e-WGN

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In this issue

Message from the Editors of *e-WGN*

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We are pleased to share this Fall 2014 issue with you. While all the articles are of great interest, we want to highlight a few. We have two excellent original articles: Michael Schultz and A. Grant Butt educate us on human stem-cell organoids as tools to study gut epithelial properties. They explain this exciting new advance and how this novel approach may inform the pathophysiology of inflammatory bowel disease and cancer, among other diseases. Alejandro Piscoya provides an excellent background on the state of post-graduate education in gastroenterology, highlighting the WGO's excellent work and suggesting additional opportunities and challenges for our worldwide community. Directly relevant to Dr. Piscoya's article are two articles about the Wolverhampton training course for physicians from 10 WGO Training Centers brought to learn skills in endoscopic teaching methods. Damon Bizos provides a detailed summary of the teaching methods and Andrew Veitch's article provides additional information on this successful course. It is exciting to see these advances in education.

The article by Cihan Yurdaydin about the World Health Organization global partners meeting in Geneva last March details an outstanding program in Egypt for treatment of Hepatitis C. The information presented by Dr. Doss from the University of Health in Egypt outlines their goals to treat up to 300,000 individuals over the next 10 years with more than 90% government funding. They are already well under way, treating 45,000-50,000 chronic Hepatitis C cases annually. We congratulate them on these achievements and goals.

As always, comments and feedback are welcome.

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Post Graduate Education in Gastroenterology

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Medical education has become a major field all over the world; professors now need to improve their teaching skills by learning new ways to teach and assess students (1). As such, competency based medical education is now the standard in undergraduate studies and nearly every school in the USA and Europe and some in the less developed countries have developed their curriculums using competencies.

Assessment remains an important issue since there are still no standards on how to perform research and whether there are new techniques needed to evaluate our students. There are several assessment techniques such as simulation, Mini-Cex and formative or summative assessment that may be used together to allow students to fulfill the requirements of their studies (1).

Postgraduate studies in general have moved towards the competency-based model. Most recently, the Blue Book of the European Board of Gastroenterology & Hepatology (EBGH) in 2012 (2) provided a list of basic competencies (Table 1). The recent implementation of the Next Accreditation System (NAS) has been launched by the Accreditation Council for Graduate Medical Education (ACGME) this year in the USA (3). The major gastroenterological societies have joined effort to fulfil the requirement of the ACGME and to create a large set of tools, the EPA (Entrustable Professional Activities) that will be completed by all post-graduate students from now on (4) (Table 2). Canada has the Canmeds Program that can be applied to most specialties, including core and specific competencies; they have a specific set for Gastroenterology (5).

Table 1. The Blue Book Basic Competencies in Gastroenterology & Hepatology (2012)

Functional and Motility Disorders of the GI Tract
Oro-Oesophageal Disorders
Stomach & Duodenum
Pancreatic disorders
Biliary tract disorders
Liver
Small intestine
Large intestine
Inflammatory bowel disease
Radiation and chemotherapy induced enteropathies
Anorectal disease
Conditions involving systemic diseases, genetic disease, multiple organs and the elderly
Nutrition
Fundamental Clinical and General Skills and Knowledge for Endoscopy
Specific Endoscopy Skills

We have, however, little information on the rest of the world. In 2007, the WGO released its Standards in Gastroenterology Training that gathered information from all over the world and gave a framework of recommendations (6). This is an ongoing effort; standards should be reviewed on the light of recent research, and the WGO may need to perform its own research in order to improve the guidelines and tailor the functioning of their educational programs. One approach may be the analysis of the different documents provided in order to update the current standards. Also some regional or member societies may change the importance of the competencies and perhaps add some more according to the most common pathologies in their area.

One of the WGO's two major educational programs, The Train the Trainers (TTT) course (7), provides tools for faculty development where competencies are quite important. There are several aspects of group teaching, skills teaching, assessment and Evidence Based Medicine taught in a unique way, giving faculty from all over the world a first impression of what is needed. Sometimes this course serves as a catalyst to change existing programs and continues as the trained faculty replicate the course or by sharing what they have learned with other

EPAs for Gastroenterology - USA (2014)
Manage common acid peptic related problems
Manage common functional gastrointestinal disorders
Manage common gastrointestinal motility disorders
Manage liver diseases
Manage complications of cirrhosis
Perform upper and lower endoscopic evaluation of the luminal gastrointestinal tract for screening, diagnosis, and intervention
Perform endoscopic procedures for the evaluation and management of gastrointestinal bleeding
Manage biliary disorders
Manage pancreatic diseases
Manage common GI infections in non-immunosuppressed and immunocompromised populations
Identify and manage patients with noninfectious GI luminal disease
Manage common GI and liver malignancies, and associated extraintestinal cancers
Assess nutritional status and develop and implement nutritional therapies in health and disease

Table 3. Requirements of procedure for trainees

	WGO (2007)	ASGE (2012)	EBG (2012)	BSG (2004)	Peru (2002)
Upper Endoscopy	100	130	200	200	50
Control of nonvariceal UGI bleeding	20	25	30	-	-
Control of variceal UGI bleeding	15	20	-	-	-
Colonoscopy	100	200	200	200	50
Polypectomy	20	30	50	-	20
Upper Endoscopy	10	15	15	-	20

faculty with new studies on how to teach. The other educational program, the WGO's Training Centers (8), are where high quality endoscopy training is provided. An interesting effort is the collaboration with several societies in the USA and Europe in order to provide professors and mentors for several Training Centers. It is worth mentioning that the Ankara Training Center in Turkey (9) has developed a mentorship program with the AGA that will provide some competencies other than the endoscopic skills for their trainees. Most of basic techniques are covered in the TTT programs and the development of the TTT in Spanish had provided a new opportunity for some non-English speaking members; this idea may be replicated in other languages to make this available for a larger group.

Endoscopic skills are part of the competencies but a special consideration is the lack of quality standards for the different procedures, not only the common procedures such as gastroscopy or colonoscopy but also because of the development of several new procedures like endoscopic ultrasound and endoscopic mucosal resection require a good training program for the gastroenterologist to become proficient. The quality standards begin with numbers provided by the different societies, mostly without large research to back them up, so they are usually quite different from one another (Table 3) (10).

In the past few years there have been some initiatives to improve quality measures. A series of instruments have been designed to evaluate the quality of colonoscopy. This started with only cecal intubation rates but then polyp detection rates and patient comfort were added. The UK has published its first large colonoscopy audit last year and they also have a Joint Advisory Group on GI Endoscopy (11) which has recently provided information from their e-portfolio of trainees that say they achieved their learning curves at a larger numbers than the one set from their national society (12). There are some instruments to measure colonoscopy assessment like the Mayo Colonoscopy Skills Assessment Tool or the Gastrointestinal Endoscopy Competency Assessment Tool from Toronto (13, 14). All these are ongoing efforts on establishing ways to evaluate procedure skills, and the WGO may play a role in giving standards for most countries, especially in those countries that may not be able to perform their own research.

Critical appraisal, statistics and knowledge translation are very important and probably could be taught better. There is much research showing that many different groups of physicians lack the understanding of basic statistics. This may impact patient care if misinterpretation affects understanding patients needing screening and the risks of both screening and performing different invasive and non-invasive tests (15).

In summary, the WGO has provided several tools to improve gastroenterology training worldwide and continues to help improve training among its members, but it also has a unique position to perform research such as systematic reviews on educa-

tional programs such as assessment tools in order to set global standards in several issues. It may also develop programs on medical education training in gastroenterology and perform research among its members in order to inform how gastroenterology is being taught all over the world, and whether there are special needs in their educational programs. There are several opportunities for collaboration that may help improve postgraduate education in gastroenterology.

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Mini Guts – Human Stem-Cell Derived Organoids as Tools to Study Epithelial Properties

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The surfaces of the body are lined by epithelia that form a barrier between the human body and the outside, the environment. This barrier is of particular importance in the gastrointestinal tract, which is the largest barrier in the body and through sophisticated mechanisms maintains a delicate homeostasis between absorption, secretion, tolerance and defense. This is especially true in the colon, and to a lesser extent the small intestine, both of which are adapted for colonization by bacteria. These bacteria have a number of beneficial effects on the host, but at the same time pose a serious threat of infection or inflammation if the intestinal barrier is compromised (1).

This intestinal epithelium forms both a physical and biochemical barrier to commensal and pathogenic microorganisms. The intestinal epithelial cells (IECs) and the dynamic network of tight junctions that connect them physically limit the entry of bacteria into the body, while the mucus and antimicrobial peptides secreted by the IECs further limit contact with the mucosal surface and translocation of bacteria by ensuring that the surface of the epithelium remains sterile. This barrier is not static and IECs respond to the luminal bacteria. This involves a range of pattern recognition receptors (PRRs), such as the toll-like receptors (TLR), NOD like receptors (NLRs) and RIG like receptors (RLRs), which sense a variety of conserved molecular patterns (PAMP, pathogen associated molecular patterns) found in both commensal and pathogenic bacteria. The result can be varied with acute changes in the amount and composition of antimicrobial peptides secreted, increased mucus secretion and modulation of the proteins in the tight junctions, all of which contribute to strengthening the barrier. In addition, the IECs participate in the co-ordination of the appropriate immune responses, ranging from tolerance to anti pathogen immunity.

In IBD, the microbiome as well as the gut-associated immune system (GALT) and the underlying genomic background has been easily assessable and therefore subject to great scientific scrutiny, leading amongst other things to the development of targeted therapies that have significantly increased and also refined treatment options for patients (2). In contrast our knowledge of the underlying pathomechanisms concerning the epithelial barrier that contribute to the development of IBD and other gut-related disorders is still patchy. This is due to a lack of individualized epithelial cell lines that would provide insight into the molecular functions on epithelial level of the 160+ susceptibility genes for IBD.

In the following, we will discuss the difficulties and recent milestones that have led to the development of a novel research tool that allows the study of epithelial barrier function in the absence of confounding variables introduced by bacteria and immune cells.

The study of the human epithelium is pivotal in the understanding of processes that may lead to gut-related disorders. Recent studies indicate that dysregulation of this barrier, either through disruption of the barrier or modified host-microbial interaction, may contribute to a range of extra-intestinal autoimmune and inflammatory conditions. However, the fundamental question regarding cause or consequence of barrier dysregulation in relation to the pathogenesis of these disorders remains to be answered. Involvement of the intestinal epithelial barrier has been shown in a variety of diseases, including type I diabetes, rheumatoid arthritis and multiple sclerosis (1). In particular, the association between increased bacterial translocation and the risk of developing inflammatory bowel disease (IBD) implicates dysregulaton

of the intestinal epithelial barrier in either the aetiology or pathology of IBD (3).

However, mainly due to the lack of suitable tools, progress of the study of epithelial specific functions has been limited. Considerable advances in determining the role of intestinal bacteria in IBD have been achieved by using germfree and genetically modified animal models (e.g. IL-10-/- mice, (4)) but these only partially mirror the complex human physiology. Furthermore, identification of epithelial specific functions in these models is complicated by the influence of local and systemic immune signals. Alternatively immortalized cell lines do not recapitulate the complexity of the intestinal epithelium, which consists of multiple cell types, including enterocytes, goblet cells, enteroendocrine cells and, in the small intestine, Paneth cells. In an attempt to resolve this, multiple attempts have been made to develop primary cultures of the intestinal epithelium, but few have gained wide acceptance mainly due to a low yield of viable cells, short-term survival, limited variety of cell types present and other technical difficulties (5).

This changed in 2009, when Sato et al. published the first example of ex vivo long-term growth and maintenance of the intestinal epithelium (6). This epithelium was grown from stem cells located in the base of the small intestinal epithelial crypts of mice. The growth and survival of the epithelium was dependent on suspension of the cells in laminin-rich Matrigel and inclusion of a range of growth factors, such as Wnt, R-spondin 1, Noggin, in the media. This resulted in the growth of organoids, three-dimensional structures in which a single layer of epithelial cells surrounds a lumen (6). Within the epithelium all major cell types of the small intestinal epithelium were present and they were maintained over multiple passages similar to commercially available cell lines, e.g. CaCo2 cells, without losing their tissue identity or genomic integrity. As often when new techniques are developed, the multitude of recent publications resulted in a significant variation of names and descriptions of these structures. The NIH Intestinal Stem Cell Consortium, therefore, proposed a systematic nomenclature to enable comparison between publications (7). We and others are now able to grow organoids from most intestinal epithelial tissues from mouse and humans (8, 9). These organoids (gastroids, colonoids, etc.) allow us to study not only the developmental stages of the intestinal epithelium in the presence/absence of microbiological stimuli, but also the role of physical and biochemical components of the epithelial barrier and the involvement of the epithelium in the generation of an appropriate immune response to the commensal and pathogenic bacteria in the absence of confounding variables introduced by immune cells.

Using this approach Wilson et al. recently showed that, irrespective of NOD2 status, α-defensins contribute to the restriction of growth of multiple strains of non-invasive Salmonella enterica serovar Typhimurium following microinjection into the lumen of mouse small intestinal organoids (10). This is interesting as NOD2 mutations in Crohn's disease have been linked to reduced α-defensin expression and function (11), a view that is lately disputed (12). Strain-specific virulence factors and host responses are thought to be responsible for the development of gastric cancers in some patients infected with Helicobacter pylori. Luminal microinjection into mouse gastroids was used to investigate the role of the oncogene CagA expressed by H. pylori in cancer development (13). The authors were able to clarify a number of suspected mechanisms in cancer development. CagA positive H. pylori infections leads to enhanced cell proliferation due to β-catenin activation, but also of note was that infected gastroids showed a reduced expression of caludin-7, which has previously been implicated in carcinogenesis (14). It is now also possible to grow cancer derived organoids to study fundamental cancer biology and also apply these, for instance, to drug screenings (15).

A glimpse into how these organoids could be used for treatment of patients with intestinal disorders was provided by Li and Clevers with the successful transplantation of expanded colonic organoids into the colon of DSS-treated mice. The organoids were tracked using RFP (red fluorescent protein) technology and seemed to have been integrated into the existing mucosa to heal mucosal lesions (16).

The development of stem cell derived organoids has provided us with a new tool to study the intestinal epithelium. Initial studies focused on developmental questions in relation to the epithelial barrier formation in the absence of confounding variables coming from the intestinal microbiome and the immune system. This led to significant advances in stem-cell research. However, researchers already are starting to reassemble the gut with the introduction of individual microorganisms into the lumen of these mini-guts to study host-microbe interactions. An advantage is the possibility to link the findings to the specific genetic background of the host. This is of considerable importance in IBD where genes associated with at least 163 specific loci contribute to susceptibility, with the function of most only partially understood. In the future it will be possible to study, not only all three components, the immune system, the epithelial barrier and the microbiome simultaneously to generate a deeper understanding

of pathomechanistic processes, but also to screen patients for different therapeutic modalities.

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Gastro 2015 to Showcase the Latest Advances

More than 3,000 clinicians, researchers, academics and other health professionals from around the world are expected to gather in Queensland, Australia from 29 September to 2 October 2015 for Gastro 2015, an AGW-WGO International Congress.

"Gastro 2015 is the beginning of a new era for the World Gastroenterology Organisation (WGO), with the introduction of two yearly meetings. Partnerships will be formed throughout the world with national organisations to co-host these events, starting in Australia in conjunction with the well-established Australian Gastroenterology Week (AGW)," said WGO President Professor Jim Toouli. "We believe these forums will provide unique opportunities for important collaborations."

Gastro 2015 will deliver a comprehensive overview of the latest information, insights and practices in gastroenterology and hepatology over five days of scientific and educational sessions. The program will include workshops, seven streams of post graduate courses, state of the art lectures, clinical updates, poster sessions and an update from the WGO Training Centers.

"Many local and overseas experts will come together, providing opportunities to learn the best in science, clinical practice and see demonstrations of the latest in diagnostic and therapeutic techniques," said Associate Professor Don Cameron, President, Gastroenterological Society of Australia. "For example, genetics, metabolomics and proteomics are emerging issues in gastroenterology, and we will explore new research in these areas."

"Another of the biggest problems in gastroenterology today are the diarrhoeal diseases. Gastro 2015 will create an ideal opportunity to bring together world leaders from both the developing and the developed world to address these issues," said Jim. "The program promises a wide range of topics to interest practitioner and student alike."

The event will be held in Brisbane, which promises sunshine, beaches and hospitality.

"Brisbane is the vibrant capital of Queensland, which is Australia's sunshine state. It offers a relaxed, welcoming environment," said Don. "On behalf of the organising committee, we look forward to welcoming delegates and showing them good Australian hospitality."

Visitors to Brisbane can immerse themselves in a cosmopolitan city with a friendly attitude, superb weather (average October daily maximum 25°C or 77°F) and an exceptional natural environment. Delegates will be able to enjoy world-class art galleries, a wide variety of wining and dining, or pursue a variety of outdoor activities. They can explore more than 1,800 parks and reserves, pedal 500 kilometres of bikeways or paddle a kayak along the river between, amidst the skyscrapers.

Other participating organisations in this meeting include the Australasian Society of Parenteral and Enteral Nutrition; Australian Pancreatic Club; Society of International Gastroenterological Nurses and Endoscopy Associates; and the Gastroenterological Nurses College of Australia.

Sponsor and exhibition bookings for Gastro 2015 are now open, while Early Bird Registrations will commence in late November 2014.

TO LEARN MORE, go to www.gastro2015.com.

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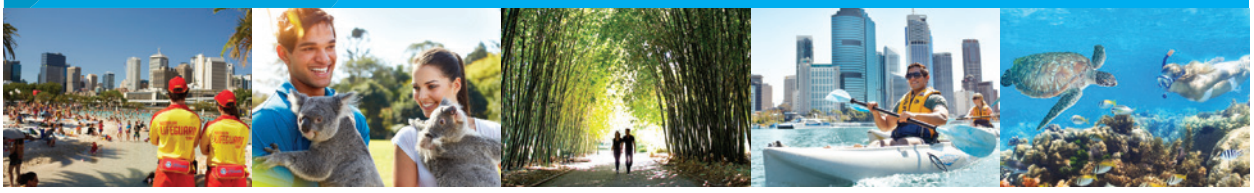

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World Digestive Health Day 2014 News and Events

BOLIVIA

Below are excerpts from an article by The Bolivian Society of Gastroenterology, which can be found in full at http://www.medicosypacientes.com/articulos/Bolivia3614.html

Prevention and Education Digestive, Two of the Objectives of the Bolivian Society of Gastroenterology

The Bolivian Society of Gastroenterology leads nationally Global Public Health Campaign promoted by the World Gastroenterology Organisation (WGO), which is held annually on the occasion of World Digestive Health Day in order to prevent and educate people about the most common digestive disorders.

The Bolivian Society of Gastroenterology is responsible for leading national a world health campaign promoted by the World Gastroenterology Organisation (WGO), held annually on World Digestive Health Day, and on this year on 29 May, which coincides with the creation of the WGO.

The Bolivian Society of Gastroenterology celebrates WDHD 2014.

The campaign emphasizes each year on a specific digestive disorder with the aim of increasing the knowledge of it among the general public and promoting its prevention and treatment. The theme of 2014 was dedicated to "Intestinal Microbes: its importance in health and disease."

This time, the Bolivian Society of Gastroenterology supported the Medical College of Cochabamba and in collaboration with the Japanese Gastroenterological Cochabamba Bolivian Institute, The National Health and Medical Faculty of the UMSS, conducted an information campaign and service to the population, with the delivery of informative educational materials on intestinal microbes, their importance in health and disease. In addition, people who attended the event had the opportunity to undergo a series of free trials as coproparasitological, serological tests for Helicobacter pylori and abdominal ultrasound.

The Bolivian Society of Gastroenterology and Cochabamba have joined these global campaigns of World Digestive Health Day since 2013, with the main objective to promote digestive health in our population, transmitting knowledge about the prevention, diagnosis and treatment of prevalent diseases.

As explained by Dr. Ingrid A. Solis Guerra, President of the Bolivian Society of Gastroenterology, "one of the most important steps to improve the health of our population, education and health promotion, and it is through these campaigns, we intend to gradually introduce an educational culture from our specialists to the community. It is our intention as a society of gastroenterology to continue to participate in this and other initiatives for the benefit of our population."

During the 2013 Liver Cancer theme, with the motto "Act Now, Save your life tomorrow," the Society conducted an informational campaign on the prevention of Liver Cancer, distributing educational leaflets and holding exhibitions in the Main Plaza on 14 September in Cochabamba.

PAKISTAN

The Pakistan Society of Gastroenterology and GI Endoscopy celebrated WDHD on 29th May 2014 in the LRH with a lecture, followed by walk. All doctors, paramedic, nurses and administration people attended the program.

In Mardan, a huge gathering of participants including media, administration, all professional staff, doctors, paramedics and the vice principal from Bacha Khan Medical College and MMC participated in a thorough explanatory lecture on GUT MICROBES which was delivered by Associate Prof. Dr. Bakht Biland VP, PSG, KPK, followed by open discussion with Prof. Dr. Aamir Ghafoor, President of PSG.

Participants listen to a lecture on the WDHD 2014 topic, in Pakistan.

On 30th May the same lecture was delivered by Dr. Bakht Biland at Mercy Teaching Hospital. Participants included all senior staff, doctors, house officers, TMOs and nurses.

Recently an article on genotype in the Mardan district by Dr. Bakht Biland was published in the national journal.

The copies of all event are displayed on Facebook and on our website, www.psgpeshawar.com

VENEZUELA

Numerous WDHD activities to promote digestive health along with the WGO took place at the University of Zulia, where the Zulian Chapter of Gastroenterology and the Venezuelan Society of Gastroenterology are based. Numerous times since 2006, particularly with and through the Venezuelan Society of Gastroenterology, WDHD and other events have taken place along with the WGO. This year the Society organized two meetings within high-need communities of their region to carry information on the Intestinal Microbiota. Additionally, they also held events along with the Chapter Zulian Days of Gastroenterology on July 11 and on July 25: The postgraduate session of gastroenterology and hepatology, and a session on the Role of Intestinal Microbiota and Prevention of Hepatocarcinoma.

British Society of Gastroenterology/Joint Advisory Group/World Gastroenterology Organisation International Training Colonoscopy Trainers (ITCT)

WOLVERHAMPTON 11-13 JUNE 2014 - A JOINT VENTURE TO SHARE BEST PRACTICE IN ENDOSCOPY TRAINING

Damon Bizos, MD

Professor
University of the Witwatersrand, Johannesburg
Johannesburg, South Africa

Colonoscopy remains a challenging procedure despite improvements in equipment. Effective training of trainee gastroenterologists has been the focus of many GI societies and regulatory bodies. Upskilling of existing endoscopists is more complex especially when the endoscopists involved are independent practitioners. Increasing numbers of screening colonoscopies are being performed as this has been shown to be effective in decreasing Colorectal Cancer rates in countries with a high prevalence of CRC. There is increasing attention on outcomes and quality of colonoscopy.

The technique of colonoscopy is not standardised with strategies for reaching caecum varying from country to country as well as within individual endoscopy centers. Effective and efficient teaching of colonoscopy also varies considerably. The NHS in the United Kingdom has the advantage of a single health service responsible for the majority of colonoscopies performed. The UK Joint Advisory Group on Endoscopy (JAG) has established numerous training centres across the UK which all employ similar techniques in upskilling existing colonoscopists as well as ensuring quality training for their trainees.

The WGO currently has 21 Training centers which offer different forms of training in diverse aspects of gastroenterology.

The BSG funds numerous projects worldwide, funding for which are applied for on an annual basis. One of the projects that has been effective has been the establishment of Training Centers in Malawi. Using JAG accredited Training the Colonoscopy Trainers (TCT) and Nurse training courses, the local GI practitioners and nurses in Malawi are improving standards continually with Malawians now running training courses as faculty. Discussions are underway to possibly recognise the BSG affiliated Malawian training centers (Hub and Spoke) as a WGO accredited Training center.

I visited the Malawi hub in Blantyre during a week of training of both GI doctors and nurses in March 2014. The ability of the BSG funded trainers to use the techniques that the NHS uses to ensure quality and teach and train in a standardised fashion was a stimulus to see if this could be replicated in WGO accredited training centres worldwide.

After discussions between the BSG, JAG and the WGO (including the TTT committee, Training Centers Committee and Endoscopy Interest Group) an ICTC was planned for Wolverhampton. It was envisaged that trainers from the WGO accredited International Training Centre would be invited to attend. Participants had to fund their own travel and accommodation. The course was offered free of charge with generous assistance from the BSG and industry partners.

Participants from 10 of the WGO training centers as well as Drs. Mark Topazian and Lars Abakken, the co-chairs of the WGO Endoscopy Interest Group attended the workshop.

Drs. Andrew Veitch and Brian McKaig from the Royal Wolverhampton NHS trust managed to assemble a great team of endoscopy trainers from around the UK. Jacky Burton, the course administrator is commended for ensuring a seamless course, wonderful dinners and accommodation. The commitment of all faculty members was appreciated by all the participants.

Mr. John Stebbing, the current Chair of the Joint Advisory Group (JAG) on gastrointestinal endoscopy in the UK, helped give the participants perspective on the functioning of the JAG in developing enduring standards in the UK.

THE THREE DAY COURSE CONSISTED OF:

Day 1

Teaching and discussion in the learning center and hands on teaching sessions in the skills laboratory on Koken simulators. There was an emphasis on ensuring that all trainers realized that in order to train they had to achieve conscious competence and break down procedures into small steps that could be easily articulated. Effective objective setting and feedback were areas that were concentrated on. In setting objectives it was emphasized that specific objectives had to be identified for a particular trainee for them to be effective. Pre-procedural discussions should focus on what the trainee feels they need to achieve which is an interesting and effective way of personalizing the objectives.

The Pendelton method of feedback was discussed. One of the issues identified with the Pendelton method is that it can become formulaic. The concept of performance enhancing feedback (PEF) was introduced. After doing a Pendelton-type feedback session, specific areas of improvement (one or two) are set for future training sessions. Ensuring that the trainee understands the PEF is ensured by asking them to repeat them in their own words.

The JAG DOPS (Direct Observation of Procedural Skills) forms are completed in such a way that the next trainer can easily see what mutually agreed PEF was given at the end of the previous training session and can be used for setting specific personalized objectives before starting the next session.

These discussions were led by UK Faculty members who seldom used any PowerPoint presentations. PowerPoint presentations were extensively used in earlier versions of the course but this has changed to use of a flipchart when necessary.

After discussion, the list of common terms and language used in endoscopy training were identified. Ensuring standardization of these training terms allows for standardization of the instruction from trainer to trainer and institution to institution in the UK. The Use of Set, Dialogue, Closure for all teaching episodes was emphasized

Each participant had been asked to prepare the following teaching scenarios:

- Lead a 5 minute “one to one” teaching session on ‘scope handling’
- Lead a 5 minute “one to one” teaching session on ‘torque steering’
- Lead a 5 minute “one to one” teaching session on ‘loop resolution’
- Lead a 5 minute “one to one” teaching session on ‘use of a snare’

These were then practiced in the skills lab with participants acting as trainers and critiquers. The use of the standardized terms and language was emphasized.

Day 2

The second day comprised of the participants acting as trainers of two nurse endoscopists who were performing supervised colonoscopies on patients as part of their training in separate endoscopy rooms at a well-equipped and laid out ambulatory endoscopy center. Both nurse trainee endoscopists had done over 150 colonoscopies and were well trained in the JAG approved method of colonoscopy (torque steering, minimal sedation, frequent position change when required and minimal application of external pressure). All the procedures were aided by the Olympus scope guide which ensured early identification and resolution of loops. A limit of 30 minutes was given after which a designated UK faculty member would complete the colonoscopy if it had not been completed by then. The international TCT participant instructed the trainee verbally using methods learned the previous day. Prior to the procedure the” trainer” and the nurse endoscopist discussed the case and set specific learning objectives for the case. This was done by asking the nurse trainee what areas they felt they needed to develop in or were uncomfortable in. “Ground rules” such as the “stop” command were discussed and agreed to before the case commenced. The “trainer” was not allowed to touch the patient or the endoscope. Another international participant acted as an evaluator to offer feedback to the trainer. A local UK faculty was close at hand to ensure safety and to abort the training session if deemed necessary.

At the end of the training session the trainer and trainee had a feedback session culminating in the setting of specific PEF.

The remainder of the participants were watching procedures as well as feedback sessions via a videoconferencing system. All participants acted as trainer or evaluator and the trainers were subjected to a PEF of their own by the evaluator or UK faculty member.

The international participants soon realized that we were not consciously competent in the UK method of colonoscopy and that although most had good prior knowledge of Pendleton’s rules, the use of PEF was something that needed practice.

Day 3

The third and final day was dedicated to teaching therapeutic endoscopy. A staff grade gastroenterologist underwent an EMR course that was transmitted via video link to the learning center. Once again pre-procedural

objective setting, instruction using competent competence breakdown and PEF were emphasized. Characterization of polyps using NBI and delineating the extent of polyps using chromo endoscopy was standard for all polyps. The standard use of EMR by lifting with a solution of Indigo Carmine Blue, Gelofusin and dilute adrenaline for almost all polyps.

The TCT participants then rotated through a lower GI polypectomy training station and an Upper GI therapy model station. These were performed using WIMAT models (developed in Wales) animal tissue models. These had good face validity and allowed realistic therapy sessions to take place.

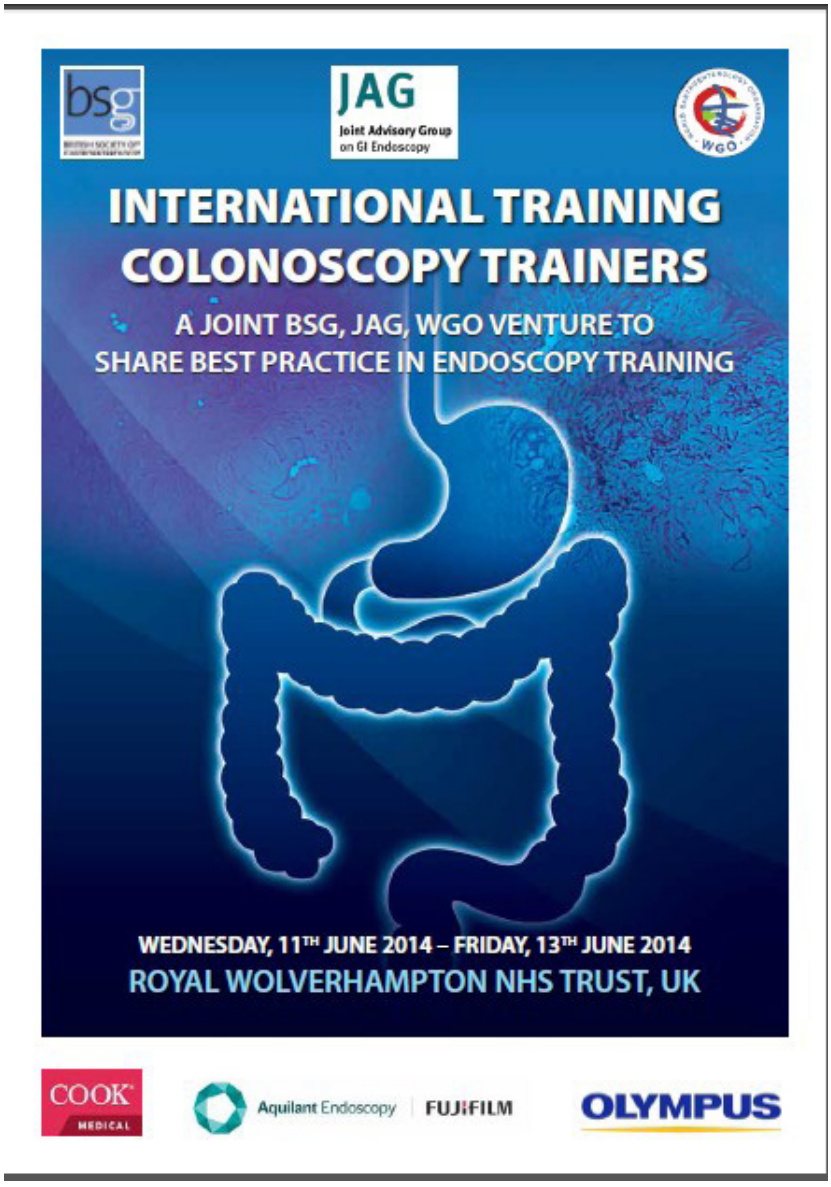
The use of various JAG developed assessment tools eg DOPS as well the computerised system developed by JAG (JETS) for trainees to document and track their training was explained and reinforced during the course.

My overall impression was that the international participants found the course to be of great value for their personal practice in colonoscopy and that they all had to practice to become consciously competent in the method of colonoscopy taught in the UK. Most felt that would appreciate an Upskilling in Colonoscopy course for themselves and their training center. Most felt that adapting the UK in their country/center may be difficult due to entrenched standards of practice such as deep conscious sedation given by anaesthetists that precluded position change during colonoscopy especially in heavy patients.

Individual participants were asked to consider introducing various aspects of the course in their daily practice.

Further discussions were held with Andrew Veitch and John Stebbing regarding future collaboration between the BSG, WGO and JAG. There was enthusiastic cooperation, and it was agreed that further collaboration was desirable.

The NHS/JAG/BSG comprehensive plan for ensuring quality in colonoscopy has resulted in a world class system of training and performance in colonoscopy that has been introduced to countries such as Canada and Australia. It is envisaged that by partnering with the BSG and JAG, the WGO will be able to encourage its accredited training centers to adopt the best practice that was on show in Wolverhampton.



International Training Colonoscopy Trainers, Wolverhampton, UK, June, 2014

Andrew Veitch, MD, FRCP

Consultant Gastroenterologist
Clinical Director of Endoscopy and Bowel Cancer Screening,
New Cross Hospital, Wolverhampton, UK
Endoscopy Vice President, British Society of Gastroenterology

Over the past 18 months, the British Society of Gastroenterology (BSG) and World Gastroenterology Organisation (WGO) have been working together to support and develop endoscopy training internationally. One aspect of this has been to jointly support an endoscopy training center in Malawi, which will soon become one of the WGO training centers. Another important aspect has been to explore improved methods of endoscopy training using aspects of the methodology of the UK Joint Advisory Group on Endoscopy (JAG), which have transformed endoscopy practice in the UK. To take this forward, we held a Training Colonoscopy Trainers course in the UK at the West Midlands Endoscopy Training Center, Wolverhampton, for WGO training center representatives. Twenty-one WGO delegates from 12 countries attended, including Damon Bizos, WGO TTT Committee chair, and Mark Topazian and Lars Aabakkan, co-chairs of WGO Endoscopy Interest Group, together with a number of WGO training center directors. The UK faculty included myself, six UK training center directors and John Stebbing, the chairman of JAG.

Background

Endoscopy training in the UK has developed over the past 10 to 15 years to provide a uniform, high quality, validated and accredited system throughout the country. In particular, colonoscopy training became a national government priority in order to deliver a national bowel cancer screening program based on faecal occult blood testing and colonoscopy. A colonoscopy audit of 9,000 colonoscopies in 68 units conducted in 1999[1], revealed a reported caecal intubation rate of 76.9% and perforation rate of 1:769. This was clearly unsatisfactory for a number of reasons, and it was clear that we were not in a position to deliver a national bowel cancer screening program at that time. With government investment, and a network of national and regional training centers established, standards improved to a level where bowel cancer screening commenced in 2006. A national audit of 20,000 colonoscopies from 300 units in 2011[2], demonstrated a caecal intubation rate of 95.8% and perforation rate of 1:2510.

Endoscopy training is overseen by JAG, which also has developed a key role in quality assurance of endoscopy units and services. JAG was founded in 1994 and includes representatives from the BSG, upper GI surgeons, colorectal surgeons, Royal College of Nursing and radiologists. There were originally three national training centers and seven regional centers, but the total has expanded to 23. Mandatory basic skills courses are run in gastroscopy and colonoscopy, but other courses include ERCP, therapeutic endoscopy, advanced polypectomy and colonoscopy up-skilling courses. There is also the Training Colonoscopy Trainers course which was adapted for the WGO in the recent course in Wolverhampton. Most courses are hands-on with patients, but therapeutic courses are supported with synthetic or animal tissue models. Training in day-to-day practice, as well as in courses, is supported by the JAG Endoscopy Training System (JETS), a sophisticated web-based training resource which allows recording of all procedures performed by trainees, with assessment, feedback and summative outcomes.

Attendees at the International Training Colonoscopy Trainers, Wolverhampton, UK.

International TCT Wolverhampton

The standard TCT involves six delegates over two days with theory, model training and then supervised, critiqued, training of trainees performing colonoscopy on patients. The course is lively, very interactive, challenging, but enjoyable. Delegates gain a structured, insightful approach to training based on validated educational training methods, and a simple approach to colonoscopy training which emphasizes techniques including loop resolution and maximal mucosal visualization. For the WGO course, we held an expanded TCT over the first two days, and then a taster session of various courses including therapeutic model training and hands-on EMR training. Two video-linked endoscopy rooms were utilized, and model training on synthetic and animal tissue models was undertaken in our skills lab.

The WGO course was lively and enjoyable, and both the delegates and faculty learned from each other. Some of the aspects of communication skills and trainee feedback were challenging, but very informative for all concerned. The atmosphere during the course was very positive and often lighthearted. Especially after a couple of enjoyable social evenings, friendships were made and this only served to enhance the learning experience. It was appreciated that the current UK TCT is quite complex to teach, but that there were important fundamental aspects that could be adapted for use in a variety of training environments internationally.

Looking forward

The BSG, JAG, and WGO remain keen to work together internationally to develop endoscopy training. JAG and WGO have valuable educational resources that can be shared and JAG's web-based training tools could be adapted for low-resource settings. We are currently looking at a program of work to incorporate aspects of UK endoscopy training methodology into the WGO training centers, and will be supporting this internationally with UK faculty. We are all excited by this prospect and look forward to a long and productive partnership.

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1. Bowles CJ, Leicester R, Romaya C et al. A prospective study of colonoscopy in the UK today: are we adequately prepared for national colorectal cancer screening tomorrow? Gut 2004;53:277-83
2. Gavin DR, Valori RM, Anderson J et al. The national colonoscopy audit: a nationwide assessment of the quality and safety of colonoscopy in the UK. Gut 2013;62:242-49

Websites

West Midlands Endoscopy Training Centre https://www.jets.nhs.uk/Centre/Default.aspx?SiteId=10

Joint Advisory Group on GI Endoscopy http://www.thejag.org.uk/Home.aspx#

JAG Endoscopy Training System, JETS http://www.jets.nhs.uk/

Annual International Gastroenterology Meeting in Pakistan

Aamir Ghafoor Khan, MD

MSc(G) DGM RCP&S(G) FRCP(Lond) FRCP(G)
FRCP(Ed) FRCPI(Ire) FEBG(Eu) FRSM(UK)
FACP(USA) FACG(USA) AGAF(USA)
President Pakistan Gastroenterology & Endoscopy Society

Celebrating the collaboration between the Pakistan Society of Gastroenterology and GI Endoscopy and the Pakistan Society of Hepatology.

The Annual International Gastroenterology (AIG) meeting was held from April 14 – 18, 2014. This meeting had a special significance as it was the first time that the Pakistan Society of Gastroenterology and Gastrointestinal Endoscopy (PSGE) held a joint meeting with another sister organization, in this case the Pakistan Society of Hepatology (PSH). For those of you who were not able to attend, let me highlight some salient features of the meeting. The host was the Balochistan Chapter under the Chairmanship of Dr. Sherbat Khan and Prof. Altaf Alam (organization committee from the PSH side). Col. Farrukh Saeed acted as Secretary for the Joint Congress.

The program began with a two-day Endoscopy workshop held at Holy Family Hospital, hosted by both Professor's Umar and Khaar. On the first day, a hands-on training workshop was held for trainee fellows. It was very well attended, and both local and international faculty imparted training to the trainees. The foreign faculty included delegates from the UK, USA, China, India, Bahrain, Saudi Arabia, and Sri Lanka.

The next day, an Advanced Endoscopy workshop was held in which all international faculty performed advanced endoscopic procedures. For the first time in Pakistan and regionally, a POEM procedure was performed for achalasia by Prof's Fan Zhining (China), S. Iqbal (USA), I. Sauid (UK), and myself. The procedure was a total success, and I am pleased to report that the patient has recovered well and is now eating without any symptoms of dysphasia.

The meeting then moved out to PC Bhurban - Murree, where the core meeting was held. The scientific program was very well thought out, and all the Gastroenterology and Hepatology topics including recent advances were covered. On the inaugural night, Prof. Zafarullah Chaudary, President, College of Physicians and Surgeons Pakistan (CPSP), was the chief guest.

The next day at the Gala dinner, the Governor of Balochistan was the chief guest as well as his younger brother, Dr. Hamid Achakzai, who is a qualified specialist and currently a Minister in the government of Balochistan. After the function, a musical evening was held which was enjoyed by everyone and continued until late into the night.

One major highlight was that 11 research papers were selected for oral presentation by trainee fellows and all of them were awarded shields and cash prizes as an encouragement.

The last session was closed by mid-day with the Minister of Health, Khyber Pakhtunkhwa (KPK), Mr. Shaukat Yousafzai as chief guest at the concluding session.

The next Annual Congress will be KPK's turn and is scheduled to be held from April 2 – 5, 2015 at Serena Hotel Islamabad (www.psgpeshawar.com). The meeting is going to be held jointly for the first time in our region with the Asia Pacific Association of Gastroenterology (APAGE) with IBD as the single topic theme.

I invite you all to join us at the next Pakistan GI society meeting in Islamabad.

Professor Khan gives a talk during the Annual International Gastroenterology (AIG) meeting.

WHO's Initiative May Change Global Viral Hepatitis Prevalence Drastically

Cihan Yurdaydin, MD

Chief of the Hepatology Institute, The University of Ankara
Professor of Gastroenterology, Gastroenterology Department
University of Ankara Medical School
Ankara, Turkey
Secretary General, WGO

The World Health Organization (WHO) Global Partners Meeting took place on March 27 and 28, 2014, in Geneva, Switzerland with 120 registered participants. Both the number of participants and the global distribution of organizations they represent or they work for, was impressive and probably a reflection of WHO's determination for eradication of viral hepatitis.

The meeting was important and may be considered even historic as it highlighted a change in the appraisal of viral hepatitis by WHO. It appears that the breakthrough came in 2010, at which time the World Health Assembly adopted resolution WHA63.18 which acknowledged viral hepatitis as a global public health problem. WHO then established the Global Hepatitis Program (GHP) with the vision to stop viral hepatitis transmission, and to provide access to safe and effective care and treatment for ALL IN NEED. GHP covers all five hepatotropic viruses although special attention is paid to hepatitis B virus (HBV) and to hepatitis C virus infection in terms of their greatest public health significance.

Recent promising developments in hepatitis treatment and prevention reminiscent to the many innovations witnessed with HIV some 15 years ago, have triggered a rethinking of how hepatitis is framed within WHO. As a consequence, the secretariat of the GHP has been strategically moved from the Pandemic and Epidemic Department to the cluster responsible for HIV, tuberculosis, malaria and neglected tropical diseases. This will enable the GHP, it is considered, to interact more closely with other communicable disease programs, especially with regard to the experience of the HIV department in scaling up access to treatment.

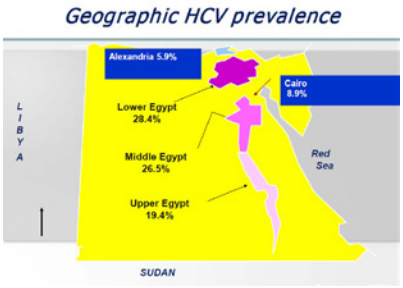


Figure 1: HCV Prevalence Rates in Egypt.

Besides these strategic developments within WHO, the stars of the meeting were the Egyptians, who are running a very successful hepatitis C treatment program financially covered by their government and through unbelievable price negotiations with pharma. Information on the program was given by Dr. Wahid Doss from the National Hepatology and Tropical Medicine Research Institute of the Ministry of Health in Egypt. They worked with Roche and Merck for Pegylated Interferon+Ribavirin, and now they are negotiating with Gilead for sofosbuvir aiming 100% SVR in those treated. They are treating 45,000 to 50,000 chronic hepatitis C cases, annually, although Dr. Doss underlined that in Egypt more than 100,000 new cases still are encountered yearly. Another aim of the Egyptians is to create a huge database, the National Network for Treatment Centers with more than 300,000 patients. Dr. Doss mentioned that besides Gilead, price negotiations with AbbVie are also proceeding. Their ambitious aim is to treat 250,000 to 300,000 annually in the next 10 years, with more than 90% of governmental funding, and to decrease HCV prevalence in the country from its current prevalence of around 14% (see Figure 1) to less than 2% in 10 years. Their efforts need to be congratulated. The achievements they have reached so far, despite the bleak economic situation of the country and the political turmoil they are going through, is impressive.

Similar initiatives are needed in other areas of the world where viral hepatitis treatment is not affordable such as sub-Saharan Africa. There is great hope that WHO can and will make a difference, and that we will witness a change in paradigm towards eradication of viral hepatitis globally.

X International Course on Advances in Gastroenterology and Digestive Endoscopy

Guido Villa-Gomez Roig, MD

Director, La Paz WGO Training Center
Instituto de Gastroenterología Boliviano-Japonés
La Paz, Bolivia

The X International Course on Advances in Gastroenterology and Digestive Endoscopy took place in La Paz from April 2 – 6, 2014, as part of the training and academic activities of the La Paz WGO Training Center in compliance with the commitments undertaken by the Bolivian-Japanese Institute of Gastroenterology (IGBJ) -Training Center- with the World Gastroenterology Organisation (WGO), and the Latin-American medical community. As in previous years, the goal was to serve as a channel to put young specialists of the region in touch with the latest advances in the specialty, through an interactive experience with world-class experts and professors.

This edition was intended to commemorate the 35th anniversary of the IGBJ.

OBJECTIVES

A) Main Objective: To promote the highest standards for the development of Gastroenterology and Digestive Endoscopy in Latin-American countries in accordance to the principles of the WGO.

B) Specific Objectives:

i. To upgrade, deepen and/or acquire knowledge about the specialty, based on programs fundamentally directed to young specialists.
ii. To develop a curriculum for training in Gastroenterology and Digestive Endoscopy, appropriate to the local and regional necessities of medical care.
iii. To promote guidelines for a better practice in Gastroenterology and Digestive Endoscopy.
iv. To stimulate a positive atmosphere to promote appropriate relationship among trainees, national and foreign experts.

COLABORATING INSTITUTIONS AND ASSOCIATIONS

- WGO
- IGBJ
- Bolivian Society of Gastroenterology
- Canadian Association of Gastroenterology
- Departmental Health Service
- Copacabana Hospital
- Japan International Cooperation Agency - JICA (which donated an Olympus Endoscopy Tower -EXCERA 190-to the IGBJ for training program and social purposes)

PROGRAM

Based on the aforementioned objectives, the program took place with the collaboration of 12 national Professors and international guest Professors: Julio Bai, Néstor Chopita, and Edgardo Smecuol (Argentina); Nelson Miyajima (Brazil); Robert Enns (Canada); Silvia Castillo and Claudio Navarrete (Chile); Luis Carlos Sabbagh and Carlos Donneys (Colombia); Gregory Ginsberg and Ricardo Morgenstern (USA); and Naohisa Yoshida (Japan).

Two hundred fifty participants registered for the program and 33 scholarships were granted to young specialists from Argentina (8), Bolivia (8), Brazil (1), Colombia (2), Ecuador (3), Panamá (2), Paraguay (2), Peru (4), Uruguay (2), and Venezuela (1). The scholars benefited from free registration, free accommodation and direct participation in each academic activity and social activities included in the program.

The first day was entirely dedicated to the Celiac Disease and the second and third days were dedicated to updates of topics of Gastroenterology and Digestive Endoscopy as well as to the performance of high complexity live cases of Therapeutic Endoscopy.

HEALTH OUTREACH PROGRAM TO THE COMMUNITY

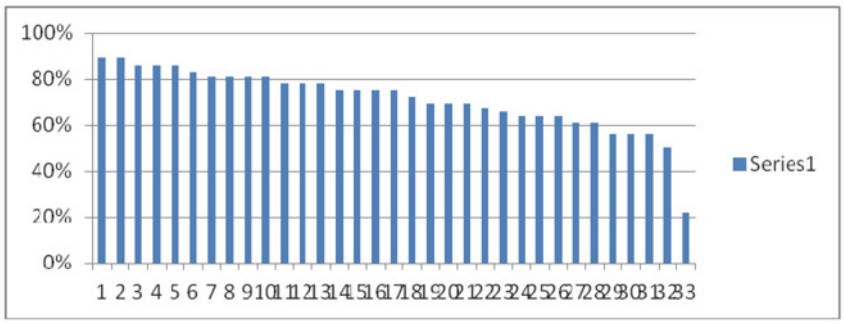
As in previous years, on the last two days of the program, a group of 70 persons composed of teachers, scholars and employees of the IGBJ traveled to the town of Copacabana, on the shore of the Titicaca Lake, to assist local patients with digestive diseases in the local community hospital.

Total consultations:
189 patients
Echography: 78 patients
Endoscopy: 65 patients
Surgery: 4 patients

Breakdown of consultations and procedures performed.

PERFORMANCE EVALUATION

Evaluation of knowledge learned by trainees with scholarship: 33 trainees



The highest grade was 89/100, the lowest 22/100. Average of 71/100.

TRIBUTE

In a special ceremony, the La Paz WGO Training Center paid tribute to the work of many years of Professor Claudio Navarrete in the Training Center of Santiago de Chile, who has contributed significantly to a better development of the specialty in America.

Spanish Digestive Diseases Week (SED)

Fernando Carballo Alvarez, MD

President of the Spanish Society of Digestive Pathology (SEPD)
Director of the Department of Gastroenterology of the University Hospital Virgen de la Arrixaca
Murcia, Spain

The Spanish Digestive Diseases Week (SED) is the largest congress in Spanish aimed at digestive specialists and it is organized by the Spanish Society of Digestive Pathology (SEPD).

The latest course (SED 2014) held in Valencia, Spain, from 14 to 16 June, brought together more than 950 experts. It is a unique scientific and educational event in the field of gastroenterology that aims to improve clinical practice and provide digestive specialists the opportunity to participate in training courses and share clinical experiences and research. SEPD developed a complete scientific program for the SED to promote continuing medical education.

Of all the topics presented at the Spanish Digestive Diseases Week, we highlight:

- **Pancreatoscopy**, a pioneering technique that will facilitate early diagnosis of pancreatic cancer
- New therapeutic options for **inflammatory bowel disease**
- New treatments for **irritable bowel syndrome**

PANCREATOSCOPY is a novel medical procedure that allows endoscopy inside the pancreas by using extremely thin tubes, barely 3mm in diameter, with a lamp and an optical device. Experts consider that the primary benefit of this technique, currently under development, will be the detection of pancreatic lesions in a premalignant stage, which will improve both diagnosis and treatment. Pancreatoscopy is a pioneering technique that only a few centers in Spain can offer to patients; however, awareness by gastroenterology professionals is important because of its high diagnostic yield regarding lesions otherwise difficult to recognize. Pancreatoscopy is particularly effective in the detection of small tumors or of tumors usually missed by other procedures or scans. SEPD *(Sociedad Española de Patología Digestiva)* experts believe this technique will become a routine test for pancreatic conditions within a few years.

IRRITABLE BOWEL SYNDROME (IBS) is a chronic functional disorder that presents with abdominal pain or discomfort, and alters bowel habit either by diarrhea, constipation or an altering of diarrhea and constipation. This can be a chronic condition. SEPD experts estimate that 10% of the population has IBS, of whom 40-50% seek medical help. Thus this condition is of paramount importance, as it may account for approximately 30% of outpatient visits. Symptoms differ from one person to the next, and range from mild to severe. There may also be a psychosocial component.

As the cause of this disorder remains unknown, management is aimed at relieving symptoms with the appropriate drug or regimen. New therapies may become available soon to control the various symptoms associated with irritable bowel syndrome-related constipation. Novel therapies are also expected for the other symptoms in the future term.

Dr. Grace Su lectures during SED 2014.

INFLAMMATORY BOWEL DISEASE is a chronic disease usually diagnosed in younger people (15 to 30 years of age) with significant impact on quality of life. Around 10% of patients with inflammatory bowel disease do not respond to current biologic therapies, and 30% lose their response within the first year. Novel biologic therapies for severe inflammatory bowel disease maybe more effective, and allow patients to recover their quality of life to a large extent by minimizing symptoms and reducing hospitalizations. These drugs may even reduce the number of patients ultimately requiring surgery.

All the information about the Spanish Society of Digestive Pathology (SEPD) and the Spanish Digestive Diseases Week (SED) can be found on www.sepd.es.

A lecture takes place during the annual meeting of the Spanish Society of Digestive Pathology.

Australian and New Zealand Gastroenterology International Training Association

Finlay Macrae, MD

Head, Colorectal Medicine and Genetics
Royal Melbourne Hospital
Victoria, Australia

The GeFiTT (Gastroenterology Fiji Training Team) is incorporating as Australian and New Zealand Gastroenterology International Training (ANZGITA). New Zealand is represented due to the enthusiastic engagement by Tony Smith in 2013 and Dinash Lal. ANZGIT welcomes engagement by New Zealand gastroenterologists and surgeons, and GE Nurses. We make it easy for you to take part in an exciting experience. Tony Smith in Hamilton has accepted a position on the Board of ANZGITA and will be happy to answer queries – or any of us listed at the end of this ANZGIT News item. We welcome members. A modest membership fee is being proposed.

Suva

Pictured are our team members Chris Hair and Terry Gavaghan, who were team members this year at the Colonial War Memorial Hospital (CWMH) and School of Medicine Nursing and Health Sciences at the WGO Training Centre at CWMH and Fiji National University in Suva. They are with our colleagues from the University, Joji Malani and Mai Ling Perman. It was Terry's first term; Chris is a veteran of many teaching visits to Fiji and to the Solomons - all intertwined with his busy practice in Geelong. Other team members in August were Paul Urquhart, Peter Wilson and Chris Ashton are the team members in the two weeks. Nurses Jacky Burgess (Perth), Cathy Conway (a veteran too!) and Felicia Gomez (Adelaide) were the nursing team this year (oh so valuable!). Another very successful month of teaching for the team in Suva.

The medical staff group.

The teaching group week 1 and 2. Chris Hair receives a nice gift of recognition of service to Fiji: a cannibal fork.

Curriculum

Peter Katelaris is focusing on updating the curriculum in gastroenterology in association with Jioji Malani. The American College of Gastroenterology (ACG) Universal Curriculum, donated by the ACG through the WGO, was assessed for its suitability for our teams in Fiji by Chris Hair while he was in Suva.

The view from the wings during endoscopy training, with teacher Terry Gavaghan presenting.

(Left to Right) Prof. Thein Myint, Prof. Finlay Macrae and Assoc. Prof. Moe Myint at Yangon General Hospital.

Myanmar

Prof. Thein Myint, in Yangon, is moving to formalize the center at the Yangon General Hospital as the latest WGO Training Center, in cooperation with our team. This requires an application to the WGO Training Center Committee, documenting capabilities and support available for such a designated center. Our next teaching is scheduled for February 2015.

Solomon Islands

Eileen Natuzzi, our US colleague joined us for a couple of days in August (10-12) in Brisbane after her visit to

(Left to Right) WGO trainers with postgraduate doctors. Peter Kateralis, Tony Clarke and Thein Htut.

Gastroenterology nurses of Yangon General Hospital with Australian Nurse Unit Manager, Ms. Dianne Jones (far right).

Solomons. We discussed the complementarity of our teaching activities. We noted the ASGE Ambassador Program is diverting their attention elsewhere, leaving more of a role for our team to assist Eileen. We have a core group very keen to assist: Di Jones, Mark Norrie and Chris Hair.

Training opportunities outside the region

We were very pleased to support Mai Ling Perman's (from FNU and CWMH) enrollment in the WGO Train the Trainers program at Wolverhampton in June. She also attended the BSG meeting. This was funded principally by the Directors of the (old) GeFiTT.

Dr. Aminiasi Rokocakau (Amini for short) will be spending about two months for intensive endoscopy training between Geelong, Melbourne and Canberra from October 6th. Amini is a "natural" at endoscopy and we hope to bring his skill level up to support the well established expertise of Mai Ling now. I am sure he will get a warm reception in Australia.

Dr. Swe Mon Mya from Yangon has applied for a fellowship at Kyushu University Hospital, through the WGO and Prof. Shuji Shimizu. We hope she is accepted.

Telemedicine

Plans to develop broad band links for teaching and consultative purposes between Royal Brisbane and Women's Hospital, the Brisbane Convention Centre and The Royal Melbourne Hospital/University of Melbourne and other WGO Training Centers including Suva, are advancing, supported by Prof. Shimuzu. After his visit on August 26th, Prof. Hebbard in Melbourne immediately arranged a live transmission of a registrars training session to Fiji that weekend to test the approach. It went well; we plan more sessions in association with Prof. Malani and Dr. Mai Perman. This also draws on our connections with the WGO.

Other regions under consideration

Engagement in other regions have been discussed. These include Cook Islands where Tony Smith is well engaged independently; Vanuatu (from whom we have had an invitation); East Timor (considered ready for our engagement by Glenn Guest who is a veteran visitor to East Timor); and a variety of regions in Myanmar/ Burma - first outside Yangon would be Mandalay.

Endoscope Accessories

We now have pipelines of transport to the South Pacific through Suva. Please keep an eye open for equipment and accessories that is redundant for home need, or nearing expiry. We are in discussions with Healthscope, owners of a number of facilities, and expect this will be a wonderful lead for this. May be readers know of other opportunities. A plan to invite colleagues travelling to Fiji for holidays with unused baggage allowance to take equipment to Nadi (or Suva) is being developed. Kerri Appleton from Cabrini will be the first to assist in this way.

Interested? Join us!

Our team is now over 50 people. We need more nurses and doctors, including endoscoping surgeons! From reading this, you will recognize many ways you can assist - at home or abroad. Let us know if you would like to attend the Meeting and Dinner on the Gold Coast on Tuesday October 21st.

Please contact us!

Finlay Macrae, finlay.macrae@mh.org.au
clarkes@webone.com.au
wadihtutt@gmail.com
Christopher Hair, drchrishair@geelonggastro.com.au
Anthony and Barbara Smith, abcder.smith@xtra.co.nz

Abridged from an article in the GESA Newsletter

Mark Norrie (purple shirt), John Baillie (yellow shirt), Elaine Natuzzi (5th from right), Dianne Jones (3rd from right) and endoscopy unit staff.

Mark Norrie in the endoscopy suite.

WGO Exhibits Around the Globe in 2014

Each year the World Gastroenterology Organisation (WGO) exhibits at major GI meetings around the world. This year WGO will have an exhibit booth at the American College of Gastroenterology (ACG) 2014 Annual Meeting in Philadelphia, Pennsylvania, the United European Gastroenterology (UEG) Week in Vienna, Austria, and Digestive Diseases Pan-American Week 2014 in Buenos Aires, Argentina.

Stop by the WGO booth to learn about the WGO and its Foundation, becoming a Member Society and the benefits of membership, the Train the Trainers program, WGO's 21 Training Centers around the world, the Training Center Partner Program, information on WGO Global Guidelines & Cascades, the Outreach Program, and the World Digestive Health Day (WDHD) campaign. Are you a WGO Member Society looking to pay your membership dues in person? Visit the WGO booth during ACG or UEGW to do so.

Where and When to Find WGO

- During Gastro Buenos Aires 2014 WGO will be in the Exhibition Hall during open hours throughout the meeting, 6-9 October 2014.
- During the ACG 2014 Annual Meeting WGO will be located at booth number 1135 on 19 October from 15:30-19:00 and 20 – 21 October from 10:00 – 16:30.
- During the 22nd UEGW, WGO will be located in Foyer D, booth number D9, 20 – 21 October from 09:00 – 17:00 and 22 October from 09:00 – 14:00.

We look forward to seeing you soon!

Vienna, home of UEGW 2014.

Historic Philadelphia will host ACG in 2014.

Educational Programs

Providing high quality educational opportunities for all levels of resources.

WGO's Newest Educational Offering is Now Available in Multiple Languages!

The French, German, Italian and Spanish versions of WGO's newest educational program are ready for viewing!

Irritable Bowel Syndrome (IBS): What is it, what causes it and can I do anything about it?

A Web-Based Educational Program for the General Public

This webcast, which was developed from the World Digestive Health Day 2012 Campaign "*From Heartburn to Constipation - Common GI Symptoms in the Community: Impact and Interpretation*", will target those common symptoms most associated with irritable bowel syndrome (IBS) and will focus, in particular, on an approach to educate the general public on issues related to this condition. It is led by Professors Eamonn Quigley, USA, WGO Foundation Chair, Richard Hunt, UK, WGO Foundation Vice Chair, Pali Hungin, UK, and Anton Emmanuel, UK.

The webcast is available as a full program, as well as individual segments, so that you may choose which topics you would like to view. Segment 1 focuses on "What is IBS?" and "How to communicate symptoms to help the doctor make the right diagnosis." Here the focus is on the various symptoms that may be experienced by the IBS sufferer and the various definitions of IBS used in clinical practice and in research are reviewed. Strategies that facilitate the best interaction between the sufferer and their doctor are discussed. In Segment 2 you will learn about "Progress in IBS" and "Could it be something else?" The various factors that might contribute to the development of symptoms are reviewed and the panel addresses what is often a major concern for the sufferer and their doctor: the fear of missing other diagnoses. Segment 3 will look at "What can I do to deal with my symptoms?" and "How about diet and dietary supplements?" The role of diet in IBS is a "hot" topic at present and the various ways that constituents of the diet might relate to symptoms are evaluated. And finally in Segment 4 "Managing IBS" and "Living with IBS" is discussed. Here there is good news for IBS sufferers both in terms of new, effective treatments and ongoing research for new approaches to managing IBS.

We hope that you will share this information with your colleagues, patients, followers on social media, and anyone else who might benefit from this important information. We thank you for your support of this program!

Click Here to Begin Viewing the Webcast!

This webcast was created thanks to an unrestricted educational grant from Almirall

The Latest News in WGO Global Guidelines and Cascades

Looking forward to 2014...

WGO is pleased to announce that the Dysphagia Guideline has just been updated – **NOW WITH CASCADES** - and will soon be ready for release! Below is a glimpse into the new cascades:

Diagnostic Cascades

The following tables **3** and **4** provide alternative diagnostic options for limited, medium, and 'state of the art' resources situations:

Table 3 - CASCADE diagnostic options - oropharyngeal dysphagia

Limited resources	Medical history and general physical examination Timed water swallow test (complemented by food test)
Medium resources	Nasoendoscopy for structural problems Pharyngo-esophageal manometry
State of the art	Videofluoroscopy swallowing study Head and neck magnetic resonance Thoracic PET-CT scan High resolution-impedance manometry (AIM)

Table 4 - CASCADE diagnostic options - esophageal dysphagia

Limited resources	Medical history and general physical Barium esophagram (barium suspension and barium tablet test)
Medium resources	Fiberoptic esophagogastroscopy (with biopsies to diagnose eosinophilic esophagitis) Esophageal manometry
State of the art	High resolution esophageal manometry/impedance Radionuclide scintigraphy Thoraco-abdominal CT/PET Esophageal ultrasonography

Additionally, a new Guideline – GERD – is currently in its beginning stages of development! Also in 2014 is an update to the Hepatitis B Guideline. The Hepatitis B Guideline update is under the direction of Professors Jordan Feld, Canada, and Harry Janssen, Canada. We look forward to sharing both with you soon!

WGO Guidelines Now Available on the JCG Website!

The Journal of Clinical Gastroenterology (JCG), WGO's official Journal, has published WGO's three most recently created Guidelines!

The first, *Diagnosis, management and prevention of Hepatitis C*, available here and led by Professor Muhammed Umar, Pakistan, will be of interest to all health professionals in primary and secondary care involved in the management of people with hepatitis C infection in different countries of the world. It covers all stages of the disease management pathway: screening, testing, diagnosis, referral, treatment, care, and follow-up of children and adults with, or exposed to, hepatitis C (HCV) infection. **To download this new guideline**, click here!

The second guideline, *Coping with common GI symptoms in the community; a global perspective on heartburn, constipation, bloating, and abdominal pain/discomfort*, led by Professors Eamonn Quigley and Richard Hunt, is the first to take four key gastrointestinal (GI) symptoms as its starting-point: heartburn, abdominal pain/discomfort, bloating, and constipation. It is also unique in featuring four levels of care in a cascade approach: self-care and "over-the-counter" aids; the pharmacist's view; the perspective of the primary care doctor—where symptoms play a primary role in patient presentation; and the specialist. The aim is to provide another unique and globally useful guideline that helps in the management of common, troubling but not disabling GI complaints. Begin viewing the Guideline on the JCG website, or Download this new guideline, now!

Thirdly, the **Nonalcoholic Fatty Liver Disease and Nonalcoholic Steatohepatitis (NAFLD-NASH)** is now available for download in various languages including French, Spanish, Portuguese and Mandarin. The Guideline 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. To view the guideline on the JCG website, click here!

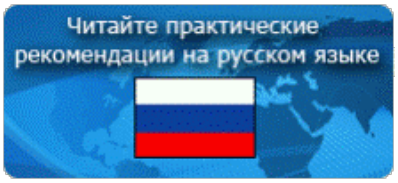
Watch future e-Alerts and issues of e-WGN as more languages of these new Guidelines become available!

GLOBAL GUIDELINES WGO AND CASCADES

A Resource Sensitive Solution

Global Guidelines & Cascades Homepage in Russian and Mandarin

Don't forget to view the Global Guidelines and Cascades homepage in Russian and Mandarin! You may view the Russian page by visiting http://www.worldgastroenterology.org/global-guidelines-ru.html or the Mandarin page here: http://www.worldgastroenterology.org/global-guidelines-mandarin.html



WGO Calendar of Events

WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

WGO Train the Trainers Workshop
When: April 13-16, 2015
Location: Taipei, Taiwan
Organizers: The Gastroenterological Society of Taiwan and World Gastroenterology Organisation
Email: ttt@worldgastroenterology.org
Website: http://www.worldgastroenterology.org/train-the-trainers-future-workshops.html

Gastro 2015 AGW-WGO International Congress
When: September 28-October 2, 2015
Location: Brisbane, Queensland, Australia
Organizers: Gastroenterological Society of Australia and World Gastroenterology Organisation
Website: www.gastro2015.com

Gastro 2016 EGHS-WGO International Congress
When: Dates to be announced
Location: Abu Dhabi, United Arab Emirates
Organizers: Emirates Gastroenterology & Hepatology Society and World Gastroenterology Organisation
Email: info@worldgastroenterology.org

Gastro 2017 ACG-WGO World Congress of Gastroenterology
When: October 13-18, 2017
Location: Orlando, Florida, USA
Organizers: American College of Gastroenterology and World Gastroenterology Organisation
Email: info@worldgastroenterology.org

CALENDAR OF EVENTS

OCTOBER 2014

Pan-American Week of GI Diseases (SPED)
When: October 6-9, 2014
Location: Hilton Buenos Aires
Address: Av. Macacha Guemes 351, Buenos Aires, Argentina
Organizers: Inter-American Gastroenterological Association (AIGE), Federación Argentina De Gastroenterología (FAGE), Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), Interamerican Society of Digestive Endoscopy (SIED), and The Argentina Federation of Digestive Endoscopy (FAAED)
Website: http://www.gastro2014.com/ingles/index.php

XX Russian Gastroenterological Week
When: October 6-8, 2014
Location: RANEPA
Address: Prospect Vernadskogo, 82 Moscow, 119571 Russia
Organizer: Russian Gastroenterological Association
Telephone: +7 926 528 86 48
Fax: +7 499 248 36 10
Email: gastro@orc.ru
Website: http://www.gastro.ru

Autumn Meeting Dutch Society of Gastroenterology
When: October 9-10, 2014
Location: Koningshof Veldhoven - NH Conference Center - Koningshof, Netherlands
Organizer: The Netherlands Society of Gastroenterology
Telephone: +023 - 551 3016
Fax: +023 - 551 3087
E-mail: secretariaat@mdl.nl

9th PanArab Congress of Gastroenterology
When: October 9-11, 2014
Location: Sheraton Tunis Hotel, Tunisia
Organizers: The PanArab Association of Gastroenterology, World Gastroenterology Organisation and World Endoscopy Organization

ACG 2014 Annual Scientific Meeting and Postgraduate Course
When: October 17-22, 2014
Location: Pennsylvania Convention Center
Address: 1101 Arch St, Philadelphia, Pennsylvania, USA
Organizer: American College of Gastroenterology (ACG)
Website: http://www.gi.org

United European Gastroenterology Week (UEGW)
When: October 18-22, 2014
Location: Vienna, Austria
Organizer: United European Gastroenterology (UEG)
Email: office@ueg.eu
Website: https://www.ueg.eu/week/

Australian Gastroenterology Week 2014
When: October 22-24, 2014
Location: Gold Coast Convention and Exhibition Centre
Address: 2684-2690 Gold Coast Hwy, Broadbeach, Queensland, 4218, Australia
Organizer: Gastroenterological Society of Australia
Telephone: +613 9001 0279
Email: gesa@gesa.org.au
Website: http://www.agw.org.au/

JDDW 2014 – Japan Digestive Disease Week 2014
When: October 23-26, 2014
Location: Kobe, Japan
Organizer: Organization of JDDW
Email: kobe2014@jddw.jp
Website: http://www.jddw.jp/jddw2014/en/index.html

NOVEMBER 2014

Iranian Congress of Gastroenterology and Hepatology

When: November 18-21, 2014
Location: Congress Center, Children Medical Center Hospital
Address: Keshavarz Bulvard, Gharib Ave. Tehran, Iran
Organizer: Iranian Association of Gastroenterology and Hepatology
Telephone: +98 21 8833 5061 3
Fax: +98 21 8833 5061 3
Email: icgh@iagh.org
Website: http://www.iaghcongress.org/

APDW 2014 Bali

When: November 22-25, 2014
Location: Bali Nusa Dua Convention Center
Address: Kawasan Pariwisata Nusa Dua Lot NW/1, Nusa dua, Bali, Indonesia
Organizers: Indonesian Society of Gastroenterology, Indonesian Society of Digestive Endoscopy, Indonesian Society of Digestive Surgeons, and Indonesian Association for the Study of the Liver
Telephone: +65 63464402
Fax: +65 63464403
Email: Secretariat@apdw2014.org
Website: http://www.apdw2014.org/

2014 Annual Scientific Meeting

When: November 26-28, 2014
Location: SKYCITY Auckland Convention Centre
Address: 88 Federal Street, Auckland, New Zealand
Organizers: New Zealand Society of Gastroenterology Inc and New Zealand Nurses Organisation: Gastroenterology Nurses Section
Email: Anna.Pears@racp.org.nz
Website: http://www.nzsg.org.nz/cms2/meetings/new-zealand/

DECEMBER 2014

13. Educational and Discussion Gastroenterology Days

When: December 4-6, 2014
Location: Hotel Thermal, Karlovy Vary Czech Republic
Organizers: Czech Society of Gastroenterology
Website: http://www.gastrodny2014.cz/

7th Hepatology and Gastroenterology Post Graduate Course

When: December 11-12, 2014
Location: Conrad Hotel, Cairo, Egypt
Course Director: Prof. Ibrahim Mostafa
Email: info@egyptgastohep.com
Website: http://www.egyptgastrohep.com/post-graduate-course/

JANUARY 2015

2015 AGA Clinical Congress of Gastroenterology and Hepatology

When: Jan. 22-24, 2015
Location: Loews Miami Beach Hotel, Miami Beach, FL USA
Address: 1601 Collins Avenue
Telephone: +1-301-941-2651
Fax: +1-301-272-1774
E-mail: member@gastro.org
Website: www.gastro.org/clinicalcongress

FEBRUARY 2015

Canadian Digestive Diseases Week

When: February 27–March 2, 2015
Address: 405 Spray Avenue, Banff, Alberta, Canada
Organizer: Canadian Association of Gastroenterology
Telephone: 905 829 2504
Fax: 905 829 0242
Email: CDDW@cag-acg.org
Website: http://www.cag-acg.org

APRIL 2015

4th Annual Gastroenterology & Hepatology Conference (EGHC 2015)

When: April 2 -4, 2015
Location: Dubai World Trade Center, United Arab Emirates
Organizer: The Emirates Gastroenterology & Hepatology Society (EGHS)
Registration E-mail: pco@eghc2015.com
Website: http://eghc2015.com

31st Annual Congress

When: April 2-5, 2015
Location: Serina Hotel, Islamabad, Pakistan
Organizer: Pakistan Society of Gastroenterology & GI Endoscopy
Website: http://www.psg.org.pk/

MAY 2015

Digestive Diseases Week (DDW)

When: May 16-19, 2015
Location: Walter E. Washington Convention Center
Address: 801 Mt. Vernon Place NW, Washington, DC, USA
Organizers: American Association for the Study of Liver Diseases (AASLD), American Gastroenterological Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), and Society for Surgery of the Alimentary Tract (SSAT)
Telephone: 301 272 0022
Fax: 301 654 3978
Email: jmerryman@gastro.org
Website: http://www.ddw.org

JUNE 2015

Salzburg Conference

When: June 18-20, 2015
Location: Salzburg, Austria
Address: To be determined
Organizers: Austrian Society of Gastroenterology & Hepatology
Telephone: +43 1 5366342
Fax: +43 1 536 6361
E-mail: oeggh@media.co.at
Website: http://www.oeggh.at

OCTOBER 2015

JDDW 2015 – Japan Digestive Disease Week 2015

When: October 8-11, 2015
Location: Tokyo, Japan
Organizer: Organization of JDDW
Website: http://www.jddw.jp/jddw2015/en/index.html

DECEMBER 2015

APDW 2015

When: December 3-6, 2015
Location: Taipei International Convention Center
Address: No. 1, Section 5, Xinyi Rd, Taipei, Taiwan
Organizer: Asian Pacific Association of Gastroenterology (APAGE)
Website: http://www.apage.org/index.html

NOVEMBER 2016

JDDW 2016 – Japan Digestive Disease Week 2016

When: November 3-6, 2016
Location: Kobe, Japan
Organizer: Organization of JDDW
Website: http://www.jddw.jp/english/index.html

OCTOBER 2017

JDDW 2017 – Japan Digestive Disease Week 2017

When: October 12-15, 2017
Location: Fukuoka, Japan
Organizer: Organization of JDDW
Website: http://www.jddw.jp/english/index.html

WGO MEMBER SOCIETIES SUBMIT YOUR EVENT

Are you a WGO Member Society wanting to share your event with WGO readers? Visit http://www.worldgastroenterology.org/submit-event.html to submit your event for publication in WGO's website conference calendar as well as the quarterly *e-WGN* calendar of events!