGO Guidelines. Continue to watch *e-WGN* for news on the creation of these very important guidelines!

GUIDELINE UPDATE COMING SOON!

Celiac Disease

Under the direction of Professor Julio Bai, the updated Celiac Disease Guideline will feature a cascade for the diagnostic management of Celiac disease. This cascade focuses on resource constraints when diagnosing the condition – with limited resources for example, a simple antiTG IgA could be considered to diagnose Celiac Disease.

WGO's Global Guidelines page translated into Mandarin

Have you seen the Global Guidelines homepage now translated into Mandarin? View it now! http://www.worldgastroenterology.org/global-guidelines-mandarin.html. Watch *e-WGN* for news on the Russian version of the Guidelines homepage, coming soon!

Watch future issues of *e-WGN* as well as the monthly *e-ALERT* for more news and updates on Global Guidelines and Cascades, and visit http://www.worldgastroenterology.org/global-guidelines.html to download any of the WGO guidelines for free in six different languages including Spanish, Portuguese, English, French, Russian and Mandarin.

As always, WGO invites and encourages you to provide feedback on any of our Global Guidelines, by filling out the Guideline Feedback Form found here: http://www.world-gastroenterology.org/wgo-guideline-feedback.html.