

e-WGN

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Message from the Editors of e-WGN



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Ever since the first descriptions of inflammatory bowel disease (IBD) many years ago [ulcerative colitis (UC) was first described in 1859 by Sir Samuel Wilks and Crohn's disease (CD) in 1932 by Crohn, Ginzburg, and Oppenheimer]; these diseases have continued to mystify us. The pathophysiology is complex and not completely defined but does appear to include genetics and environmental factors. Originally seen predominantly in Caucasian people in developed countries, we are now seeing more cases in people of other races and ethnicities and in developing countries as well. In this issue of the newsletter we have two excellent articles that address the changing epidemiology of IBD. In the article by Dr. Barreiro-de Acosta and one of us (J. Enrique Domínguez-Muñoz), a population of 242 patients with IBD in northwestern Spain was studied. People who migrated from Spain to more industrialized countries in Western Europe had a higher rate of IBD and those who migrated to similar or less

industrialized countries did not have a higher rate of IBD. They also found that the risk of UC was higher than CD. These fascinating observations are complemented by Dr. Afzali's excellent review of changes in IBD relating to ethnicity and racial differences in the USA. While rates of IBD are still highest in Caucasians, rates are increasing in Hispanics, African Americans, and Asians, with some differences in disease location and severity.

Taken together these papers support a causal relationship for the development of IBD with genetic factors as well as for environmental and other factors related to socioeconomic status and an industrialized society. They provide clues to pathogenesis, and are relevant to clinicians caring for these patients.

There are other highlights in this issue. Dr. David Armstrong outlines the importance of World Digestive Health Day (WDHD) this year focusing on "Heartburn: A Global Perspective." While the official date of WDHD is May 29th many

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continued from first page.

events take place throughout the year. There are summaries of successful meetings in New Zealand, Iran, and Egypt. Finally check out the preview

of the now bi-annual WGO meeting to be held in Brisbane Australia from September 28 to October 2, 2015.

We hope you enjoy this issue.



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Migratory Movements and the Risk of Inflammatory Bowel Disease



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All around the world, the incidence and prevalence of inflammatory bowel disease (IBD) have been changing over the last several decades. While there has typically been a North-South gradient in the distribution of IBD with the incidence of IBD being higher in the more developed North countries, the prevalence of these diseases has markedly increased in South countries over the last years which changes the North-South gradient.

The etiology of Crohn's disease (CD) and ulcerative colitis (UC) is largely unknown, but environmental factors are widely accepted to play a relevant etiopathogenic role. In fact, industrialization and high socioeconomic status are well known risk factors for IBD. A recent case-control study with a significant number of IBD patients showed that air pollution exposure was not associated with the incidence of IBD, but that residential exposure to SO₂ and NO₂ may increase the risk of early-onset UC and CD, respectively¹.

Population migratory movements have existed for centuries, but recent changes such as globalization, deep-

ening socioeconomic differences among countries, significant increases in the number and frequency of long-distance travels, and increased ease of moving from one country to another have helped to increase the migration of people around the globe. In addition, migratory movements can now be more easily measured and evaluated. Since human migration tends to follow the rule of moving from developing to developed countries, and thus from countries with a low prevalence of IBD to those with a high prevalence of IBD, the question arises of how migratory movements do modify the risk of IBD.

The first data about the impact of migration on IBD came from British studies of migrants from Asia to Europe. In a study of Bangladeshi immigrants who settled in East London, CD rates were significantly higher in Bangladeshis under 20 years of age compared with relatives who remained in Bangladesh². In another British study of UC patients, authors showed that second generation South-Asian immigrants had a higher risk of being diagnosed with UC than

first generation immigrants³. Figures for second generation South-Asian immigrants were similar to those of the UK Caucasian population, thus supporting the significant role of environmental factors in the etiopathogenesis of IBD. Similar data have been reported on Hispanic migrants to the USA (Miami, Florida)⁴. In that study, the age of IBD diagnosis in the second generation Hispanics, who were born in USA, was lower than in those people who were born in their original Hispanic country.

A pediatric population is probably the most appropriate group for evaluating all of these epidemiological changes. In a Canadian study, authors observed that the diagnosis of IBD in second generation South Asian children was higher than in the Caucasian population, confirming the results previously shown⁵.

In our population of the North-West of Spain, we evaluated the influence of migratory movements in IBD diagnosis in a prospective case-control study⁶. This was especially interesting since people from North-West Spain who migrated decades ago after the Spanish civil war (1936-1939), mainly to Western European and Latin American countries, moved recently back to their original towns. We hypothesized that people who migrated to more industrialized countries than Spain would have a higher risk of developing IBD than those migrating to less industrialized countries or to those remaining in Spain. A total of 242 patients diagnosed with IBD over the last 10 years were evaluated together with the same number of healthy, unrelated controls matched by ethnicity, sex, age and smoking habits, family size and study levels, and with

no family history of IBD. All patients and controls were interviewed by the same researcher about the countries where they lived before being diagnosed with IBD and for how long they stayed in those countries. We found that people who migrated to Western Europe had a higher risk of developing IBD than people remaining in Spain. These data showed for the first time the association of IBD with migration within Europe. In contrast, people who migrated to Latin America, and thus to less or similarly industrialized countries than Spain, did not have an increased risk of developing IBD.

A relevant finding in our study was that people who migrated to Western European countries had an especially high risk for UC compared to CD. Once again, the etiologies of CD and UC seem to be different, with genetic factors being more important in CD and environmental factors being possibly more relevant in UC.

All these studies support the role of environmental factors in the etiopathogenesis of IBD. They also underline the relevance of a globalized

world in modifying the epidemiology of diseases in which environment plays a role. Future research should focus on specific environmental factors related to industrialization and development that can play a role in the etiopathogenesis of IBD, and to what extent public health initiatives aimed at modifying them may reduce the risk of these diseases.

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The Impact of Racial and Ethnic Differences in Inflammatory Bowel Disease Phenotype in the United States



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Inflammatory bowel disease (IBD) has become a global disease with a rising incidence in both developed and developing countries. In the United States, nearly 1.5 million patients are affected with IBD, with approximately equal distribution of Crohn's disease (CD) and ulcerative colitis (UC)¹. Epidemiological studies are mostly in Caucasian populations in North America and Europe, and similarly large efficacy trials, hospitalizations rates, and surgery outcomes have also included data from predominantly Caucasian populations^{2,3}. Consequently, there are limited studies in non-Caucasian populations and the generalizability of information from these studies among other races and ethnic groups affected with IBD is sparse and reported findings are inconsistent. To clarify language, in this paper I will use the terms for race and ethnicity as they are used in each article cited.

In a systematic review by Hou JK, et al.⁴, the distribution and manifestations of IBD in non-Caucasian patients were evaluated from 28 studies, including 1,272 Hispanics, 547 African Americans, and 35,844 Asians. The review was limited as

most studies were not population based, only 6 were from the USA, and many had small sample sizes. The review concluded that the prevalence and incidence rates of Hispanics and Asians with IBD have increased. Compared to African Americans, there were greater proportions of Hispanics and Asians with UC than with CD. There were differences in disease behavior, with ileocolonic CD reported as the most common location of disease among all three racial/ethnic groups. Fistulizing CD was described in nearly 30% of Hispanics, 25% of African Americans, and up to 50% among Asians. Family history of IBD among affected patients was nearly 20% among Hispanics and African Americans and less commonly positive among Asians (0-10%). Lastly, extra-intestinal manifestations (EIM) included joint complications, which were the most frequently reported EIM among African Americans, Asians, and Hispanics.

Recent efforts to evaluate racial and ethnic variation of patients and regional differences in the prevalence of IBD in the United States have been studied using a large nationally representative survey, Medical Expen-

diture Panel Survey (MEPS) during 1996-2007⁵. Among 202,468 people surveyed, 316 were diagnosed with IBD (including 26 Blacks, 21 Hispanics, and 5 Asians). The prevalence of IBD, both UC and CD, was higher in Whites than Blacks, Hispanics, and Asians.

At the University of Chicago, a cross-sectional review was performed from January 2008 to 2013 to evaluate differences between Whites and African Americans⁶. The study included 1,235 patients with CD (91% White and 9% African American) and 541 with UC (95% White and 5% African American). African American patients with UC were diagnosed at an older mean age and shorter mean duration of disease. Family history of IBD was similar. African American patients with CD had less ileal involvement ($p < 0.01$) and more Crohn's-related surgeries compared to Whites. Otherwise, there were no significant differences in disease location. This study also looked at EIMs, and found that significantly more African American patients with IBD had arthralgias and a higher prevalence of ankylosing spondylitis and sacroiliitis ($p = 0.035$). The rates of other EIMs, including erythema nodosum (EN), pyoderma gangrenosum (PG), oral aphthous ulcers, ocular inflammation, osteoporosis, liver disease, and primary sclerosing cholangitis (PSC), were similar in both groups.

These results about EIMs are similar to a large North American cohort study of patients recruited from six academic centers including the United

States and Canada⁷ except that African Americans had more than a four-fold greater prevalence of uveitis. Unlike the prior study, African Americans were less likely to have Crohn's-related surgeries. African Americans were less likely to have penetrating CD. There were no significant differences reported in patients with UC.

IBD phenotypic characteristics between Hispanics and non-Hispanic Whites in the United States was also described in a large cohort study of 325 patients (64% Hispanics), and also compared between US-born and foreign-born Hispanics⁸. Hispanics were diagnosed with IBD at an older age, were less likely to have a family history, and were more likely to have UC than CD, although UC was more common in foreign-born Hispanics compared to US-born Hispanics and Whites. CD extent was similar among races, with most patients developing ileocolonic CD. There were no differences in EIM incidence among the groups in this study. Lastly, non-Hispanic Whites had a higher incidence rate of IBD-related surgical events compared to Hispanics ($p < 0.01$).

Older studies report that perianal disease has a higher prevalence among Hispanics compared to Whites and a higher prevalence of surgery for chronic UC and a much higher rate of colectomy⁷.

More recently, Nguyen et al. described the burden of IBD among different races utilizing the Nationwide Inpatient Sample to ascertain rates of IBD-related hospitalizations and underlying cause of death to assess IBD-related mortality. An estimated 1,810,773 adults in the United States were affected by IBD, a prevalence of 908/100,000. IBD was more common in non-Hispanic Whites compared to non-Hispanic Blacks and Hispanics. The incidence of IBD was also similarly higher in non-Hispanic Whites compared to

non-Hispanic Blacks and Hispanics. There was a disproportionate higher ratio of hospitalizations, surgery, and IBD-related mortality among non-Hispanic Blacks compared with the other racial groups.

In conclusion, there are racial differences in IBD phenotype in the adult population in the United States. These differences have implications in the diagnosis, management, and treatment of disease as well as complications of disease. Increased awareness and improved characterization of disease phenotypes among different ethnicities will facilitate timely diagnosis of disease, including understanding of which races may be at an increased risk for perianal disease, upper gastrointestinal involvement, and EIMs. Further research efforts and observational studies are needed to help us better understand disease patterns in these understudied populations in the United States.

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Gastro 2015 – Taking World Congresses to a New Level

Brisbane, Australia from Monday 28 September to Friday 2 October.

Developed to update you on global gastroenterology, hepatology, endoscopy, inflammatory bowel disease, and much more, Gastro 2015 promises to be a World Congress with a difference!

Gastro 2015 introduces the new paradigm for World Congresses, which will now take place every two years, ensuring the World Gastroenterology Organisation (WGO) provides its members with more regular updates. Gastro 2015 is also the first in the WGO plan to link world meetings with member societies, drawing on the strengths of each to create a program that is greater than the sum of its parts!

The Gastroenterological Society of Australia (GESA) has enthusiastically embraced this idea to help create Gastro 2015. GESA brings its experience of hosting successful Australian, regional, and international conferences to Gastro 2015, while WGO brings its wealth of international expertise and geographically special topics to make this Congress a unique experience.

The comprehensive program has many innovative aspects. Eight streams covering inflammatory bowel disease (IBD), liver disease, endoscopy, and topics of special regional interest will run through most of each day. There will also be sessions dedicated to WGO interest groups, WGO Global Guidelines, celiac disease, neurogastroenterology, pediatrics, endoscopy, hepatology, and basic science.

A selection of submitted free papers will have oral presentations. Most of the remainder will be presented as posters which offer wide exposure and opportunity for discussion.

Here is some of what the daily program has to offer:

Monday, 28 September:

The **Postgraduate Course** day where you can follow your own or a different stream of interest throughout the day; alternatively, mix and match the sessions. Included will be a stream dedicated to topics central to the WGO mission of global training and education especially in developing and low-resource countries.

Tuesday, 29 September:

The two Presidents will preside over unopposed sessions offering the best of current gastroenterology and our young investigators to the widest audience on our first mainstream day. There will also be the traditional Australian plenary **Bushell Lecture** by Michael Manns and the **WGO Distinguished Lecture** by Australia's Nobel Laureate, Barry Marshall – the only laureate in gastroenterology.

Wednesday, 30 September to Friday, 2 October:

There will be special sessions presenting the spectacular advances in manage-

Program Overview is Now Available

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ment of **viral hepatitis**. The challenges of funding the delivery of antiviral drugs to the global community will be a highlight and will draw on experts from the World Health Organization (WHO) and around the world, including epidemiologists, infectious disease specialists, global health professionals, regulatory personnel, pharma executives, and other representatives from across the WGO membership.

Evolution of therapies for **inflammatory bowel disease (IBD)**, drawing on an understanding of genetics, immunopathogenesis, and the role of the microbiome, will be a must for delegates as new waves of biologicals challenge us to position them in clinical care.

Endoscopy will have a distinctly educational flavor with several of the world's experts presenting pre-prepared video demonstrations of "how I do it" so as to drill quickly down into valuable tips and practices in endoscopy.

There will be sessions addressing practices in **training** as delivered by the network of WGO Training Centers, including Australia's own links with Fiji and now Myanmar. **Screening for colorectal cancer** is an



evolving science with data continuing to emerge supporting different future approaches - stool-based DNA testing, blood-based testing, or endoscopic. The revolution in **genetics** will be integrated into the clinical program.

Will we see disruptive technologies emerge and be presented at Gastro 2015? It will be important for us all to make those calls.

Gastro 2015 also brings related groups to the meeting: the Australian Society for Parenteral and Enteral Nutrition (AusPEN); the Australian Pancreatic Club; the Gastroenterology Nurses College of Australia (GENCA); and their international counterpart, the Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA).

The meeting has been crafted to present excellence at every turn and reset the standard for future World Congresses. More than 30 international and 50 Australian and New Zealand speakers will update you on progress across our discipline as well in your own niche areas of interest.

All of this will happen in the beautiful subtropical environment of Brisbane, which provides easy access for attendees to many of Australia's world class and world heritage sites, such as the Great Barrier Reef.

If there is one gastroenterology congress that you wish to attend this year, make it Gastro 2015!

To learn more, visit: www.gastro2015.com

For further information please contact:

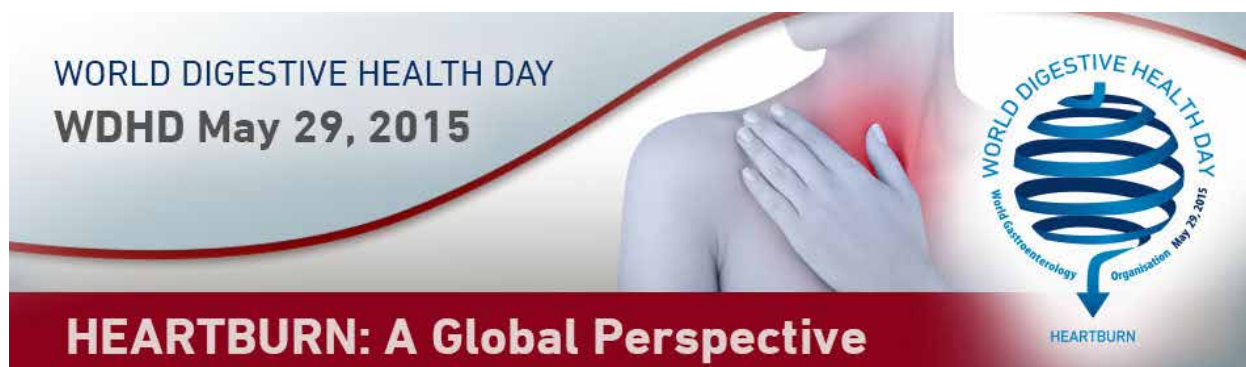
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Image courtesy of Brisbane Marketing.

Important Dates to Remember for Gastro 2015

Now Available! Online Registration (Early Bird)	Open Now! Booking for Accommodations
February 2015 Travel Grant Applications Available Online	March 2015 Online Abstract Submission Open
March 2015 Young Investigator Awards Applications Open	30 April 2015 Close of Early Bird Registrations at 5pm AEST
1 May 2015 Advanced Registration Commences	29 May 2015 Deadline for Submission of Abstracts at 5pm AEST
29 May 2015 Close of Bookings for Sponsors and Exhibitors	29 May 2015 Close of Applications for Travel Grants
29 May 2015 Close of Young Investigator Awards Applications at 5pm AEST	5 June 2015 Late Breakers Abstract Submission Opens
26 June 2015 Late Breakers Abstract Submission Closes	28 August 2015 Online Registration Deadline
27 September 2015 On-site Registration Open	



Heartburn: A Global Perspective



David Armstrong, MA, MB BChir

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Chair, WDHD 2015

Message from the Chair

Heartburn has been identified, in numerous high-impact guidelines, as one of the cardinal symptoms of gastroesophageal reflux disease (GERD). Indeed, for practical purposes, heartburn, with or without regurgitation, is considered to be diagnostic of GERD, at least as a basis for initial management.

The prevalence of GERD is increasing worldwide although there are marked differences in the reported prevalence, ranging from 2.5% to 6.6% in Eastern Asia up to 13.8% to 25.8% in North America. The reason for the increasing prevalence of GERD is not entirely clear, but it appears to be correlated with the increasing prevalence of obesity in many countries and perhaps to other dietary factors. GERD is associated with a significant impact on health-related

quality of life and reduction in personal and work-related productivity; it is also associated with a greater risk of Barrett's esophagus, a pre-malignant condition that may progress to esophageal adenocarcinoma. Fortunately, GERD can generally be treated safely and effectively with acid suppression medications whilst surgical anti-reflux therapy is also effective. However, the investigation and treatment of GERD can be costly and the management of GERD patients has to be optimized in many jurisdictions in the context of the many other pressures on the healthcare system.

Heartburn is thus the key presenting symptom of a very common condition – GERD – that has major implications for individuals and healthcare systems. Despite this, the sensitivity and specificity of heartburn rarely exceed 70-75% for the

diagnosis of GERD; a substantial proportion of GERD patients do not have heartburn and, conversely, a substantial proportion of individuals with heartburn do not have GERD. It is, therefore, important to recognize that heartburn may be the presenting feature of other conditions ranging from functional heartburn to eosinophilic esophagitis and motility disorders such as achalasia, as well as extra-esophageal conditions, including ischemic heart disease. Furthermore, although the term 'heartburn' is widely recognized, it may be understood differently by different patients and healthcare providers in different linguistic, social and cultural settings.

The World Gastroenterology Organisation (WGO) wishes to raise awareness of heartburn and to provide a broad overview on this common symptom by providing gastroenterologists and, hence their patients and the lay public, with an understanding of the latest basic and clinical research in the pathogenesis, investigation and treatment of esophageal symptoms. "Heartburn: A Global Perspective," the WGO campaign for World Digestive Health Day 2015, seeks to translate research into clinical practice and facilitate communication between healthcare providers, healthcare payers, and heartburn sufferers to ensure that patients receive appropriate dietary and lifestyle advice as well as

appropriate investigations and treatment relevant to their condition and circumstances. The WGO's task will be supported by the development of educational and training materials around the world in collaboration with WGO Member Societies and by the concurrent development and publication of the WGO Cascades Guidelines on the Management of Gastroesophageal Reflux Disease.

My colleagues and I from the WDHD 2015 Steering Committee look forward to a productive and successful campaign in providing a global perspective on the management of heartburn.



2015 Steering Committee

The World Digestive Health Day Campaign is led by the following individuals representing a global view and expertise in heartburn. They will guide the course of the campaign, leading in the development of tools and activities throughout 2015 and beyond.

<p>Chair, WDHD 2015 David Armstrong McMaster University Hamilton, Canada</p>	<p>Chairman, WGO Foundation Eamonn Quigley The Methodist Hospital Houston, USA</p>
<p>Vice Chair, WGO Foundation Richard Hunt Beaconsfield, UK</p>	<p>Member Mary Afihene Komfo Anokye Teaching Hospital Kumasi, Ghana</p>
<p>Member Serhat Bor Ege University School of Medicine Izmir, Turkey</p>	<p>Member Henry Cohen Clinica de Endoscopia y Gastroenterología Montevideo, Uruguay</p>
<p>Member Colin Howden University of Tennessee Memphis, USA</p>	<p>Member Peter Katelaris The University of Sydney Sydney, Australia</p>
<p>Member Varocha Mahachai Chulalongkorn University Hospital Bangkok, Thailand</p>	<p>Member Govind Makharia All India Institute of Medical Sciences New Delhi, India</p>
<p>Member Joaquim Prado Pinto de Moraes-Filho University of Sao Paulo School of Medicine Sao Paulo, Brazil</p>	<p>Member Ala Sharara American University of Beirut Medical Center Beirut, Lebanon</p>
<p>Member Vincenzo Stanghellini St. Orsola-Malpighi Hospital Bologna, Italy</p>	<p>Member Frank Zerbib Hôpital Saint-André Bordeaux, France</p>

Upcoming WDHD Events & Celebrations

Emirates Digestive Diseases Group Heartburn Awareness Campaign

When: May 28-30, 2015

Location: Multiple Locations in Abu Dhabi and Al Ain, United Arab Emirates

Contact: Dr. Ali Al Fazari (a.almelaih@uaeu.ac.ae)

Event Description: Public awareness campaigns will be organized with live shows and interactive sessions and distribution of educational patient materials on gastroesophageal reflux disease (GERD).

World Digestive Health Day Session: Barrett's esophagus. Screening and surveillance.

When: May 29, 2015

Location: Uppsala, Sweden

Contact: Prof. Björn Lindkvist, Scientific Secretary, Swedish Society of Gastroenterology

Event Description: This WDHD session will be held during the yearly meeting of the Swedish Society of Gastroenterology. More information about the yearly meeting is available at <http://gastrodagarna.svenskgastroenterologi.se>.

World Digestive Health Day: Heartburn, A Global Perspective

When: May 29, 2015

Location: Hospital Clínico Universidad de Chile, Chile

Contact: Ana Maria Madrid (amadrid@hcuch.cl or anamariamadrid@gmail.com)

Event Description: Sponsored by the Chilean Society of Gastroenterology through its President, Dr. Marco Arrese, and in collaboration with Pharma Laboratory Investi, this session will consist of a stand with videos, talks for the public on heartburn, reflux and esophagitis. Materials will be given out to the public with tips on healthy eating, symptoms and alarms, when to consult, etc.

PLAN YOUR OWN WDHD EVENT

WGO encourage all Member Societies to participate in World Digestive Health Day 2015 by arranging events in their regions to commemorate this day. We hope that this year's campaign will help increase awareness of Heartburn worldwide.

Have you started planning your event? While the official date of WDHD is May 29, many events take place throughout 2015. Past events include public campaigns, courses and



lectures on treatments of the current theme, marathons, walkathons, national meetings, press conferences, television and radio interviews, creating a country's own WDHD Day, publications, and much more.

You may find a variety of tools and resources which benefit your physicians, other healthcare professionals, patients, and the general public, by visiting <http://www.wgofoundation.org/wdhd-2015.html>. For questions regarding WDHD, please email info@worldgastroenterology.org.

Please also visit the <http://www.wgofoundation.org/submit-wdhd-2015-event> to officially submit your event for inclusion on the calendar and to request a copy of the 2015 WDHD logo for your use in promoting this year's WDHD campaign: "Heartburn: A Global Perspective."

Easier to Digest



James Toouli, MD, MBBS, PhD, FRACS

Emeritus Professor of Surgery
President, World Gastroenterology Organisation
Adelaide, Australia

In an exclusive interview, Professor James Toouli explains how WGO aims to not only improve the worldwide education of gastroenterology professionals, but also engage the public and decision makers in the major issues concerning digestive disorders

Can you introduce yourself and your role within the World Gastroenterology Organisation (WGO)? What are your main responsibilities as President?

I am Emeritus Professor of Surgery at Flinders University in Adelaide, Australia; I retired from active clinical practice nearly a year ago and hence the Emeritus title. In the past, I headed the Gastroenterology Surgical department at Flinders Medical Centre and was Professor of Surgery at the University. I am the first surgeon-President of WGO and first Australian to take up the role.

As President, I oversee all of the multiple activities of WGO around the world. A hard-working executive secretary and her staff based in Milwaukee, USA, ably assist me. In addition, a five-person Executive Committee and the Governing Council, which is made up of chairs of the various WGO committees, support me.

When was the Organisation first established and how has it developed over the years?

WGO was formed in 1935 and incorporated in the US in 1958. It was originally known as Organisation Mondiale de Gastroenterologie (OMGE) and renamed in 2006. Our membership consists of 110 gastroenterology societies around the world, which make up almost all gastroenterology societies in existence. Thus, we have the ability to reach over 50,000 gastroenterologists.

Which major health issues does the Organisation seek to address?

Some of the commonest debilitating diseases are those of the digestive system; eg. diarrhoeal illnesses, hepatitis, gastric, colon and liver cancers, and non-alcoholic and alcoholic liver diseases, to name a few. Only a quarter of the world's population has access to the high standard of healthcare required to address these problems. WGO is focused on improving health worker education in the other three-quarters of the global population and areas where these problems are prevalent. Providing meaningful and appropriate education where it is needed positively impacts our ability to address these major health issues, but also ensures people with such knowledge remain in their countries of origin, thus helping to curtail the brain drain from less-privileged regions of the world.

Could you describe some of the outreach work WGO facilitates in order to improve knowledge, prevention and treatment of digestive healthcare?

Our outreach work is conducted through our various programmes, which include activities undertaken by our Training Centers. In addition, each year since 2001 we have run Train the Trainers Workshops, in which our member societies are invited to nominate two of their known educators to attend. The Workshops are limited to no more than 50 individuals and have a faculty of 10. Focusing on teaching teachers how to teach, they have become increasingly popular, important and successful over the years.

How do the 17 WGO Training Centers across the world provide training that focuses on the particular local needs of the region in which they are situated?

By early 2015, WGO will have 24 Training Centers around the world. These will be geographically spread and shall include South and Central America, Africa, Asia and the Pacific.

The Centers are important to the professional development of health workers from the surrounding regions and countries. Trainees attend the Training Centers for variable periods of time ranging from weeks to years in order to attain skills they can take back to their communities. This upskilling of doctors and other healthcare workers impacts the standard of medicine delivered to their communities.

The training delivered at the various Centers is chosen by local directors and their staff, thus making it relevant for their local needs. WGO provides educational guidelines and monitors

RAISING AWARENESS AND BUILDING BRIDGES

Alongside training and education, WGO facilitates important events intended to provide a platform for bringing important gastroenterological issues to the forefront of the public's consciousness, as well as improving communication among healthcare professionals in the field, as Professor James Toouli illuminates

World Digestive Health Day

“WGO's annual global public health campaign – World Digestive Health Day – is a great success story for the Organization. The programme was initiated approximately six years ago, and each year we focus on a different gastrointestinal disease in order to highlight it to the population at large and also educate people on the best available means of diagnosis and treatment. This year, over 50 of our member societies celebrated World Digestive Health Day, which concentrated on the role of bacteria and other microbes in the gut, ie. their beneficial role as well as the role they may play in gastrointestinal diseases.

Gastrointestinal diseases do not generate as much public attention as other areas of medicine such as breast cancer or heart disease. However, by celebrating an awareness day globally, we believe that this can change so that the population at large may become conscious of health issues which impact on their wellbeing.”

Gastro 2015

“Gastro 2015, taking place in Brisbane from 28 September to 2 October, marks a change for WGO in that we are going into partnership with one of our member societies. Furthermore, these congresses shall now take place every two years; previously we met every four years.

The congress is the only global gastroenterology event and consequently encompasses topics that are relevant to gastroenterologists and healthcare professionals both from developed and developing nations. Hence, the programme reflects healthcare issues that affect all of these nations. In addition, at each world congress new clinical guidelines are discussed and then disseminated to healthcare professionals globally. Advances and changes in education techniques are also highlighted, thus enhancing the WGO's activities. Finally, with 5,000 attendees expected, it is the best opportunity for gastroenterologists and related healthcare professionals from all over the world to network.”

standards. In addition, the Organisation – assisted by member societies – facilitates the provision of educational material and expert faculty who can assist in the delivery of educational activities.

Does WGO have an assessment procedure in place for its various outreach programmes to ensure con-

sistency regarding the effectiveness of its gastroenterology training?

We have developed an electronic data collecting system which allows us to track the effectiveness of our various initiatives. The reporting system permits communication between trainees and the central administration. An education expert will be engaged to

evaluate the data objectively as the database is further populated over the coming years.

What are the most prevalent digestive disorders in the North American region and in other developed nations?

While access to high-quality healthcare is not a major issue in developed nations, access to appropriate healthcare in a timely and cost-effective manner is important. Common gastroenterological conditions in developed nations include irritable bowel syndrome, non-alcoholic fatty liver disease (which is currently at epidemic levels, associated with the global obesity crisis), colon cancer and inflammatory bowel disease.

WGO produces regularly updated clinical guidelines that are evidence based and practical to assist clinicians in the management of these disorders. Furthermore, our biennial world congresses offer a forum for updates on all gastroenterological issues, whether they be relevant to the developed or developing world. Indeed, it is the only congress that achieves such a mix of clinical updates that are relevant to the world at large. We in the developed world can and do learn a lot from our colleagues in the developing world, as their experiences can, and often are, very relevant to First World medicine.

How do WGO's Global Guidelines help healthcare professionals in their treatment practice decisions for digestive disorders?

The WGO Guidelines are unique. They are structured on a system known as ‘Cascades’, meaning they are written in a manner that provides different options for diagnosis and treatment depending on the resources available. The Guidelines are freely available on the WGO website in six different languages and updated regularly. We know that they are downloaded frequently and, as a

GLOBAL GUIDELINES FOR GLOBAL ISSUES

As a global organisation, WGO has a duty to provide guidance in a manner that is applicable to gastroenterologists everywhere. Their Global Guidelines are written with this in mind, seeking to provide a comprehensive reference resource for the most pressing gastroenterological concerns. Each area features a list of the most significant recent literature – including meta-analyses, systemic reviews, practice guidelines and clinical trials – and grades them based on their importance within the field. Here, *International Innovation* profiles some of the topics covered

Coeliac Disease

This common form of enteropathy results from an adverse reaction to gluten. While the disease is known to arise in genetically predisposed individuals, and results from an autoimmune response, the exact underlying factors are still unclear. The featured research in WGO's guidelines includes some of the latest efforts to improve disease screening and diagnosis.

Helicobacter Pylori

These bacteria are present in over 50 per cent of the world's population, and have been linked with an array of conditions from gastritis to gastric cancer. With a recommendation from Dr Barry Marshall, one of the Nobel Prize-winning scientists who first identified this bacterium in 1982, the Organisation's *H. pylori* section features the latest insights from around the world, with a special focus on the impact it has in developing countries, where infection is more prevalent.

Inflammatory Bowel Disease

A catch-all term for a group of idiopathic chronic inflammatory intestinal conditions, of which the two most well-known are Crohn's disease and ulcerative colitis. These diseases have an autoimmune origin, with the body's own immune system attacking elements of the digestive system. WGO's guidelines include key developments in every area from personalised approaches for Crohn's disease to the efficacy of combination therapies for treating ulcerative colitis.

consequence, are valued by gastroenterologists from all over the world.

Are there any areas of gastroenterological research that you are particularly excited by at the moment? Would you like to highlight any significant advances in the field?

This is a question I can only answer for areas of the specialty in which I have direct knowledge. However, I am excited by the fact that it is currently possible to eliminate hepatitis B from

the world by effective childhood immunisation programmes. I am keen to work with colleagues who can make this happen, and this is also an area of interest for WGO.

In addition, I am excited by the fact that we can treat non-alcoholic fatty liver disease by targeting the problem of obesity. We have effective surgical approaches that can alleviate the obesity epidemic. The world needs to adopt these procedures to treat the

existing problem and, in addition, use effective means to prevent obesity in future generations.

Finally, advances in the prevention, early detection and treatment of gastrointestinal cancers are rapidly becoming available. Colon cancer should be a largely preventable disease as we have effective screening programmes. Also, gastric cancer could become preventable as our understanding of the role of *Helicobacter pylori* in its formation becomes better understood.

What are the biggest challenges currently faced by gastroenterologists, and how is WGO striving to combat these issues?

The biggest challenge worldwide is access to quality healthcare for gastroenterological disorders for three-quarters of the world's population. Education is the key to addressing this problem, as it will potentially be far more effective in the long run compared to us providing clinical services. WGO is focusing most of its energies in trying to alleviate this problem and, in partnership with our member societies, I believe that we are making inroads.

Generally speaking, there is an extraordinary willingness from colleagues across the entire world to provide their time and expertise. It is actually resources which tend to be the limiting factor. Fortunately, we also have willing partners in the biomedical industry who have expressed interest in what we are trying to achieve. I am hopeful that over the next 12 months our education programmes will expand significantly with their assistance.

www.worldgastroenterology.org

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WGO Khartoum Training Center Inauguration Day



Abdelmounem Eltayeib Abdo, MD

WGO Khartoum Training Center Director
Sudanese Society of Gastroenterology
Khartoum, Sudan



Eamonn Quigley, MD

WGO Foundation Chairman
Chief, Division of Gastroenterology and Hepatology
The Methodist Hospital Weill Cornell Medical College
Houston, USA

The World Gastroenterology Organisation (WGO) inaugurated the first in a series of Training Centers to be launched in 2015. Under the leadership of Dr. Abdelmounem Eltayeib Abdo, the WGO Khartoum Training Center was inaugurated on 10 January 2015. The ceremony was held at Ibn Sina Hospital in the Sudanese capital, Khartoum.

The Training Center is located at the Emergency GIT Bleeding Centre at Ibn Sina Hospital. The Bleeding Centre is named after its founder, Mohamed Salih Idris, who has most generously worked to translate the dream of his good friend Professor Suliman S. Fedail into a splendid reality. Professor Fedail is a pioneer of gastroenterology in Sudan and a well-recognized international figure in gastroenterology. He served as the head of the Sudanese National Center for Gastrointestinal & Liver Diseases (NCGLD) and was also one of the first recipients of the

Masters of the WGO Award.

Training Center Director, Dr. Abdelmounem Abdo said that “The Vice President of the Sudanese Society, Professor Fedail, delivered a talk stating the role of the society in training and improving the quality of gastroenterology service to Sudanese patients. We managed during the launching of the center to run nine training endoscopy stations simultaneously with the help of endoscopy companies. In addition to our unit facilities, three units were in the simulation center. Later the center organized three endoscopy and one laparoscopy workshops.”

Ibn Sina Hospital is a tertiary referral hospital focused on three specialties: Gastroenterology (GI), Nephrology-Urology, and Ear, Nose, Throat (ENT). The establishment of the GI unit at Ibn Sina Hospital was a cornerstone in the development of gastroenterology services in Sudan. The unit was accredited and designated as the National Center



WGO Khartoum Training Center Director, Professor Abdelmounem Eltayeib Abdo with WGOE Chairman, Professor Eamonn Quigley.

for Gastrointestinal & Liver Diseases (NCGLD) and most of the staff running the GI services in different regions of Sudan have been trained in this unit. Through the efforts of Professor Fedail, many of the center’s staff have had opportunities to train abroad in countries such as South Africa, Germany, France, UK, and Japan.

The Khartoum Training Center is recognized as one of the few well-established centers in central Africa, especially considering the shortage of ERCP services in the region. The center is a collaboration between WGO, private sponsors, such as Mohamed Salih Idris and the Ministry of Health of the government of Sudan, and foreign contributors, like the Japanese and Swedish governments. It will be affiliated with the Sudanese Medical Specialization Board and NCGLD at Ibn Sina Hospital, and supported by the Sudanese Society of Gastroenterology.

Representing WGO at the January inauguration was WGO Foundation Chairman Professor Eamonn Quigley, who stated “that the Khartoum Training Center should be established in the Ibn Sina Hospital is a fitting testament to the successes that have already been achieved in delivering the highest quality

gastroenterological care and education at the site. Instigated by Professor Suliman Fedail and supported generously by Mohamed Salih Idris, this center was originally established to address an overwhelming clinical need in the region and has been responsible for a dramatic fall in mortality from upper gastrointestinal hemorrhage. The Khartoum Center truly fulfills all of the ideals of a WGO TC: focus on local needs, outreach to the country and the region, collaboration with the community, endorsement by the government and by the Sudanese Society of Gastroenterology and, above all, the presence of a faculty who are not only skilled clinicians but outstanding educators. It was a privilege to attend the opening and I foresee wonderful years ahead for gastroenterology training in Sudan and the region.”

Also present at the opening of the Khartoum Training Center were several foreign dignitaries, including: Mr. Hideki Ito, Ambassador of Japan to Sudan; Dr. Ake Andrén-Sanberg, Professor of Surgery at Karolinska University Hospital in Stockholm, Sweden, and Dr. Ibrahim Mostafa, Professor of Endemic Disease at the Theodor Bilharz Research Institute in Cairo, Egypt and Director of the WGO Cairo Training Center.

A number of local dignitaries were also present, including: Professor



WGOE Chairman, Professor Eamonn Quigley.

Fedail; Dr. Isameldin Mohammed Abdalla, Sudanese Undersecretary of the Federal Ministry of Health; Professor Mamoun Homeida, Khartoum State Minister of Health, and Dr. Abdelmounem Eltayeib Abdo, Secretary General of the Sudanese Society of Gastroenterology and Director of the Khartoum Training Center.

Khartoum Training Center Objectives:

1. To establish a WGO Endoscopy, Laparoscopy, and Ultrasonography Training Center.
2. To upgrade the level of endoscopy services in the country and the region, especially in countries with limited medical services.
3. To help in the establishment of postgraduate medical and surgical gastroenterology training fellowship programs in nearby countries.
4. To upgrade the level of patient care and patient safety by developing local guidelines.
5. To improve the quality and training of Endoscopy Nursing.

The Center plans to offer training at a variety of different levels of specialty and qualification for gastroenterologists, as well as surgeons, GI fellows, nurses, and students, and will include:

- Regular short endoscopy, laparoscopy, and ultrasound workshops
- Short term (3 month) endoscopy courses aimed at updating trained endoscopists in new techniques and technology
- Long term (6-12 months) training in endoscopy and laparoscopy, including patient care on clinical wards and in tertiary referral clinics
- A center for the training program of the Sudanese Medical Specialization Board in General Medicine and General Surgery
- Training for the Gastroenterology Fellowship Program, a 2-year structured training program recently initiated by the Sudan Medical Specialization Board

- Endoscopy Nurse training
- Undergraduate training for students from faculties of medicine in Khartoum

Guiding principles of the center include: addressing the need for more GI specialists in Sudan; establishing the concept of a regional training center that works hand-in-hand with national training strategies; providing training to participants from other countries in the region in order to extend training to the sub-Saharan region of Africa and beyond; and initiating liver transplant surgery in Sudan within the next few years.

The Khartoum Training Center inauguration is the first of many inaugurations for WGO in 2015. These WGO Training Center launches include:

- Yangon, Myanmar - 16 March 2015
- Xi'an, People's Republic of China - 20 March 2015
- Ankara, Turkey - 10 April 2015
- Addis Ababa, Ethiopia - 18 April 2015
- Lagos, Nigeria - 18 April 2015
- New Delhi, India - 26 April 2015
- Porto, Portugal - June 2015

To date, 23 Training Centers have been established by WGO with over 2,200 participants having benefited therefrom since 2001. The WGO Training Center program serves to increase the standard of delivery of digestive health care by increasing the number of digestive health care workers and their expertise. In addition to training new providers, the Training Centers serve as locations to increase the expertise of existing digestive disease health care providers, especially those from developing, low resource countries.

The mission of the WGO Training Center program is to establish and nurture core training centers for primary and advanced gastroenterology training in locations of need, thereby improving the standard of training at a grassroots level while ensuring a focus on regionally-relevant diseases.

A Participant's View of the New WGO Training Center in Khartoum



Suzan Alhakeem, MD

Consultant Gastroenterologist
Ibn Sina Hospital
Khartoum, Sudan

In the morning of the 10th of January 2015, I witnessed the spectacular event of the opening of the WGO Training Center in Khartoum at Mohamed Salih Idris Centre in Ibn Sina Hospital. I saw joy and enthusiasm enlighten the faces of the attendees, especially the hospital staff. Professor Suliman Fedail, the Godfather of Gastroenterology in Sudan and an

international figure in gastroenterology, was among the 200 guests in attendance. He has played a pioneer role in the establishment of the center through his efforts to upgrade gastroenterology in Sudan. Professor Fedail gave a brief talk on the historical milestones of the Sudanese Society of Gastroenterology, which was established in 1976, paying tribute to Professor

Zaki Eldeen Ahmed, the founder of the society, who had passed away one month before the opening ceremony.

Other speakers included Professor Mamoun Humeida, the Minister of Health and Professor of Internal Medicine, who declared his full support. The honorable guest Professor Eamonn Quigley gave a warm encouraging speech paying his respect to the quality and competence of the Sudanese doctors, praising the model role the Sudanese Society of Gastroenterology has played in local and international prospects of gastroenterology.



Attendees at the Training Center Inauguration.

XIX Gastroenterology and Digestive Endoscopy Course



Luis Carlos Sabbagh, MD

Clínica Reina Sofia
Centro de Exploraciones Digestivas
Bogotá, Colombia



Drs. Diego Aponte, Jerome Wayne, and Luis Carlos Sabbagh

The XIX Gastroenterology and Digestive Endoscopy Course on January 29-31, 2015 was attended by 350 gastroenterologists from Colombia and Latin American countries. It was organized by the Department of Gastroenterology and Digestive Endoscopy at the Reina Sofia Clinic and Colombia Hospital, both members of the Sanitas University Foundation and the World Gastroenterology Organisation (WGO) Bogotá Training Center.

The following speakers presented on current topics in gastroenterology and endoscopy,

- **Dr. Jerome Wayne** (USA). He is affiliated with multiple hospitals in the area and is one of 74 doctors at Lenox Hill Hospital and one of 163 at Mount Sinai Hospital specialized in gastroenterology. Dr. Wayne is one of the best experts in colonoscopy.

- **Dr. Michael Wallace** (USA). He is a Mayo Clinic gastroenterologist whose focus is the early detection and treatment of precancerous and cancerous lesions. He is an expert in endosonography and advanced therapeutic endoscopy. Dr. Wallace is currently the Editor of *Gastrointestinal Endoscopy*.
- **Dr. Ram Chuttani** (USA). He is the Director of Interventional Gastroenterology and Endoscopy at Beth Israel Deaconess Medical Center in Boston, Massachusetts. He is also an Assistant Professor of Medicine at Harvard Medical School. Dr. Chuttani's clinical interests include therapeutic endoscopy and colonoscopy, colon polyps and cancer, pancreatic biliary disease, and endoscopic retrograde cholangiopancreatography (ERCP).
- **Dr. Fumihito Hirai** (Japan). He is a member of the Department of Gastroenterology and Assistant Professor at Fukuoka University Chikushi Hospital in Japan. He is an expert in advanced endoscopy and enteroscopy techniques.
- **Dr. Kazuo Ninomiya** (Japan). He is a member of the Department of Gastroenterology and Assistant Professor at Fukuoka University Chikushi Hospital in Japan. He is an expert in advanced endoscopy and enteroscopy techniques.
- **Dr. Guido Villa-Gomez** (Bolivia). He is the Chief of the Endoscopy Unit at the Bolivian-Japanese Gastroenterology Institute, Profes-

sor of Gastroenterology at the Universidad Mayor de San Andrés, and Director of the WGO La Paz Training Center of Gastroenterology and Digestive Endoscopy in Bolivia.

- **Dr. Raul Monserat** (Venezuela). He is an expert gastroenterologist in advanced therapeutic endoscopy. Dr. Monserat is Past President of the Endoscopy Society in Venezuela and a gastroenterologist at the Caracas Medical Center.
- **Dr. Juan Carlos Gonzalez** (Venezuela). He is the current President of the Endoscopy Society in Venezuela and is an expert in general and therapeutic endoscopy. Dr. Gonzalez works in the Department of Gastroenterology, Avila Clinic.
- **Dr. Sebastian Esteves** (Argentina). He is a gastroenterologist working in endosonography and therapeutic endoscopy.

During the course, outstanding talks were given on a variety of topics including diagnostic and therapeutic endoscopy. There was also a session of live clinical cases, in which international guest experts participated and explained their techniques in endoscopic procedures such as diagnostic and therapeutic endoscopy, endoscopic ultrasonography, enteroscopy, and ERCP. Evaluations by the attendees revealed that 97% of the participants found the course to be outstanding.



International faculty during the XIX Gastroenterology and Digestive Endoscopy Course in Bogotá.

WGO Membership Update

WGO Member Society Information and Update Forms

Each year, WGO Member Societies and regional affiliates are asked to submit a current WGO Member Society Information and Update Form. Each society was sent a form via email, which should be updated and returned to membership@worldgastroenterology.org. If you need another copy of the form or have any questions about the information requested, please contact the WGO Executive Secretariat at membership@worldgastroenterology.org. Invoices are created based on the information received on these forms, and you will receive your 2015 invoice promptly upon receipt of the completed form.

Your expedient response ensures important WGO news and information will be received promptly by the appropriate contacts within your Member Society, and your cooperation is greatly appreciated!

WGO Member Societies – Dues are Payable at DDW 2015!

Did you know you can pay your WGO Member Society's membership dues during Digestive Disease Week (DDW)? Just visit WGO at booth 3142 in Foundation Row at the Walter E. Washington Convention Center in Washington, DC, USA, during DDW 2015!

The WGO booth will be open during official exhibition hours, 09:30-16:00, Sunday, 17 May through Tuesday, 19 May. If you wish to pay your dues at DDW, prior receipt of your society's Member Society Information and Update Form by WGO will allow us to have a current and correct invoice ready and waiting for you when you visit the booth!

Dues Payment Methods

Membership dues must be paid in US dollars. They can be paid anytime via wire transfer, or in person at DDW



via cash or check made payable to the World Gastroenterology Organisation. Please note, if you elect to pay dues at the WGO booth, a receipt will be emailed to you as promptly as possible following payment.

The dues that WGO Member Societies contribute each year are channeled into training, education, and advocacy in the developing world, while also strengthening these aspects in developed regions. WGO looks forward to receiving your society's 2015 dues and to keeping you, our Member Societies, apprised of all the current WGO and WGO Foundation news and events. Please watch the monthly e-Alert and the quarterly e-WGN for the latest news!

Participation in the 2015 General Assembly

We are delighted to announce that the 2015 General Assembly Meeting will be held during Gastro 2015: AGW/WGO in Brisbane, Australia. While the time and date of the meeting is in the process of being finalized, please be reminded that at the time of the General Assembly, only Member Societies who have fully paid their dues through 2014 may participate with full voting privileges. If you are unsure of your society's membership status, please contact the WGO Executive Secretariat at membership@worldgastroenterology.org.



Visit us at booth 3142 during DDW 2015 in Washington, DC, USA!



The 2015 General Assembly will convene at Gastro 2015: AGW/WGO in Brisbane, Australia.

Prospective Members

Are you interested in becoming a WGO Member Society? Interested gastroenterological societies are encouraged to apply. Please visit the [membership application section](#) of the WGO website to learn more about the application process and required materials.

WGO representatives in the WGO booth during DDW 2015 will be more than happy to share with you

the benefits of WGO membership. We invite you to stop by the booth, speak with us, and read a wide variety of materials on the various WGO programs and initiatives which you may take with you.

If you have any questions about the membership application process, please contact membership@worldgastroenterology.org and the Executive Secretariat will answer any queries you may have!

Promote Your Society's Event with WGO!

Member Societies are encouraged to keep WGO informed of their meetings and events. To submit your society's upcoming meetings and/or events for promotion on the [WGO Online Conference Calendar](#), please submit the details via the WGO website at [Submit an Event](#).

Questions About Membership?

To inquire on the status of your membership, or if you have any questions regarding the information update or dues payment processes, please contact the WGO Executive Secretariat at membership@worldgastroenterology.org.



Iranian Congress of Gastroenterology and Hepatology 2014



Shahin Merat, MD

Professor of Medicine
Secretary, Iranian Congress of Gastroenterology and Hepatology 2014 (ICGH-2014)
Deputy of Research, Digestive Disease Research Institute
Tehran University of Medical Sciences
Tehran, Iran

The Iranian Congress of Gastroenterology and Hepatology (ICGH) is an annual event held by the Iranian Association of Gastroenterology and Hepatology (IAGH) and is the main meeting of gastroenterologists and hepatologists of Iran.

The congress covers all topics related to gastroenterology and hepatology, especially new lines of research and future trends. The ICGH consists of a single-day postgraduate course followed by three days of congress sessions. Workshops are also held during the ICGH, usually endoscopy techniques, but occasionally non-



The Iranian Congress of Gastroenterology and Hepatology logo in flowers.

endoscopic new technologies are also demonstrated. There is also an exhibition and a few industry-sponsored symposia.

Last year, ICGH-2014 was held on November 18-21 in Tehran with close collaboration of the Digestive Disease Research Institute of Tehran University of Medical Sciences. The postgraduate course, which is designed for clinicians practicing in gastroenterology and hepatology, was attended by 200 participants. The course included an overview of important gastrointestinal and hepatic diseases and focused on conditions most common in Iran and those in which practice-changing events have occurred. The subjects were also selected through requests made by participants in previous years and comments left on the IAGH web page.

Over 800 physicians and researchers registered for ICGH-2014. Admittance to the main congress sessions is free and everyone interested is welcome. Thus, the actual participants were well above 1,000 and included researchers, clinicians, medical students, and others involved or interested in the field.

As the field of gastroenterology and hepatology is very diverse and cannot be fully covered in three days, ICGH focuses on gastrointestinal and hepatic disease in alternative years. In ICGH-2014 the focus was hepatic disease, with almost 70% of lectures on this

topic. In the next ICGH (ICGH-2015) the focus will be gastrointestinal disease.

Speakers are carefully selected from Iranian and international scientists. 2014 had nine invited lecturers from the USA and France, whose lectures helped improve the quality of the congress and postgraduate course. Sessions were held in two halls simultaneously and most sessions included an open-discussion panel in which important points were discussed with participants. The hottest topics at ICGH were probably the new treatments of hepatitis C and the role of microbiota in various diseases.



Attendees visit the Exhibition Hall at the Iranian Congress of Gastroenterology and Hepatology.

Each day of the congress began with a key lecture delivered by one of the international guests. The key lectures were "Novel approaches to conducting healthcare research: graphical analysis and the use of effect sizes" by Dr. Louis Fogg from Rush University Medical Center in Chicago, Illinois, USA; "Hepatitis C: newer treatments" by Dr. Hatef Massoumi, Montefiore Medical Center of Albert Einstein College of Medicine in New York, New York, USA; and "Microbiota, Nonalcoholic Steatohepatitis, Metabolic Syndrome and Obesity" by Professor Ali Keshavarzian from Rush University Medical Center in Chicago, Illinois, USA.

The congress also consisted of a poster presentation section. 125 abstracts had been sent for the congress, of which 91 were accepted and displayed. International reviewers are asked to read the abstracts and select the top three. The top abstracts selected by the reviewers were:

1. Roshani M, et al. The serum levels of soluble CD93 are elevated in patients with irritable bowel syndrome (IBS): another evidence for the role of inflammation in IBS. Kurdistan Liver and Digestive Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran.
2. Roshandel G, et al. Cytological screening for esophageal squamous cell dysplasia in a high risk area in Northern Iran. Digestive Disease Research Institute, Tehran University of Medical Sciences, Tehran, Iran.
3. Mansour-Ghanaei F, et al. Seven days quintuple regimen as a rescue therapy for *Helicobacter pylori* eradication. Gastrointestinal and Liver Diseases Research Center of Guilan, Guilan University of Medical Sciences, Rasht, Iran.

Workshops held during ICGH 2014 included “Upper Endoscopy for Beginners,” “Colonoscopy for Beginners,” and “Cellvizio: Confocal Laser Optical Biopsy.” Workshops were held in the nearby Imam Khomeini Hospital.

As the ICGH is arguably the only time when most members of the association (IAGH) from all over the country gather, there are usually a few business-related meetings that discuss new regulations and insurance or tax issues. Also prominent members of IAGH in the preceding year are selected and acknowledged (<http://iagh.org/portal.aspx?tabid=185>):



Participants in Hall A of the Iranian Congress of Gastroenterology and Hepatology.



Posters at the Iranian Congress of Gastroenterology and Hepatology.

Prominent member in education:
Dr. Mohammad-Javad Ehsani-Ardakani and Dr. Eskandar Hajjani (jointly)

Prominent member in research:
Professor Rasoul Sotoudehmanesh

Prominent member in patient care:
Dr. Farhad Zamai and Dr. Amir-Hosein Boghratian (jointly)

The next ICGH 2015, will be held November 24-27, 2015 in the fabulous city of Shiraz, the home of poets and flowers. More information is available on the IAGH web page at <http://iaghcongress.org/>.

New Zealand Society of Gastroenterology Annual Scientific Meeting 2014



Michael Schultz, MD, PhD

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The Annual Scientific Meeting of the New Zealand Society of Gastroenterology, co-hosted by AuSPEN (Australasian Society of Parenteral Nutrition) and the New Zealand Gastroenterological Nurses Section took place in Auckland from November 25-27, 2014. The program promised a high caliber meeting and the conference drew a record crowd. Three days of intense clinical and scientific discussions, framed by a number of social activities including dinners and fundraiser activities, did not disappoint.

Professors Don Castell, USA, Stefan Zeuzem, Germany, and Nick Talley, Australia, all accepted the invitation and proved to be excellent speakers.

Professor Castell took us through the history of gastroesophageal reflux and discussed the management of this high-incidence disorder in the 21st century. In a way this was a good introduction to the 2015 World Digestive Health Day on *Heartburn: A Global Perspective*. The question of the correct surveillance program for Barrett's esophagus was raised as well and hotly discussed. Questions included how frequent surveillance gastroscopies are appropriate and is it advised to streamline the surveillance population and focus on high-risk patients? What is the future of the new treatment devices? Are they for the future or are they already accepted in daily clinical practice?

Professor Zeuzem had the difficult task of guiding us through the immense advances that have taken place over the last few years in the management of chronic viral hepatitis. The fact that several New Zealand centers were involved in many of the landmark trials ensured a receptive audience. New Zealand has a high burden of Hepatitis C infections with an unknown number of cases still to be diagnosed. Hotly discussed was therefore the price of these new treatment modalities. As in other societies, it remains to be seen if New Zealand can really afford not to take up these new treatments. Already patients have opted to be placed on waiting lists for the new, safe, and highly effective treatments. On the background of the progressive nature of this infection leading to costly complications such as end-stage liver disease, hepatocellular carcinoma, and liver transplantation, the price of treatment may seem negligible. Progress has also been made in the management of Hepatitis B. While a potential cure of the infection is still less likely, emphasis was placed on surveillance for hepatocellular carcinoma. We witnessed a possibly controversial discussion between the different societies regarding the value of abdominal ultrasound and/or alpha-fetoprotein.

These state-of-the-art presentations were more than aptly supplemented by presentations from national experts. In the light of the introduction of biosimilars for the treatment of rheumatological and gastrointestinal disorders, Professor Richard Garry presented an overview of the science behind these new (old?) drugs. A whole session was dedicated to celiac disease with the first phase II trials

looking into the effect of vaccines that have been initiated in New Zealand. Our country will most likely also see an introduction of a population-wide bowel cancer screening program in the next few years using immunohistochemical fecal occult blood testing. A whole session was dedicated to hereditary colon cancer syndromes.

In a further plenary session, held jointly with AuSPEN, Professors John Windsor and John Shaffer covered nutrition support in pancreatitis.

An additional scientific boost for the *Annual Scientific Meeting* was provided by the Gut Health Network (www.guthealthnetwork.com). This is a collaborative network of clinicians, researchers, and patients who organized a satellite workshop preceding the main meeting. This proved to be an excellent showcase of fundamental gut-related science done in New Zealand. To conclude the afternoon on ‘*Diet, Metabolites and Western Lifestyle Diseases*’, Professor Gerald Tannock, microbiologist at the University of Otago, highlighted the need for transparency and translation of fundamental research for the individual patient to ensure participation and enthusiasm.

In 2014, the New Zealand Society of Gastroenterology was fortunate to have been able to spend more than NZ\$121,000 on research grants, fel-



lowships, and scholarships. The meeting gave all these young and mature researchers the possibility to present their work, which ranged from audits aimed to change clinical practice to fundamental science such as the growth of human stem-cell derived colonic enteroids.

The highlight of every conference is the conference dinner and as per tradition, the evening of prize-giving, awarding, shoulder tapping and slapping was themed. ‘Dress as your hero’ inspired hundreds of Supermen and –women, Ghandis, Captain Americas, and Robin Hoods to celebrate a night to remember. The 2014/15 awards ceremony saw a total of NZ\$107,000 in research, poster and presentation awards. We are looking forward to hearing about the progress of the main recipients: Dr.

Tim Angeli (NZSG AbbVie Research award for ‘Targeted Ablation Therapy for Treatment of Gastrointestinal Dysrhythmias’), Drs. Russell Walmsley, Michael Schultz, and Murray Barclay (NZSG Janssen Research Fellowship – ‘A multicenter pilot study on the use of smartphone based health applications’) and Dr. Peter Swan (NZSG Janssen Research Fellowship – ‘Thermal Properties of the Liver & Hepatic Tumors improving understanding and outcome from microwave ablation of liver cancers’).

Planning is already underway for the 2015 Annual Scientific Meeting and we would like to welcome you all to our great country. Ka kite ano for now and Kia ora in Rotorua.



16th Egyptian Workshop of Therapeutic GI Endoscopy and 7th Hepatology and Gastroenterology Post Graduate Course



Ibrahim Mostafa, MD, PhD, FACC, Master of the WGO, FRCP (Glasg)

Professor of Gastroenterology and Hepatology
Theodor Bilharz Institute
Cairo, Egypt

“It is my pleasure to share with you a summary of one of our most distinguished and informative annual medical conferences in the field of gastroenterology, hepatology, and therapeutic endoscopy in Egypt. Started in 1998, our annual conference has been advancing and growing every year. The aim of the conference is sharing experiences, updating knowledge, and delivering a high level of training to the doctors from everywhere in the world via a combination of live workshops, hands-on training, and state of the art lectures,” said Professor Ibrahim Mostafa, the conference director.

The joint event was endorsed by prestigious international societies: the 16th Egyptian Workshop of Thera-



Attendees take part in hands on training at the 16th Egyptian Workshop of Therapeutic GI Endoscopy and 7th Hepatology and Gastroenterology Post Graduate Course.

peutic GI Endoscopy was endorsed by the American Society for Gastrointestinal Endoscopy (ASGE), European Society of Gastrointestinal Endoscopy (ESGE), and World Endoscopy Organization (WEO); the 7th Hepatology and Gastroenterology Post Graduate Course was endorsed by the American College of Gastroenterology (ACG) and the World Gastroenterology Organisation (WGO).

In 2014, around 800 attendees from Africa, the Middle East, the Asian Pacific region, Europe, and America attended the conference.

The postgraduate course, which took place on 11-12 December 2014, addressed the most recent advances in the fields of gastroenterology, hepatology, and therapeutic endoscopy through state of the art lectures. The attendees benefitted from internationally known experts, as well as “next generation” rising stars in the field who delivered the latest cutting edge information based on evidence-based approaches.

The live Therapeutic Endoscopy Workshop is an event eagerly awaited by the attendees every year. It allows the audience to view the most recent endoscopic diagnostic and therapeutic procedures, as well as learn how to deal in difficult situations, with



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eminent experts from all over the world. On Saturday 13 December, live endoscopy was video broadcast from the Air Force Specialized Hospital in Cairo, Egypt and on Sunday 14 December, live endoscopy was video broadcast from Al Rajhy Hospital, Assiut University in Assiut, Egypt to the auditorium in the congress venue, the Conrad Cairo Hotel.

Hands-on endoscopy training is one of the most important, challenging, and attractive events to doctors attending the conference, and has been carried on for the last four years. Through the Hands-on Training Course, thirteen stations worked in parallel along five sessions. The stations used the most recent training tech-

nologies in the field of diagnostic and therapeutic endoscopic procedures, both via biologic animal and plastic models. Stations included diagnostic upper and lower endoscopies, stenting, hemostasis, polypectomy, endoscopic retrograde cholangiopancreatography (ERCP), video capsule endoscopy, radiofrequency ablation (RFA) for Barrett's esophagus, and endoscopic bariatric procedures. A total of 250 doctors have attended these interactive, hands-on sessions. Working with their own hands and directed by very eminent and famous doctors, trainees rate these sessions as the most beneficial to their practice.

African countries had a very good representation during this event; 30 doctors from Sudan, South Sudan, Ethiopia, Tanzania, Uganda, and Kenya were invited and fully sponsored to attend the postgraduate course, the therapeutic endoscopy workshop, and the hands on training. Some of them attended the training for the first time and were very impressed; others have attended the training before. I have been so glad to see how some of them have progressed from beginners to skilled endoscopists over the last few years - some of them have even become endoscopy unit directors in their countries.

Cairo is an outstanding venue for our meeting and the Conrad Cairo Hotel is situated near the city center. The social, cultural, recreational, and



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gastronomic attractions of Cairo are easily accessible. All participants were active and enthusiastic contributors to our events. Joining forces ensured that it was the best educational event

ever! We all worked very hard to make sure that the meeting exceeded all the attendees' expectations.





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

WGO Global Guidelines & Cascades – 2015 Status and Outlook



Anton LeMair, MD

WGO Guidelines Project
Amsterdam, The Netherlands

The World Gastroenterology Organisation (WGO) has been publishing its Global Guidelines since the 1990s and the program has been successful in reaching out to health care workers all over the world. Especially with the Cascades, a non-Western audience is being supported. Professor Greger Lindberg from Sweden accepted the chairmanship of the Guidelines Committee in 2014, following in the footsteps of Professor Michael Fried and his predecessor Guido Tytgat, who developed and built a strong program. What is the status now in 2015 and what are the plans for the nearby future? We spoke with Greger Lindberg in Stockholm at the Karolinska Institutet to find out.

WGO's philosophy is to produce simple, easy to read, and compact guidelines, which allow for a straightforward communication of practice statements and sharing of knowledge – with a focus on clinical implementation and an emphasis on diagnosis and management.

We hope to deliver practice guidelines with a greater impact on medical care throughout the world by

compensating for the limitations connected with work that is based on the highest level of evidence only. There is a massive list of evidence-based guidelines and very little guidance for doctors working in a low resource environment. We want to change that...

Review Teams and Guideline Chairs are being appointed to develop our guidelines. Team members are invited experts representing all the regions that make up the diversity among the membership of WGO and the guideline's target readership. Guideline Chairs head the Review Teams and together the team members and Guideline Chairs play a crucial role in evaluating the evidence, writing the guideline, and developing the Cascades. We have relatively short throughput times and a very cost-efficient process. Evidence and current medical practice standards are balanced, resulting in resource-based guidelines to address differences in health care access, financial and technical resources within the user's communities.

The 2015 Status is summarized in the table on page 30 – it shows which 17 of WGO's 22 online guidelines include Cascades (resource sensitive options for diagnosis and management),



A Resource Sensitive Solution

the availability of translations, titles published in a compact version in the *Journal of Clinical Gastroenterology (JCG)*, and inclusion in the National Guideline Clearinghouse (NGC) databases. On the WGO guideline webpages, through the Graded Evidence service, recent journal articles relevant to each guideline topics are highlighted, while the WGO's Ask a Librarian service offers a unique service to members of gastrointestinal (GI) societies who do not have easy access to high quality clinical and research information. Monthly literature alerts keep the Guidelines Committee and Review Team members updated on scientific advances related to the guideline topics.

Challenges & Future Plans

Through our guidelines, we want to improve care in gastroenterology and hepatology worldwide. An ongoing challenge is the global representation in view of a general lack of evidence pertinent to and absence of trials in non-Western settings.

An opportunity is to invest in the **integration with other WGO activities** – synchronization, for instance, with World Digestive Health Day topics – our gastroesophageal reflux disease (GERD) guideline coming later this year, the curriculum of the WGO Training Centers and Train the Trainer initiatives, spinoffs for

pharmaceutical industry public programs, and local and global meeting programs. A good example initiative is our participation in the scientific program at the Gastro 2015 meeting in Brisbane, Australia in September of this year.

Global access is important for our mission. From the top six most common languages in the world (English, French, Mandarin, Portuguese, Russian, and Spanish) we are still missing Hindi and Arabic – remains of a still rather ‘Western’ focus?

Use & Implementation – Clinical practice guidelines will not have achieved their stated purpose if clinical practice does not change and outcomes improve. Although some implementation and impact studies have been published, little is known about the applicability of guidelines at a truly global level. We also don’t know enough about the impact or implementation of our guidelines; we know visits and downloads and we plan to soon start a tool to get to know more about who is downloading and using our guidelines.

Guidelines are updated as needed – we generally use a limit of five years, but the speed at which guidelines become outdated depends on the topic and scientific development factors.

WGO’s Guidelines Committee meets once a year and decides on new titles and updates. More new titles means more updating in the future, another challenge, especially in view of our more or less fixed resources. We are currently testing a short-track updating procedure.

Evidence – evidence based medicine is important and numerous excellent ‘gold standard’ guidelines are available for many GI topics which represent the latest scientific achievements. However, for most parts of the world, being able to “implement and practice what is already known” will do more good than “increasing the

Title	Year	Cascades	Published	Languages
1. Dysphagia	2014	+	WGO	6
2. Esophageal Varices	2014	+	WGO+NGC	6
3. Common GI Symptoms	2013	+	WGO+JCG	5 -R
4. Hepatitis C	2013	+	WGO+JCG	4 -F-R
5. Acute Diarrhea	2012	+	WGO+NGC+JCG	6
6. Celiac Disease	2012	+	WGO+NGC+JCG	6
7. NAFLD & NASH	2012	+	WGO+JCG	5 -R
8. Endoscope Disinfection	2011	+	WGO	6
9. Obesity	2011	+	WGO+NGC+JCG	6
10. Probiotics and Prebiotics	2011	-	WGO+JCG	6
11. Constipation	2010	+	WGO+JCG	6
12. <i>Helicobacter Pylori</i> in Developing Countries	2010	+	WGO+JCG	6
13. Hepatocellular Carcinoma	2009	+	WGO+JCG	6
14. Inflammatory Bowel Disease	2009	+	WGO+JCG	6
15. Inflammatory Bowel Syndrome	2009	+	WGO	6
16. Radiation Protection in the Endoscopy Suite	2009	+	WGO	6
17. Hepatitis B	2008	+	WGO	6
18. Colorectal Cancer Screening	2007	+	WGO+JCG	6
19. Diverticular Disease	2007	-	WGO	6
20. Strongyloidiasis	2004	-	WGO	6
21. Acute Viral Hepatitis	2003	-	WGO	6
22. Asymptomatic Gallstone Disease	2002	-	WGO	5 -M

F = French, M = Mandarin, R= Russian

evidence.” That is where our Global Guidelines play a role. In our guideline development we balance limited evidence with expert consensus. It is a delicate balancing act, and isn’t evidence too a man made thing? Isn’t evidence too ‘not so objective’: What we want to see is what we get?

How do WGO guidelines differ from national or other ‘global’ guidelines?

It is through our WGO Cascades that we differ. Very simply said, they address what can be done when you do not have all or optimal resources available. Resources in our view and in relation to our practice guidelines include, in addition to financials: material and technical capabilities, access to information and education, experience and training, legal and dis-

tribution limitations, and health care organization and patient access. As a consequence, we focus on developing regions or economies concentrated in Latin America, Russia, China, India, Pakistan, and Africa.

There are numerous ‘gold standard’ guidelines available, but not many address the implications of the requirements to fully implement those gold standard guidelines. A practical example is the reuse of ‘disposable’ syringes or the alternative cleaning of endoscopes with water and soap (because the autoclave is broken and there is no money for new parts). However, an example of how nearby and maybe unexpected, resource limitations can be is the fact that in Sweden, for instance (and in Holland and the UK and several other regions in Europe),

the gold standard for colorectal cancer screening is not implemented. Such a decision is based on economic and organizational reasons: by our own cascades those countries use level 6 recommendations and don't apply the 'gold standard' – now this is an example of how resources or resource based decisions, i.e. no funds available and not enough endoscopists to screen a good portion of the population, make the gold standard 'useless'.

How are WGO guidelines 'global'?

We look for topics that have relevance especially outside of the Western world, i.e. where epidemiology and quality of life impact of a disease are substantial, and where resources are sub-optimal to fully implement gold standard recommendations. This is often related to disease prevalence and the costs involved because large populations are affected and need help, e.g. viral hepatitis. And there may be a huge variation in the approach because of cultural differences, for instance constipation and the use of herbal solutions or a completely different balance in the involvement of other health care providers as reflected in our Common GI Symptoms

guideline with Cascade options for self-help, pharmacists, and primary care physicians.

How do we maintain quality and reliability?

We realize and maintain quality and reliability by having broad, expert based Review Teams. And, although the physician is always carrying the final responsibility for his/her actions taken, our guidelines are a tool to consider options and pathways that are best for groups of patients as reflected in the literature and as viewed by teams our experts. Evidence is a key element in the development of our guidelines but it must be seen in perspective, in relation to clinical practice, availability of investigations, treatments, trained professionals, access of patients, and cultural limitations. Throughout history, both 'evidence' and 'expert opinion' have been proven to be wrong sometimes, and they may have been less distinguished from each other than often presented. In our guideline development process we challenge available evidence with expert opinion and vice versa.

Evidence and expert opinion are both important ingredients to make

guidelines and much depends on the quality of the sources, i.e. the selection of systematic reviews and meta-analyses and the experience and knowledge of our Guideline chairs and our Review Team members.

Strategy for dissemination – Our guidelines are published on our own website (www.worldgastroenterology.org) and in the *JCG*. A selection is published in a few other journals and also reviewed and published on NGC. Our guidelines in the *JCG* are indexed in bibliographic databases, such as Medline/Pubmed and EMBASE. Articles also appear in *e-WGN* and e-Alerts when new or updated guidelines are published.

"Thank you on behalf of our global users" to all our experts.

The enthusiastic participation of our Guidelines chairs, Review Team and committee members, WGO Member Societies, and partner organizations, allows us to realize our Global Guidelines. Are you interested in participating? Help us make Global Guidelines! Review Team members are volunteers, experts from the field, and it is important to have clinicians from regions with limited resources.



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
E-mail: ttt@worldgastroenterology.org
Website: <http://www.worldgastroenterology.org/train-the-trainers-future-workshops.html>

WGO Ankara Training Center: Bowel Diseases Symposium

When: April 9-12, 2015
Location: Gloria Golf Resort Belek, Antalya, Turkey
Organizer: The Turkish Society of Gastroenterology
Phone: +90 532 221 3316
Fax: +90 312 425 1260
E-mail: info@wgo-tgd.com
Website: www.wgo-tgd.com

WGO Santiago Training Center: VIII Curso de Avances de Gastroenterología y Endoscopia Digestiva

When: May 19-20, 2015
Location: Aula Magna de Clinica Alemana
Address: AV. Manquehue Norte #1.410, Vitacura, Santiago, Chile
Director: Dr. Roque Sáenz
E-mail: dmedico@alemana.cl
Website: www.alemana.cl Sección: Médicos y Especialidades/Área Médica/Cursos Científicos

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: November 17-19, 2016
Location: Abu Dhabi, United Arab Emirates
Organizers: Emirates Gastroenterology & Hepatology Society and World Gastroenterology Organisation
E-mail: 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
E-mail: info@worldgastroenterology.org

CALENDAR OF EVENTS

MARCH 2015

7th AMAGE Congress

When: March 3-5, 2015
Location: Cairo, Egypt
Organizers: African Middle East Association of Gastroenterology (AMAGE) and the Egyptian Society for the Study of Hepatic and GI Diseases
E-mail: ibrahimfarouk@araborganizers.org

VIII Annual Meeting of AEG

When: March 25-27, 2015
Location: Hotel Meliá Castilla, Madrid, Spain
Address: C/ Capitán Haya, 43, 28020 Madrid, Spain
Organizer: Asociación Española de Gastroenterología (AEG)
Phone: 915 551 119
Fax: 915 553 581
E-mail: secretaria@aegastro.es
Website: www.aegastro.es

21st National Congress of Digestive Diseases

When: March 25-28, 2015
Location: Bologna, Italy
Organizers: Italian Federation of Societies of Digestive Diseases (FISMAD)
Website: <http://www.fismad.it/>

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/>

Iraqi Gastroenterology and Hepatology Conference 2015 (IGHC 2015)

When: April 10, 2015
Organizer: Iraqi Society of Gastroenterology and Hepatology
Location: Baghdad, Iraq
Phone: 009647801621319
E-mail: ISGH@iraq-git.com
Website: www.iraq-git.com/isgh

MAY 2015

Swedish Gastro Days 2015

When: May 27-29, 2015
Location: Uppsala, Sweden
Organizer: Swedish Society of Gastroenterology
Website: <http://gastrodagarna.svenskgastroenterologi.se>

JUNE 2015**48th Annual Meeting & 26th Training Course of ÖGGH****When:** June 18-20, 2015**Location:** Salzburg, Austria**Address:** Auerspergstraße 6, 6020 Salzburg, Austria**Organizer:** Austrian Society of Gastroenterology & Hepatology (ÖGGH)**Website:** <http://www.oegggh.at>**JULY 2015****Paraguayan XII Congress of Gastroenterology and Digestive Endoscopy - Day of Diseases****When:** July 22-24, 2015**Location:** Conmebol Convention Center, Asunción, Paraguay**Address:** Centro de Convenciones Conmebol, Asunción, Central 1645, Paraguay**Organizer:** Sociedad Paraguaya De Gastroenterología**Website:** www.spge.org.py**SEPTEMBER 2015****Congress of Gastroenterology China (CGC)****When:** September 4-6, 2015**Location:** Tianjing, China**Organizer:** Chinese Society of Gastroenterology (CSG)**Website:** <http://www.csge.org>**Argentine Congress of Gastroenterology and Digestive Endoscopy 2015****When:** September 17-19, 2015**Location:** Tucumán, Argentina**Address:** Centro de Convenciones, Sheraton Hotel, Tucumán, Av. Soldati 440, San Miguel de Tucumán, 4000 Tucumán, Argentina**Organizers:** Federación Argentina de Gastroenterología (FAGE), Sociedad Argentina de Gastroenterología, and Federación Argentina de Asociaciones de Endoscopia Digestiva (FAAED)**Phone:** 54-381-4303832**Fax:** 54-381-4303832**E-mail:** gastro2015@marcelasantoro.com / info@marcelasantoro.com**Website:** www.gastro2015.com.ar**OCTOBER 2015****3rd Serbian Gastroenterology Congress with International Participation****When:** October 8-10, 2015**Location:** Belgrade, Serbia**Address:** Hotel Crowne Plaza Belgrade, Vladimira Popovića St No.10, 11070 Novi Beograd, Serbia**Organizer:** Association of Serbian Gastroenterologists (ASG)**Telephone:** +381 63 247770**Fax:** +381 11 3615587**E-mail:** gastroendo@beotel.rs**Website:** <http://www.ugs.rs>**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>**XXI Russian Gastroenterological Week****When:** October 12-14, 2015**Location:** Russian Presidential Academy of National Economy and Public Administration (RANEP), Moscow, Russia**Address:** Prospect Vernadskogo, 82, Moscow, Russian Federation 119571**Organizer:** Russian Gastroenterological Association**Telephone:** +7 (926) 213-25-52**E-mail:** alexander.trukhmanov@gmail.com**Website:** <http://www.gastro.ru>**ACG 2015 Annual Scientific Meeting & Postgraduate Course****When:** October 16-21, 2015**Location:** Hawaii Convention Center, Honolulu, HI, USA**Organizer:** American College of Gastroenterology (ACG)**Website:** <http://www.gi.org/>**United European Gastroenterology Week (UEGW)****When:** October 24-28, 2015**Location:** Fira de Barcelona, Barcelona, Spain**Organizer:** United European Gastroenterology (UEG)**E-mail:** office@ueg.eu**Website:** www.ueg.eu/week**NOVEMBER 2015****Iranian Congress of Gastroenterology and Hepatology****When:** November 24-27, 2015**Location:** West Saheli Avenue, Congress Complex of Shiraz University, Shiraz, Iran
Organizers: Iranian Association of Gastroenterology and Hepatology (IAGH), Fars Branch of IAGH, Gastroenterohepatology Research Center (GEHRC)**E-mail:** icgh@iaghcongress.org**NZSG Annual Scientific Meeting 2015****When:** November 25-27, 2015**Location:** Energy Events Centre, Rotorua, New Zealand**Address:** 99 The Terrace, 6012 Wellington, New Zealand**Organizer:** New Zealand Society of Gastroenterology (NZSG)**Phone:** 04 4608126**E-mail:** anna.pears@racp.org.nz**Website:** www.gastro2015.co.nz**DECEMBER 2015****APDW 2015 – Asian Pacific Digestive Week****When:** December 3-6, 2015**Location:** Taipei International Convention Center**Address:** No. 1, Section 5, Xinyi Rd, Taipei, Taiwan**Organizer:** The Gastroenterological Society of Taiwan**Website:** <http://www.apdw2015.org>**FEBRUARY 2016****Canadian Digestive Diseases Week (CDDW 2016)****When:** February 26 – 29, 2016**Location:** Fairmont Queen Elizabeth Hotel**Address:** 900 Rene Levesque Blvd., Montreal, QC H3B 4A5, Canada**Organizer:** Canadian Association of Gastroenterology**Phone:** 888-780-0007**Fax:** 905-829-0242**E-mail:** general@cag-acg.org**Website:** www.cag-acg.org

APRIL 2016

The 5th International Forum**When:** April 22-23, 2016**Location:** Keio Plaza Hotel Tokyo**Address:** 2-2-1 Nishi-Shinjuku, Shinjuku-Ku, Tokyo, 160-8330, Japan**Organizer:** The Japanese Society of Gastroenterology**Phone:** +81-3-3508-1214**Fax:** +81-3-3508-1302**E-mail:** 102jsge@convention.co.jp

OCTOBER 2016

ACG 2016 Annual Scientific Meeting & Postgraduate Course**When:** October 14-19, 2016**Location:** Venetian Resort, Las Vegas, NV, USA**Organizer:** American College of Gastroenterology (ACG)**Website:** <http://www.gi.org/>

NOVEMBER 2016

APDW 2016 – Asian Pacific Digestive Week**When:** November 2-5, 2016**Location:** Kobe Convention Center, Kobe, Japan**Organizer:** Organization of JDDW**Website:** www.apdw2016.org**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**

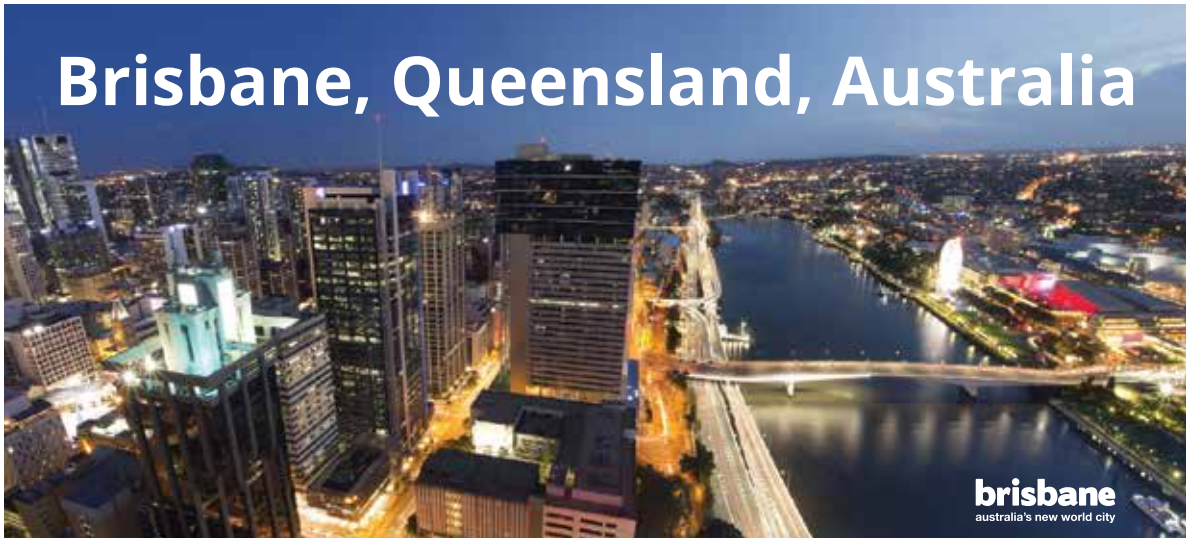
Are you a WGO Member Society wanting to share your event with WGO readers? Visit <http://www.worldgastroenterology.org/submit-event.html> to submit your event for publication in WGO's website conference calendar as well as the quarterly *e-WGN* calendar of events!

World Digestive Health Day 2015 WDHD 2015- Heartburn: A Global Perspective



Each year on May 29 the World Gastroenterology Organisation celebrates World Digestive Health Day (WDHD) to raise awareness about a particular digestive or liver disease. The 2015 WDHD theme is “Heartburn: A Global Perspective.”

Led by Chairman, Professor David Armstrong (Canada), the WGO Foundation Chair and Vice Chair, Eamonn Quigley (USA) and Richard Hunt (UK), and the 2015 Steering Committee, Mary Afihene (Ghana), Serhat Bor (Turkey), Henry Cohen (Uruguay), Colin Howden (USA), Peter Katelaris (Australia), Varocha Mahachai (Thailand), Govind Makharia (India), Joaquim Prado P de Moraes-Filho (Brazil), Ala Sharara (Lebanon), Vincenzo Stanghellini (Italy), and Frank Zerbib (France), the World Gastroenterology Organisation wishes to raise awareness of heartburn and to provide a broad overview on this common symptom by providing gastroenterologists and, hence their patients and the lay public, with an understanding of the latest basic and clinical research in the pathogenesis, investigation, and treatment of esophageal symptoms. “Heartburn: A Global Perspective,” seeks to translate research into clinical practice and facilitate communication between healthcare providers, healthcare payers, and heartburn sufferers to ensure that patients receive appropriate dietary and lifestyle advice as well as appropriate investigations and treatment, relevant to their condition and circumstances.



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