

e-WGN

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Welcome to WDHD 2016: Your Diet and Gut Health



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Dear Colleagues

For some time the public have been asking us about the relationship between what we eat and the subsequent development of gastrointestinal symptoms. One good example of this is coeliac disease, which affects 1% of the population with the damage occurring in the gut as a result of eating gluten, a protein present in the wheat. More recently a new entity is emerging termed non-coeliac gluten sensitivity which may affect more than 10% of the population.

Food intolerances are reported to be very common affecting up to 40% of individuals who have Irritable Bowel Syndrome (IBS) type symptoms. A further exciting development is the dietary interventions studies showing benefit to patients with IBS when trying a FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diet, gluten free diet or probiotics. However one area of confusion for both clinicians and the public alike are the entities of

Food Allergy and Food Intolerance. Food allergy is predominantly a childhood diagnosis and is reported to affect 4-7% of children. Making the diagnosis is based on the presence of either an IgE immunoglobulin blood or skin prick test, however crucially patients must also report allergic symptoms. It is possible to have a positive IgE test as a marker of having been sensitised to the allergen but not actually develop an allergic response. Nevertheless we now consider that 1-2% of adults may also have food allergy. There are at present no tests for food intolerances so distinguishing between food allergy and food intolerance is vital.

The World Gastroenterology Organisation (WGO) wishes to raise awareness of the relationship between what we eat and gastrointestinal symptoms. WGO want to provide a broad overview on this common association by providing gastroenterologists and, hence their patients and the lay public, with an understanding of the

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latest basic and clinical research in the role of food in our gut. “Your diet and gut health” is the WGO campaign for World Digestive Health Day 2016 and seeks to translate research into clinical practice and facilitate communication between healthcare providers, healthcare payers and the public. We want to ensure that patients receive appropriate dietary and lifestyle advice as well as appropriate investigations and treatment, relevant to their condi-

tion whether this is coeliac disease, non-coeliac gluten sensitivity, IBS, food intolerance or food allergy. 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 different conditions where our diet may play a role.

Our colleagues and we from the WDHD 2016 Steering Committee look forward to a productive and successful campaign in providing a global perspective on diet and gut health.



Join Us in Learning About Your Diet and Gut Health!

We invite you to begin planning your WDHD 2016 event today! To request a copy of the 2016 WDHD logo for your use in promoting this year’s WDHD campaign or to submit the event details, please visit <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/submit-wdhd-2016-event>. Your event will then be placed on the official WDHD 2016 webpage and the WGO “Meetings and Events” calendar. Today and throughout 2016, events are taking place around the globe in celebration of WDHD 2016, “Diet and the Gut”. Below are some ways that you can promote World Digestive Health Day in your community:

TAKE ACTION

- Host an academic conference or symposium featuring scientific programs, plenaries, poster presentations, forums etc. on “Diet and the Gut” topics.
- Coordinate nutritional health assessment and screening sessions in your community.
- Create and distribute a cookbook of healthy recipes and tips for gut health.
- How will you TAKE ACTION to support WDHD?

CELEBRATE

- Host a walk-a-thon fundraiser to rally your community in support of World Digestive Health Day 2016.
- Generate awareness of “Diet and the Gut” topics by developing a social media campaign.
- Engage your local media with public service announcements, press releases, radio advertisements, videos, etc.
- How are you planning to CELEBRATE WDHD?

Please also regularly visit: <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016> as information, tools and resources become available in the coming months!

Goodbye and Hello



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I am writing to thank Dr. J. Enrique Domínguez-Muñoz for his service as Co-Editor of our newsletter the last 3 years. He brought excellence to our newsletter and I am honored to have served as Co-Editor these past 3 years. I am also writing to welcome our new Co-Editor Mario Reis Álvares-da-Silva, MD, PhD, from Brazil.

Dr. Álvares-da-Silva is a Professor of Hepatology at the Department of Internal Medicine at the Universidade Federal do Rio Grande do Sul (UFRGS) and a lecturer in Gastroenterology at the University of São Paulo (USP). He is also Director of the WGO Porto Alegre Hepatology Training Center and of the Project ECHO Liver Diseases Clinic at the Hospital de Clinicas de Porto Alegre, UFRGS' university hospital.

Dr. Álvares-da-Silva obtained his medical degree from the Fundação Universidade Federal de Ciências da Saúde de Porto Alegre. Later on he obtained his PhD in Hepatology from UFRGS, and his post-doctorate degree in Liver Transplantation from USP. Dr. Álvares-da-Silva's research focuses on Hepatitis C, NAFLD hepatocellular carcinoma, and liver transplantation.

The first non-English spoken WGO Train the Trainers workshop was held in Porto Alegre, Brazil in

2011 with Dr. Álvares-da-Silva as the local organizer. He has also served on several WGO committees, including the Scientific Programs Committee, Hepatology Interest Group, and Training Centers Committee. Dr. Álvares-da-Silva's past editorial experience includes serving as Editor of the Brazilian Society of Hepatology (SBH) Bulletin. Please join me in welcoming Dr. Álvares-da-Silva to *e-WGN*!

We would also like to thank the 2013-2015 Editorial Board for their contributions to *e-WGN* and to introduce you to the new Editorial Board, who will serve with us through October 2017:

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Haleh Vaziri
Marcelo F. Vela

We hope you enjoy this issue—articles of special interest are:

- “Bariatric Surgery and the Gastroenterologist” – A review of the integral role GIs play in managing patients undergoing bariatric surgery by Srikantaiah Manjunatha, MBBS, MD, MRCP(UK), and Michael Schultz, MD, PhD
- “Neuroendocrine Neoplasm in China – Present and Future” – An overview of a growing issue by Min-Hu Chen, MD, PhD, and Jie Chen, MD, PhD
- “Your Diet and Gut Health” – An introduction to the World Digestive Health Day 2016 campaign: Diet and the Gut, by Co-Chairs David Sanders, MD, and Govind Makharia, MD

We welcome your feedback as always. Also, please consider *e-WGN* as a place to publish your scholarly reviews and invite your colleagues to contribute as well. We also welcome opinion pieces, as well as your feedback and suggestions on any aspects of the newsletter. Please feel free to contact us through info@worldgastroenterology.org. We all benefit greatly from the international contributions from all over the world which helps bring us all together.

Bariatric Surgery and the Gastroenterologist



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Obesity is a global problem of epidemic proportions. There were more than 1.9 billion overweight adults (BMI>25) in 2014 and 600 million of these were obese (BMI>30). Overall, 13% of the world's adult population (11% males and 15% females) were obese and the prevalence of obesity has doubled between 1980-2014. In 2013, 42 million children under the age of 5 were overweight or obese¹. Obesity is a well-known risk factor for many pathological conditions, including hypertension, hyperlipidemia, diabetes mellitus, coronary artery disease, stroke, osteoarthritis, sleep apnea, and certain cancers, contributing substantially to health care costs. Clinicians are limited by ineffective treatment options as dietary and behavioral modifications, exercise, and pharmacotherapy all have relatively poor long term results². Bariatric surgery, though drastic, seems currently to be the only effective way of achieving long term persistent weight loss with improved or resolved comorbid conditions. According to recent recommendations, patients with a BMI >35kg/m² and depending on

obesity-related co-morbidities should be offered surgery³.

Gastroenterologists are becoming increasingly involved in the care of obese patients. There is a significant association between obesity and various gastrointestinal problems, including reflux disease, vomiting, non-cardiac chest pain, diarrhea, etc. Obesity is also associated with a number of gastrointestinal and hepatobiliary conditions, like Barrett's esophagus, esophageal adenocarcinoma, colonic polyps and cancer, gall stones, gall bladder cancer, pancreatic cancer, non-alcoholic fatty liver disease, hepatocellular cancer, etc., which are managed by gastroenterologists. Furthermore, besides the family doctor or general practitioner, increasingly in practice we may be the first medical contact for the obese or superobese and we should not be afraid to discuss (and even initiate discussion) about operative intervention or referral. However, this article is restricted to the role of gastroenterologist in bariatric surgery patients.

The mechanism of bariatric surgery

generally involves restriction, malabsorption, or a combination of these two mechanisms. Restrictive procedures decrease the size of the stomach resulting in early satiety and reduced caloric intake. The restrictive operations include laparoscopic adjustable gastric band (LAGB) and vertical sleeve gastrectomy (VSG). In contrast, malabsorptive procedures bypass a large part of small intestine decreasing the degree of absorption of nutrients. These procedures include Biliopancreatic diversion (BPD) with or without Duodenal switch (DS). Roux-en-Y gastric bypass (RNYGBP), the most commonly performed bariatric procedure, involves both components of restriction and malabsorption. The procedure is technically demanding. VSG therefore is steadily gaining popularity due to technical advantages, perceived simplicity, and maintenance of anatomical continuity though the weight loss may be much less than after RNYGBP⁴. The success and complication profiles of all these procedures are different. The postoperative mortality rate of a RNYGBP at 30 days has been reported between 0.2 – 0.5% depending on the technique (laparoscopic vs open) with leaks as the most common complication with a reported range of 0.4-4%. The technically less demanding VSG has a reported mortality rate of approximately 0.2%, again with leaks being the most common complication (1.9-2.4%)⁵. A revisional procedure after bariatric surgery can be defined as a conversion, correction, or reversal. The indications for revisional surgery are treatment of severe side effects like persistent nausea, vomiting, dumping syndrome or complications of previous bariatric surgery like stricture,

non-healing ulcers, or inadequate weight loss. Complications or weight loss failure after LAGB is the most common reason, making up to 75% of reversal operations⁶.

Gastroenterologists play an integral role in the pre- and post-operative management of patients undergoing bariatric surgery. It is recommended that upper gastrointestinal endoscopy should be performed in all bariatric patients irrespective of symptoms, more so in patients undergoing RNYGBP or BPD/DS as it will be difficult to evaluate the excluded distal stomach and duodenum post operatively. It may also be important to detect abnormalities which may influence the choice of surgery or the development of post-operative symptoms and complications. VSG may be significantly more complicated by a hiatus hernia which requires additional repair, while Barrett's esophagus is an absolute contraindication to VSG⁴. Other, clinically, significant pathologies for consideration prior to surgery include reflux esophagitis, gastric ulcers, *Helicobacter pylori* infection, etc. To quote a few examples, *H. pylori* infection may increase the risk of anastomotic ulcers and VSG may worsen reflux².

With an ever increasing number of surgeries being performed, the absolute number of complications is also increasing. The immediate post-operative complications, like anastomotic leak, bleeding, small bowel obstruction, etc., may need surgical intervention, but lately there has been a trend to manage the stable patient preferably endoscopically. The most common location for leaks is the staple line, no matter which type of bariatric surgery was performed. The use of self-expandable, covered stents inserted to cover the defect has a reported success rate of >80%. These stents can be left in place for a prolonged time and patients may

resume oral feeding after 1-3 days. Stent migration is a complication and the leak might recur. Fully covered stents can be removed endoscopically⁷. Also post-operative bleeding, most often at the site of the anastomosis, and more likely in patients with underlying diabetes mellitus might be amenable to endoscopic therapy. The use of hemostatic clips is preferred over the use of diathermy^{5,7}. However, common symptoms prompting endoscopy six weeks or more after bariatric surgery include upper abdominal pain, nausea, vomiting, dysphagia, and diarrhea. The etiology of these symptoms are multifactorial and include marginal ulcers, chronic anastomotic leaks, fistulae, strictures, band stenosis, erosion or slippage, staple line dehiscence, bezoars, cholelithiasis, etc. The endoscopic treatment of some of these conditions include balloon dilation of strictures, endoscopic removal of eroded bands, stenting of anastomotic leaks, endoscopic treatment of fistulae, and removal of bezoars and gall stones^{2,4}.

There may be also be a role for preoperative gastrointestinal motility studies in some patients to select the appropriate type of surgery. LAGB is notorious for postoperative worsening of gastro-esophageal reflux (GERD) and can cause pseudo-achalasia due to an increase of the lower gastro-esophageal pressure and aperistalsis. Similarly, VSG has been shown to aggravate GERD and can cause *de novo* GERD. In contrast, RNYGBP has been demonstrated to improve GERD-like symptoms and maintains motility of the esophagus⁸. Small intestinal bacterial overgrowth can occur after RNYGBP and can result in a variety of symptoms. Early and late dumping syndromes are well reported late complications.

Post-operative nutritional and metabolic complications are quite common and may be seen in as many as 30% of patients. The most

common nutritional deficiencies, particularly after bypass operations, are iron, calcium, vitamin D, vitamin B1², copper, zinc, and other vitamins and micronutrients, and may present as anemia, metabolic bone disease, protein energy malnutrition, steatorrhea, Wernicke's encephalopathy, polyneuropathy, visual disturbances, and skin problems. There is evidence for routine screening for essential fatty acids and vitamin E or K deficiency. The etiology is multifactorial, including reduced intake, altered dietary choices, and malabsorption due to altered anatomy. The nature and severity of deficiencies is dependent on the type of surgery, dietary habits, and the presence of other surgery related complications like nausea, vomiting, or diarrhea. The frequency of nutritional follow-up depends largely on the surgical procedure performed. Following LAGB, frequent nutritional follow-up is recommended. Guidelines were reviewed and published in 2013 on the perioperative nutritional, metabolic, and non-surgical support of these patients³. Routine post-operative nutritional monitoring and micronutrient supplementation is recommended in all bariatric patients particularly after malabsorptive procedures. Here, treatment with oral calcium and vitamin D is indicated to prevent secondary hyperparathyroidism. Hypophosphatemia is often associated with vitamin D deficiency. In individual cases, the monitoring of bone density is recommended. Hyperinsulinemic hypoglycemia is a rare complication after procedures like RNYGBP which is attributed to nesidioblastosis and needs to be differentiated from dumping syndrome⁹. All patients should receive a multivitamin and mineral preparation³.

The endoscopist may have a very important role in the future with less invasive endoscopic procedures as alternatives for bariatric surgery,

based on the same principles. Endoscopic introduction of various types of restrictive gastric balloons, bypass procedures with placement of duodenojejunal bypass sleeve or bypass liner, implantable devices to delay transit time of nutrients through the duodenum, gastric stapling, endoluminal vertical gastroplasty, endoluminal gastric plication, transoral endoscopic restrictive implant system, etc. are only a few examples of endoscopic interventions as alternatives for surgical procedures¹⁰.

The global increase in bariatric surgery procedures will no doubt generate more work for gastroenterologists and the endoscopy units and this needs to be taken into account in the management of capacity and increased demands^{11,12}. If the current research into endoluminal approaches demonstrates significant clinical advantages, gastroenterologists may have an ever increasing role and responsibility in the management of this global problem.

References

1. WHO Fact sheet N 311, updated January 2015.
2. DiBaise JK, Foxx-Orenstein AE. Role of Gastroenterologist in managing obesity. *Expert Rev Gastroenterol Hepatol* 2013;7:439-451.
3. Mechanick JI, Youdin A, Jones DB, Garvey TG, Hurley DL, McMahon MM, Heinberg LJ, Kushner R, Adams TD, Shikora S, Dixon JB, Brethauer S. Clinical practice guidelines for the perioperative nutritional, metabolic, and non-surgical support of the bariatric surgery patient – 2013 update: Cosponsored by American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Endocr Pract* 2013;19:337-372.
4. Rosenthal RJ. International Sleeve Gastrectomy Expert Panel Consensus Statement: best practice guidelines based on experience of >12,000 cases. *Surg Obesity Rel Dis* 2012;8:8-19.
5. Eisendrath P & Deviere J. Major complications of bariatric surgery: endoscopy as first-line treatment. *Nat Rev Gastroenterol Hepatol* 2015;12:701-710.
6. Ma IT, Madura II JA. Gastrointestinal complications after bariatric surgery. *Gastroenterol & Hepatol* 2015;11:526-535.
7. Walsh C & Karmali S. Endoscopic management of bariatric complications: A review and update. *WJGE* 2015;7:518-523.
8. Naik RD, Choksi YA, Vaezi MF. Consequences of bariatric surgery on oesophageal function in health and disease. *Nat Rev Gastroenterol Hepatol* 2015; epub ahead of print.
9. Koch TR, Finelli FC. Post-operative metabolic and nutritional complications of bariatric surgery. *Gastroenterol Clin N Am* 2010;39:109-124.
10. Mathus-Vilgen EMH. Endoscopic treatment: Past, Present and Future. *Best Pract Res Clin Gastroenterol* 2014; 28:685-702.
11. Steed H, Golar H, Manjunath S. The hidden endoscopic burden of Roux en Y gastric bypass surgery. *Frontline Gastroenterol* 2013;4:69-72.
12. Arndtz K, Steed H, Hodson J, Manjunath S. The hidden endoscopic burden of sleeve gastrectomy and its comparison with Roux en Y gastric bypass. *Ann Gastroenterol* 2016;29(1):44-49.

Neuroendocrine Neoplasm in China —Present and Future



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Neuroendocrine neoplasms (NEN) are a group of heterogeneous tumors arising from amine precursor uptake decarboxylation neuroendocrine cells. Epidemiological data according to the National Cancer Institute of United States (NCI), the National Cancer Registry of Spain (RGETNE), the Norwegian Registry of Cancer, and the nationwide Swedish Family-Cancer Database have shown that the incidence of NEN in western countries was 2.5-5/100,000¹⁻⁴. Over the past three decades, the incidence of NEN has significantly increased five-fold from 1.09/100,000 to 5.25/100,000. Contrasted with other tumors, the incidence of NEN increased more rapidly, which may due to the improvement of diagnostic precision, the increased awareness of NEN by clinicians, more frequent screening for tumors, and other environmental factors^{1,3}. There are still no epidemiological data of NEN based on population in mainland China. However, an investigation from Taiwan showed that the incidence of NEN also increased

five-fold from 0.3/100,000 in 1996 to 1.5/100,000 in 2008⁵.

Gastroenteropancreatic Neuroendocrine Neoplasm (GEP-NEN) is the most common type of NEN, accounting for 65%-75% of NEN from all sites^{6,7}. However, among different ethnicities and regions, the primary sites are different. In the Asian-Pacific region, the top three sites of GEP-NEN are rectum, pancreas, and stomach, while small intestinal NEN is much rarer⁵. A multi-center retrospective pathological study in mainland China also indicates pancreas and rectum as the most common sites (data not yet published).

Since NEN can originate from any site throughout the body, and its clinical manifestations are so complex and diverse, accurate diagnosis of NEN is more complicated and more specialized than that of other tumors. The diagnostic method of NEN should be comprehensive, analyzing the results of serology, imaging, endoscopy, nuclear medicine, and pathology. Otherwise, treatment of NEN

patients should be individualized with multidisciplinary comprehensive management, including procedures (endoscopy and surgery), interventional therapy and nuclide therapy, chemotherapy, biotherapy and molecular target therapy, etc. Compared to other tumors, more specialized departments should be involved in the diagnosis and treatment of NEN.

In mainland China, most of the physicians lack a thorough understanding of NEN and they often refer these patients to different departments. NEN patients were handled respectively by each specialized department before 2010. Chinese doctors started to pay attention to these rare tumors in 2010 when the nomenclature and classification of neuroendocrine tumors of digestive system were updated by the World Health Organization (WHO)⁸. Thereafter, pathologists in China successively reached two consensuses on pathological diagnosis of GEP-NEN which were published in 2011 and 2013 respectively^{9,10}. In clinical practice, some large medical centers successively started to set up neuroendocrine neoplasm multi-disciplinary teams (NEN-MDT). Various professional societies/studies (including the disciplines of gastroenterology, oncology, and pancreatic surgery) have released several related guidelines/consensuses for NEN respectively¹¹⁻¹³. However, few of these guidelines/consensuses reference clinical studies based on the Chinese population. By searching on the PubMed, we found that Chinese researchers have published 89 total articles on GEP-NEN in international journals between 2010 and 2015. However, 51 of them are small-scale single institution clinical

studies. Only one is prospective study. No multi-center, co-operative clinical studies have been published.

Considering the current situation of diagnosis, management, and research of NEN in China, an increasing number of experts from NEN-related disciplines and fields have gradually gathered together and formed several professional NEN study groups. For instance, the Chinese Study Group for Neuroendocrine Tumors (CSNET), founded in 2015, is the first nationwide interdisciplinary alliance of NET experts in China, including experts in various fields, such as medical oncology, gastroenterology, surgery, endocrinology, pathology, radiology, and nuclear medicine. Based on this open and cooperating platform, experts with a common goal set about establishing NEN databases, carrying out multi-center clinical trials and basic studies, and formulating expert consensus for point-to-point implementation. We firmly believe that it will not be long before more and more voices from China will be heard, both in the clinical and basic fields of NEN.

References

1. Yao J. C., Hassan M., Phan A., Dagohoy C., Leary C., Mares J. E. et al. One hundred years after "carcinoid": epidemiology of and prognostic factors for neuroendocrine tumors in 35,825 cases in the United States, *Journal of Clinical Oncology* 2008; 26(18): 3063-3072.
2. Garcia-Carbonero R., Capdevila J., Crespo-Herrero G., Diaz-Perez J. A., Martinez Del Prado M. P., Alonso Orduna V. et al. Incidence, patterns of care and prognostic factors for outcome of gastroenteropancreatic neuroendocrine tumors (GEP-NETs): results from the National Cancer Registry of Spain (RGETNE), *Ann Oncol* 2010; 21(9): 1794-1803.
3. Hauso O., Gustafsson B. I., Kidd M., Waldum H. L., Drozdov I., Chan A. K. et al. Neuroendocrine tumor epidemiology: contrasting Norway and North America, *Cancer* 2008; 113(10): 2655-2664.
4. Hemminki K., Li X. Incidence trends and risk factors of carcinoid tumors: a nationwide epidemiologic study from Sweden, *Cancer* 2001; 92(8): 2204-2210.
5. Tsai H. J., Wu C. C., Tsai C. R., Lin S. F., Chen L. T., Chang J. S. The epidemiology of neuroendocrine tumors in Taiwan: a nationwide cancer registry-based study, *PloS one* 2013; 8(4): e62487.
6. Modlin I. M., Oberg K., Chung D. C., Jensen R. T., de Herder W. W., Thakker R. V. et al. Gastroenteropancreatic neuroendocrine tumours, *The Lancet Oncology* 2008; 9(1): 61-72.
7. Modlin I. M., Lye K. D., Kidd M. A 5-decade analysis of 13,715 carcinoid tumors, *Cancer* 2003; 97(4): 934-959.
8. Bosman FT C. F., Hruban RH, et al. WHO classification of tumors of the digestive system, Lyon: IARC Press 2010.
9. Chinese Pathologic Consensus Group for Gastrointestinal and Pancreatic Neuroendocrine Neoplasm. Chinese Consensus Guidelines for the standards of histopathologic diagnosis in Gastroenteropancreatic Neuroendocrine neoplasm [Article in Chinese], *Chinese Journal of Pathology* 2011; 40(4): 257-262.
10. Chinese consensus panel for pathological diagnosis of gastroenteropancreatic tumors. Chinese consensus for pathological diagnosis of gastroenteropancreatic neoplasm [Article in Chinese], *Chinese Journal of Pathology* 2013; 42(10): 691-694.
11. Study group of gastrointestinal hormones, Chinese Association of Gastroenterology. Suggestions for the medical treatment of gastroenteropancreatic neuroendocrine tumors [Article in Chinese], *Chinese Journal of Digestion* 2014; 34(6): 361-369.
12. Neuroendocrine Tumor Professional Committee, Chinese Society of Clinical Oncology. Chinese expert consensus for gastroenteropancreatic neuroendocrine neoplasm [Article in Chinese], *Chinese Clinical Oncology* 2013; 18(6): 815-832.
13. Group of Pancreas Surgery, Chinese Society of Surgery, Chinese Medical Association. Guidelines for the treatment of pancreatic neuroendocrine neoplasm [Article in Chinese], *Chinese Journal of Practical Surgery* 2014; 34(12): 1117-1119.

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Join the world's most renowned experts in the field that will address the latest advances in treatment, issues, and challenges in the gastroenterology and hepatology specialties at Gastro 2016: EGHS-WGO International Congress, 17-19 November 2016 in Abu Dhabi, UAE.

Why Attend?

- Access to some of the most respected and renowned experts in the field
- Free access to the exhibition running alongside the conference
- Level up your career by taking advantage of the educational content
- Attend live endoscopy sessions
- Be able to attend hands-on training workshops
- Earn CME points

Who Should Attend?

- Gastroenterologists
- Hepatologists
- Endoscopy Specialists
- Family Practitioners
- Internal Medicine
- Surgeons
- Oncologists
- Pathologists

- Researchers
- Academia
- Allied Health
- Nursing Staff

Gastro 2016 offers a unique platform and the opportunity to meet and network with a truly international audience and gain insight into the latest product information and trends.

Do not miss this opportunity to meet gastroenterologists, surgeons, and researchers from around the globe. By attending Gastro 2016, you are also supporting WGO in realizing its objectives and programs:

- To promote public awareness of digestive disorders worldwide
- To provide the highest standards in education and training in gastroenterology throughout the world and objectively assess the outcomes thereof
- To create an educational network readily accessible and relevant to gastroenterologists in emerging societies to support their local professional development
- To promote multi-disciplinary approaches to primary prevention,

screening, early detection, and optimal care of digestive cancers

- To develop and disseminate global guidelines on important global issues in the clinical practice of gastroenterology
- To promote an ethical approach to all aspects of the practice of gastroenterology
- To promote the formation of gastroenterological organizations and encourage them to be members of WGO
- To support and collaborate closely with all organizations interested in digestive disorders, including nursing, other healthcare workers and patient advocacy groups
- To solicit financial support for the purpose of undertaking WGO's global and emerging society programs and activities
- To regularly communicate WGO's strategic plan, activities and outcomes to its constituents

Register Now and Save!

Hotel Accommodation Booking is Now Open!

Gastro 2016: EGHS – WGO International Congress brings you partner hotels and they have been selected based on convenience and reviews and cater to all budgets. Book your accommodation today!

[Book Now!](#)

Present your Research in an International Congress!

Gastro 2016 invites authors worldwide to submit abstracts to be presented as Oral or Poster presentation at Gastro 2016.

Abstract Topics Include:

- Live Endoscopy Combined with Pre-Prepared Video Endoscopy Vignettes
- IBD

- Hepatology (Including New Treatments for Hepatitis, HCC)
- Neuro-Gastroenterology (Including Achalasia, Gastroparesis, other Motility Disturbances)
- Acid-Related Diseases (Including GERD)
- GI Bleeding and/or Causes of Anemia
- Celiac Disease and Other Causes of Malabsorption, Malnutrition
- IBS, Including Relationship between Diet and GI Symptoms
- Microbiota
- Pancreatic Diseases
- *H. Pylori* and Other Infectious Diseases
- GI Cancers (Including Epidemiology, Mechanisms, Diagnosis and Surveillance, Therapy)
- Obesity and Surgery

[Submit Abstract!](#)

Sponsorship Opportunities Available!

Over the span of three days, Gastro 2016 will feature scientific and networking events, symposia, forums, debates, including the live broadcasting of a series of live endoscopy cases directly from one of the UAE's leading hospitals. It is expected to attract 2,000 health care professionals with the sole aim to facilitate the interaction between speakers, delegates, and market leaders.

[Download Sponsorship Prospectus!](#)



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2016 Steering Committee

The World Digestive Health Day Campaign is led by the following individuals representing a global view and expertise in gut health. They will guide the course of the campaign, leading in the development of tools and activities throughout 2016 and beyond.

<p>Co-Chair, WDHD 2016 Govind K. Makharia, MD, DM, DNB, MNAMS All India Institute of Medical Sciences New Delhi, India</p>	<p>Co-Chair, WDHD 2016 David Sanders, MRCP(UK), MD, FACG, FRCP Royal Hallamshire Hospital Sheffield, South Yorkshire, UK</p>
<p>Chairman, WGO Foundation Cihan Yurdaydin, MD University of Ankara Medical School Ankara, Turkey</p>	<p>Vice Chair, WGO Foundation Richard H. Hunt, FRCP, FRCPEd, FRCPC, AGAF, MACG, MWGO Beaconsfield, UK</p>
<p>Past Chairman, WGO Foundation Eamonn Quigley, MD, FRCP, FACP, FACG, FRCPI The Methodist Hospital Weill Cornell Medical College Houston, Texas, USA</p>	<p>Member Julio Bai, MD Hospital de Gastroenterologia Dr. Carlos Bonorio Udaondo Adroque, Argentina</p>
<p>Member Sheila E. Crowe, MD, FRCP, FACP, FACG, AGAF University of California San Diego La Jolla, California, USA</p>	<p>Member Alessio Fasano, MD MassGeneral Hospital for Children Boston, Massachusetts, USA</p>
<p>Member Peter Gibson, MD Alfred Hospital Melbourne, Victoria, Australia</p>	<p>Member Peter H. R. Green, MD Celiac Disease Center at Columbia University New York, New York, USA</p>
<p>Member Justin Yeong Yeh Lee, MD, PhD, FACP, FRCPE, FRCP, FACG University Sains Malaysia Penang, Malaysia</p>	<p>Member Chris J.J. Mulder, MD, PhD VU Medisch Centrum Amsterdam, Netherlands</p>
<p>Member Natalie Nabon, MD Clinica de Endoscopia y Gastroenterologia Montevideo, Uruguay</p>	<p>Member Nevin Oruc, MD Ege University Izmir, Turkey</p>
<p>Member Kentaro Sugano, MD Jichi Medical University Tochigi, Tokyo, Japan</p>	



Upcoming WDHD Events and Celebrations



Diet and the Gut-Poland

When: 16 April 2016

Location: West Pomeranian University of Technology Szczecin

Address: Aula im. prof. Skoczowskiego, Ul. 26 kwietnia, Szczecin, Poland

Organizers: West Pomeranian Division of Polish Society of Gastroenterology, Polish Society of People on Gluten Free Diet and Celiac Disease

E-mail: marlicz@hotmail.com

IBD Treatment Strategies-Jordan

When: 17 May 2016

Location: Hotel (lectures) + outside activity (walk marathon)

Address: Amman, Jordan

Organizer: Jordanian Society of Gastroenterology & Hepatology

Phone: +962795723273

E-mail: waseem6520012001@yahoo.com

Digestive Health Week-Iran

When: 22-29 May 2016

Location: Convention Center

Address: No 37, First Deadlock, Seventh St., Kargar-e-Shomali Ave, Tehran, Iran

Organizer: Iranian Association of Gastroenterology and Hepatology

Phone: +98 21 8833 5061-3

Fax: +98 21 8801 2089

E-mail: info@iagh.org

Website: <http://iagh.org>

Walkathon and Student Education-India

When: 29 May 2016

Location: Tumakuru, Karnataka, India

Address: Chaitanya, 2nd Cross, S.S.Puram post office road, S.S.Puram, India

Organizers: Chaitanyaa Gastro Intestinal Care & Endoscopy centre in association of Tumkur Ladies circle 115, Tumkur Round table 173, 173 Incredible 40 and Indian medical association Tumkur

Phone: +91 9632222233

E-mail: docpbn@gmail.com

World Digestive Health Day 2016-Nepal

When: 29 May 2016

Location: Conference hall of Department of Medicine

Address: Universal College of Medical Sciences, Ranigaon, Bhairahawa, Nepal

Organizer: Universal College of Medical Sciences

Phone: +977 9747071031

E-mail: shatdalchaudhary@yahoo.com

Discover the World Within - Understanding How The Human Gut Microbiota Impacts Lifelong Health-Canada

When: 7 November 2016

Location: Design Exchange

Address: 234 Bay Steet, Canada

Organizer: Canadian Digestive Health Foundation

Website: <http://www.eventbrite.ca/e/discover-the-world-within-tickets-21306936621>

PLAN YOUR OWN WDHD EVENT

WGO encourage all members to participate in World Digestive Health Day 2016 by arranging events in their regions to commemorate this day. We hope that this year's campaign will help increase awareness on ways to promote gut health.

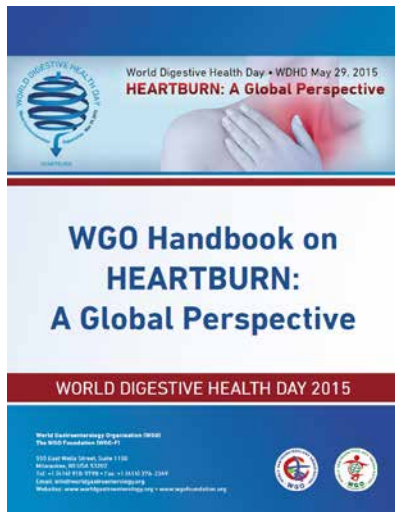
Have you started planning your event? While the official date of WDHD is May 29, many events take place throughout 2016. Past events include public campaigns, courses and lectures on treatments of the current theme, marathons, walkathons, national meetings, press conferences, television and radio interviews, 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 health care professionals, patients, and the general public, by visiting www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016. For questions regarding WDHD, please email info@worldgastroenterology.org.

Please also visit the www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/submit-wdhd-2016-event to officially submit your event for inclusion on the calendar and to request a copy of the 2016 WDHD logo for your use in promoting this year's WDHD campaign: "Diet and the Gut."



The WGO Handbook on Heartburn and the GERD Global Guideline are Now Available!



We are pleased to share with you the creation of the WGO Handbook on Heartburn! Featuring nine chapters written by experts around the world, this publication covers articles on various topics including Underlying Mechanisms of Heartburn, Treatment of GERD for Patients, the Pharmacist’s Approach to Heartburn, the Role of Dietary Factors in GERD, and many more! The Handbook was created as part of World Digestive Health Day 2015 “Heartburn: A Global Perspective.”

Co-chaired by Drs. Richard Hunt (UK/Canada), David Armstrong (Canada), and Peter Katelaris (Australia), the WGO GERD Global Guideline is now available! This is the second WGO guideline published to complement the World Digestive Health Day (WDHD) themes, the first was Common GI Symptoms. The WGO’s aim in the guideline is to guide health care providers in the best management of gastroesophageal reflux disease (GERD) through a concise document that provides recommendations based on the latest evidence and has been drawn up in a global expert consensus process focusing on the best current practice.

You can access both the Handbook on Heartburn and the GERD Global Guideline by visiting the WGO website [Global Guidelines](#) page, the [Supporting Guidelines & Cascades](#) page, and the [WDHD 2015 Tools and Resources](#) page!

For questions regarding WDHD, please email info@worldgastroenterology.org.

Download the WGO Handbook on Heartburn Today!

Download the WGO GERD Global Guideline Now!

Celebration of World Digestive Health Day 2015, “Heartburn: A Global Perspective,” in the Bolivarian Republic of Venezuela



Maribel Lizarzabal, MD, PhD

Gastroenterologist and Hepatologist
Director of the WDHD Campaign 2015 event in Venezuela



Guinwa Khaddaj, AF, MD

Gastroenterologist
Coordinator of the WDHD Campaign 2015 event in Venezuela



Mildred Fuenmayor, MD

Gastroenterologist
Coordinator of the WDHD Campaign 2015 event in Venezuela



Speakers during the question and answer round.

1. “GERD: definition, causes, and symptoms”
 2. “What to do to prevent GERD (changes in lifestyle)”
 3. “Nutrition in GERD”
- Participation in local media programs to promote the 2015 World Digestive Health Day campaign about heartburn and GERD. Television program appearances included: a one hour interview with Dr. Guinwa Khaddaj on “Programa Familia y Salud” with Ivon Valdebenito and Daniel Pereira; and Dr. Maribel Lizarzabal on “Global TV Rojas y Arenas.” Radio program appearances included: Dr. Marianela Añez on “Feria 106.9”; Dr. Niniveth Silva on

In celebration of World Digestive Health Day (WDHD) 2015, the Hospital Universitario de Maracaibo, Gastroenterology Service “Centro Regional de Referencia en Gastroenterología, Endoscopia y Hepatología” organized a campaign in Maracaibo focused on heartburn.

The campaign aims included: implementation of an educational plan to expand the general knowledge of this disease and its complications through a continuing campaign of health information for patients and the general community; the performance of a continuing medical education program aimed at gastroenterologists, family physicians, internists, interns, residents, and general practitioners; a search for pharmaceu-

tical company support for audiovisual equipment, posters and educational material printing; and development of outreach strategies (printing press, radio, TV, social networks).

Activities during the campaign took place throughout the year and included:

- Educational lectures to the community at the Gastroenterology Service of the Hospital Universitario de Maracaibo. Twenty minute lectures were given daily by attending physicians, residents, and nutritionists in regards to gastroesophageal reflux disease (GERD). There were an average of 15 to 20 attendees per lecture, totaling over 1,200 patients. Lecture topics included:



Doctors and students at the conference at Colegio de Medicos del Zulia.



Programa de Radio: OK 101 con Goya Somoza.

“Éxitos 87.9”; Dr. Carolin Nava on “Éxitos 87.9”; and Dr. Maribel Lizarzábal on “OKEY 101.3.”

- Publication of a handout in *Diario La Verdad*.
- Publication of two educational posters about GERD.
- Electronic diffusion of four written topics:
 - “GERD: Definition and causes” by Drs. Wilayneth Rubistein and Guinwa Khaddaj
 - “GERD and symptoms” by Drs. Aleidy Ferrebus and Guinwa Khaddaj
 - “GERD and obesity” by Drs. Carlos Lindado, Elimy Duarte, and Guinwa Khaddaj
 - “GERD and complications” by Drs. Carolin Nava and Guinwa Khaddaj
- Publication of a short educational video on GERD.



Educational lectures to the community.



Programa de TV: Familia y Salud.

- Educational community seminar at Hospital Universitario de Maracaibo that took place on 29 May 2015. A total of 150 patients attended the event. Topics covered included:
 1. “Gastroesophageal reflux disease. What is it and what causes it?” by Dr. Guinwa Khaddaj.
 2. “Symptoms of GERD and complications” by Dr. Carolin Nava.
 3. “Is GERD curable or just treatable?” by Dr. Rosa Rangel.
 4. “Nutritional Recommendations for Reflux Disease” by L.N. Mareydis Dazza.
- World Digestive Health Day/Year 2015 Program took place on 27 November 2015 and was aimed at gastroenterologists, family physicians, internists, interns, residents, and general practitioners. Held at the College of Physicians of Zulia

state, the program was attended by 110 physicians. Program topics included:

1. “GERD and its global impact. Is it just a matter of esophagus?” by Dr. Edgmar Parra.
2. “Types of gastroesophageal reflux and treatment” by Dr. Mildred Fuenmayor.
3. “Hypersensitive esophagus and functional heartburn. Causes of refractory GERD” by Dr. Edgardo Mengual.
4. “Evolution of endoscopic and surgical treatment of GERD” by Dr. Gisela Romero.
5. “Obesity and GERD: Implications of bariatric surgery” by Dr. Edeanny Dominguez.
6. “Functional disorders in GERD” by Dr. Maria Gabriela Arteaga.
7. “Nutritional recommendations in GERD” by L.N. Mareydis Dazza.

WGO Member Society Update

WGO Member Society Information and Update Forms

Each year, WGO Member Societies are asked to submit a current WGO Member Society Information and Update Form. Each society will soon receive a link via e-mail to complete the form online. If you do not receive this e-mail, are having issue accessing the online form, or if you 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 2016 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 2016!

Did you know you can pay your WGO Member Society's membership dues during Digestive Disease Week (DDW)? Just visit WGO at booth 4617 in Foundation Row at the San Diego Convention Center in San Diego, CA, USA, during DDW 2016!

The WGO booth will be open during official exhibition hours, 09:30-16:00, Sunday, 22 May through Tuesday, 24 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 e-mailed 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 2016 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!

Prospective Member Societies

Are you interested in becoming a WGO Member Society? Interested gastroenterology, hepatology, endoscopy and other related-discipline societies are encouraged to apply. Please visit the [Prospective Member Societies](#) page of the WGO website to learn more about the application process and required materials.

WGO representatives in the WGO booth during DDW 2016 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 Meetings & Events Calendar](#), please submit the details via the WGO website at [Submit a Meeting or Event](#).

Questions About Membership?

To inquire on the status of your society's 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.

THROUGH AN EDUCATIONAL COLLABORATION WITH THE WGO, THE INTERNATIONAL COALITION OF HEPATOLOGY EDUCATION PROVIDERS (IC-HEP) IS PLEASED TO PRESENT:

REVIEW OF THE WHO GUIDELINES FOR THE SCREENING, CARE, AND TREATMENT OF PERSONS WITH HCV

THE GROWING PREVALENCE OF HEPATITIS C (HCV) IS A GLOBAL CONCERN.

HCV affects more than 185 million persons throughout the world. If left untreated, HCV can result in irreversible clinical consequences, such as liver cirrhosis or hepatocellular carcinoma, and can even lead to death. Fortunately, with proper detection and treatment, HCV can be cured in more than 90% of patients. However, many patients remain undiagnosed, are not treated properly, or do not have access to treatment.

In April 2014 the World Health Organization (WHO) produced their first guidelines dealing with HCV that consist of nine key recommendations. Implementation of the new WHO guidelines for HCV can assist in the following:

SCREENING: Identifying patients with HCV and confirming the diagnosis

CARE: Assessing the degree of liver damage and reducing progression

TREATMENT: Choosing the best treatment based on what drugs are regionally available

The guidelines also take into account that global availability of options for screening, care, and treatment vary.

This webcast entitled "Review of the WHO Guidelines for the Screening, Care, and Treatment of Persons with HCV" is intended for healthcare professionals who care for patients with HCV. The goal is to examine the WHO guidelines for HCV and discuss the global implications of these guidelines. In addition, information on prevalence, natural history, clinical consequences, and treatment will be discussed.



This activity is supported by educational grants from AbbVie, Bristol-Myers Squibb, Gilead Sciences, Inc., and Merck.



Presented by:

Raj Reddy, MD
University of Pennsylvania

[View CME Webcast](#)

ACCREDITATION STATEMENTS & CREDIT DESIGNATION - This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Annenberg Center for Health Sciences at Eisenhower and International Coalition of Hepatology Education Providers (IC-HEP). The Annenberg Center for Health Sciences at Eisenhower is accredited by the ACCME to provide continuing medical education for physicians.

The Annenberg Center for Health Sciences at Eisenhower designates this enduring activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

VISIT WWW.IC-HEP.COM

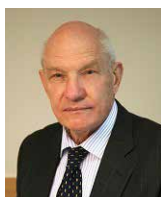


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21st United Russian Gastroenterology Week



Vladimir Ivashkin, MD, PhD

President of the Russian Gastroenterological Association
Head of Internal Medicine Propaedeutic Chair
Director of Gastroenterology and Hepatology Department
First Moscow Sechenov Medical University
Moscow, Russia



Arkady Sheptulin, MD, PhD

Internal Medicine Propaedeutic Chair
First Moscow Sechenov Medical University
Moscow, Russia

The Russian Gastroenterological Association (RGA) organized the XXI session of the United Russian Gastroenterology Week (URGW) from 6-8 October 2015 in Moscow. More than 4,000 physicians from various specialties (including gastroenterologists, endoscopists, surgeons, pediatricians, general practitioners, etc.) attended this congress. A preceding post graduate course was attended by more than 500 physicians

There were 35 plenary and sectional sessions, dedicated to such important problems as the role of *Helicobacter pylori* (*H. pylori*) infection in the



Lifetime Achievement Awardee, 2015, Andrey Kalinin.

development of various diseases, the association of gastroesophageal reflux disease (GERD) with other illnesses, the modern possibilities of endosonography, new diagnostic and treatment technologies in gastroenterology (small and large bowel capsule endoscopy), diagnosis and treatment of malignant tumors of gastrointestinal tract, modern treatment of peptic ulcer, the concerns in pediatric gastroenterology, diagnosis and treatment of biliary tract and pancreas diseases, irritable bowel syndrome (IBS) and intestinal microbiota, the diagnosis and treatment of inflammatory bowel diseases (current state and future), modern radiological methods in gastroenterology, and aspects of nutrition.

There were also 44 clinical symposiums and workshops, which were dedicated to the pathophysiology, diagnosis, and treatment of gastroenterological diseases: the treatment of refractory GERD, ways to increase the efficacy of *H. pylori* eradication, possibilities for prevention of gastric cancer, modern methods of diagnosis



Members of the Board Gastroenterology A. Samsonov (Moscow), T. Kolesova (Samarra), and V. Mordasova (Voronezh).

and correction of intestinal microbiota disorders, and new horizons in hepatology (liver and atherosclerosis, non-alcoholic fatty liver disease, patients with high risk of liver affection, etc.). One of the symposia was conducted by the Russian Society of Endoscopy, with a discussion of modern methods of interventional endoscopy (including the use of self expanding metal stents in malignant esophageal strictures and stents for bile and pancreatic ducts).

The 21st Russian Gastroenterology Week featured a poster exhibition which was well received by participants. An award ceremony to honor the best presentation took place every day of the week.

Six master class lectures were offered to the audience, among them “The tasks setting to Russian gastroenterologists,” “The use of biological therapy in patients with inflammatory bowel diseases,” “The problems of inflammatory bowel diseases and modern possibilities of their solution,” “The prevalence of nonalcoholic fatty liver disease and modern possibilities of its screening,” and “The improvement of treatment results in patients with alcoholic and non-alcoholic liver disease and intrahepatic cholestasis.”

Some well-known gastroenterologists (including: Hans-Dieter Allescher, Germany; M. Loer, Sweden; Mark Thursz, UK; Francis Megraud, France; and others) took part in the week and delivered their lectures



Russian Gastroenterology Week Exhibition.

to participants, sharing their new achievements and best practices.

During the clinical symposia and plenary sessions some national Russian guidelines were discussed and approved, including: management of patients with GERD, diagnosis and treatment of chronic pancreatitis, diagnosis and treatment of *H. pylori* infection diagnosis, treatment of *Clostridium difficile*-associated disease, and diagnosis and treatment of IBS.

A special meeting of the Profile Board "Gastroenterology" attached to the Ministry of Health of the Russian Federation was held in the course of Russian Gastroenterology Week. The Gastroenterologist-in-Chief of the Ministry and President of RGA, Vladimir Ivashkin, stressed the goals of decreasing morbidity and mortal-



Russian Gastroenterology Week Plenary Session.

ity from gastroenterological diseases. Also in attendance were the Gastroenterologists-in-Chief of: Privolzhski Federal District O. Alexeeva (Nizhni Novgorod, Russia), South Federal District N. Korochanskaya (Krasnodar, Russia), and Ural Federal District I. Chlynov (Ekaterinburg, Russia). They noted that the main causes of mortality from gastroenterological diseases nowadays remain malignant tumors of the gastrointestinal tract, liver, and pancreas, upper gastrointestinal bleeding (including bleeding caused by nonsteroidal anti-inflammatory drugs [NSAIDs]), and liver diseases. They stressed the roles and importance of preventive gastroscopy and colonoscopy in patients aged 45-70 years for screening premalignant changes and detection of tumors in early stages, the timely eradication of *H. pylori* infection (including patients taking of NSAIDs), the improvement of follow-up of patients with peptic ulcer and liver diseases, the increase of patient compliance, the active fight against alcohol consumption, and the postgraduate education of physicians. Members of the Profile Board presented complex programs of measures for decreasing the morbidity rate of gastrointestinal

bleeding (Arkady Sheptulin, Moscow, Russia) and liver diseases (Marina Maevskaya, Moscow, Russia).

A clinical case competition was held as part of the week's scientific program. A jury comprised of leading Russian gastroenterologists selected the 10 best projects and awarded the authors with certificates and grants. The following presentations were recognized as the best ones:

- First Place: "Clinical case of a child with the extremely short bowel syndrome" by V. Kyrjaninova, S. Masalsky, M. Stojan (Stavropol, Russia)
- Second Place: "Clinical case of Whipple' disease" by A. Charitidis (St. Petersburg, Russia)
- Third Place: "Primary sclerosing cholangitis, associated with stomach form of Crohn's disease" by E. Pashenko (St. Petersburg, Russia)

All abstracts were submitted and published in a special supplement to the *Russian Journal of Gastroenterology, Hepatology, and Coloproctology*.

The scientific program, full of interesting and valuable presentations, lectures, and brilliant clinical demonstrations, enabled the participants to tap deeper into the latest developments in the study of the etiology and pathogenesis of many gastrointestinal diseases. The participants of URGW noted the high level of scientific reports and stressed its important role in the continuing medical education of physicians of various specialties.



The Board "Gastroenterology" meeting.

Reflecting on a Memorable UEG Week 2015

Attracting more than 13,000 researchers and clinicians, UEG Week 2015 in Barcelona, Spain was immensely popular and provided plenty of exciting new data to discuss and inspire!

Among the most innovative new data were colonoscopic perforation outcomes following endoscopic procedures in the largest European case series, how a novel method for studying pancreatic phenotypes of cystic fibrosis *in vitro* can help tailor drug screening, and the role of somatic mutations in Toll-like receptor 4 signaling alterations in esophageal cancer. There was also the finding that maintenance treatment with ozanimod (a sphingosine 1-phosphate receptor modulator) increases the likelihood of clinical remission versus placebo in moderate-to-severe ulcerative colitis and the discovery that segment length, low-grade dysplasia, and age at diagnosis are predictive of progression to cancer in Barrett’s esophagus.

There was promising news for patients with inflammatory bowel disease (IBD): for the first time, the anti-interleukin-12 antibody, ustekinumab, was shown to benefit those with moderate-to-severe Crohn’s disease failing conventional (not just anti-TNF- α) therapy. Results for another monoclonal antibody, vedolizumab, demonstrated the benefits of treatment for refractory disease in a real-life setting.

New therapeutic options in neurogastroenterology and motility—areas that affect many patients but with few available treatments—also appear promising. Symptomatic benefits were demonstrated for the selective 5-hydroxytryptamine₄ (5-HT₄) receptor agonist, prucalopride, and the peripherally-acting μ -opioid receptor

antagonist, naloxegol.

There was fascinating new evidence of a beneficial effect of a probiotic on comorbid depression and brain emotional reactivity in patients with irritable bowel syndrome (IBS). Specific microbes also appear to benefit patients with ulcerative colitis: certain bacterial signatures present after fecal microbiota transplantation are linked to a sustained response to treatment.

UEG Week highlights *Advances in the management of IBD*

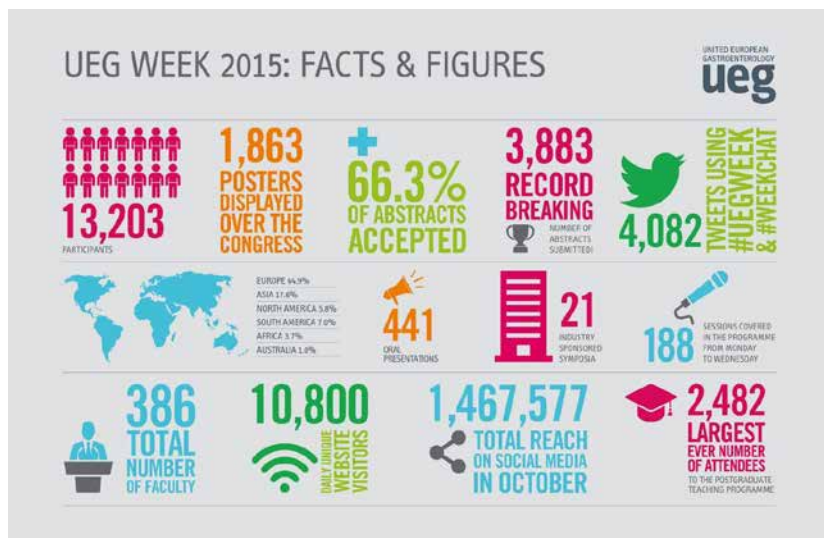


Associate Professor Peter Lakatos Semmelweis University Budapest, Hungary

Use of anti-tumor necrosis factor (anti-TNF) therapy, such as infliximab, has become widespread for IBD and a biosimilar infliximab was recently approved for use in the European Union (EU). First-experience data presented at

UEG Week 2015 showed that children with IBD who were switched from originator to biosimilar infliximab experienced no differences in adverse events, providing reassurance to patients and clinicians (Abstract OP096).

For many patients, IBD involves phases of treatment, remission, and disease relapse. New hope for patients with refractory IBD arose from data showing significant clinical responses to the human monoclonal antibodies vedolizumab (Abstracts OP049, OP053 and OP054) and ustekinumab (Abstract LB5668). A current challenge is knowing how to manage patients in sustained remission: should medical treatment be stopped? According to a retrospective analysis of patients with Crohn’s disease who stopped infliximab therapy after sustained remission under infliximab plus antimetabolites, almost 25% developed tissue damage after stopping treatment and the vast majority had to restart therapy over the long term (Abstract OP093).



Serrated Pathway and the Development of Colorectal Cancer



Associate Professor
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There is increasing acceptance that colorectal cancer (CRC) is a heterogeneous condition characterized by distinct molecular phenotypes that develops via different pathways.

A growing body of evidence suggests that serrated polyps — once thought to be relatively innocuous — may be precursors of CRC that develop via the serrated pathway. Data supporting this were presented at UEG Week 2015 from a study in which epigenetic and genetic analyses were performed on samples of sessile serrated adenoma/polyp (SSA/P), traditional serrated adenoma, and high-methylation CRCs (Abstract OP174). The aim was to explore the involvement of molecular alterations in the serrated pathway. The study demonstrated that SSA/P samples were highly methylated and represented precursors of high-methylation CRCs with BRAF mutation. A second study, based on the optical diagnostic abilities of endoscopists working in routine practice, emphasized the need for practical, validated classification systems to facilitate the endoscopic differentiation of adenomas, hyperplastic polyps, and SSA/P (Abstract OP322). The prospective study showed that of 360 optically diagnosed SSA/P, only 36% were accurately characterized. This figure fell to 25% for polyps 1–5 mm in size.

Advances in Neurogastroenterology and Motility



Professor Magnus
Simrén
University of
Gothenburg
Gothenburg,
Sweden

New therapies in neurogastroenterology and motility are welcome since these areas affect many patients, but have few available treatment options.

Data presented at UEG Week 2015 showed how prucalopride, a selective 5-HT₄ receptor agonist, significantly enhances gastric emptying time and improves both symptoms and quality of life in patients with gastroparesis, compared with placebo (Abstract LB5641). The peripherally-acting μ -opioid receptor antagonist, naloxegol, was approved by the EMA in 2014 and data were presented on its mode of action and efficacy for the treatment of opioid-induced constipation and non-cancer pain (Abstract OP057).

Fascinating new evidence was presented of a beneficial effect of the probiotic, *Bifidobacterium longum*, on comorbid depression and brain emotional reactivity in patients with IBS (Abstract OP162). Data from a randomized, placebo-controlled study also provided the first such evidence that a low FODMAP diet improves IBS symptoms (Abstract OP163). In addition, there were further phase III data showing the efficacy of eluxadoline in managing symptoms and quality of life in patients with IBS and diarrhea (Abstracts OP166, OP167 and OP168).

To read more about UEG Week 2015 and its many scientific highlights access https://www.ueg.eu/epaper/UEGWeek_2015_SummaryReport/index.html



UEG Week 24/7

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UEG Week is the largest and most prestigious meeting of its kind in Europe. It has been running since 1992 and now attracts more than 14,000 people from across the world. It is the premier venue to present research findings and learn about new work in the field of gastroenterology. UEG Week is a highly interactive event, with dynamic sessions including live endoscopies and interactive symposia. [Click here](#) for more information on the scientific program.

Summary of the 21st VNAGE Annual Meeting



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Deputy Secretary General, VNAGE

(On behalf of Professor Ta Long, President of VNAGE)

The Vietnam Association of Gastroenterology (VNAGE) successfully organized its 21st annual meeting in November 2015. This event is organized in a different province each year so as to encourage the development of research and update knowledge in the gastroenterology community nationwide and in the host province. In 2015 the meeting was held in Nghe-An province and attracted 740 participants, including gastroenterologists, general surgeons, and internists, to come and share experiences. We also celebrated the 10th Anniversary of the *Vietnamese Journal of Gastroenterology* at the opening ceremony.

There were six scientific sessions, including gastroesophageal reflux disease (GERD), early gastric cancer, dysmotility, pancreatitis and hepatitis, *Helicobacter pylori*, and endoscopy. The three highlighted ones were about GERD, early gastric cancer, and *Helicobacter pylori* management in Vietnam.

- **GERD** The GERD session was organized as an action of VNAGE to contribute to the “*Heartburn Day*” World Digestive Health Day event announced by the World Gastroenterology Organisation (WGO) in 2015. In this session, GERD prevalence was reported to significantly increase according to local studies over the last 15 years



Participants in the Congress.

in Vietnam. International faculty from the USA were invited to share their experience. In addition, local faculty in cardiology and ENT were also invited to share their experience about the characteristics and management of GERD patients presenting to these subspecialties. Nonerosive reflux disease (NERD) with minimal change at Z line was shown to have a good correlation between reflux symptoms, conventional endoscopy, and histology (according to Ismail-Beigi classification) in Vietnamese patients, and was addressed in Vietnam for the first time. However, further studies about GERD prevalence in Vietnam are needed.

- **EARLY GASTRIC CANCER** The session about early gastric cancer was also organized to highlight the importance of early diagnosis and treatment of this common malignant disease in Vietnam. International faculty from Japan were invited to share their knowledge. Local case series with preliminary results of endoscopic submucosal dissection (ESD) were also presented. Early gastric cancer is likely to continue to be more prevalent in the near future in Vietnam.
- **H PYLORI** The session about *Helicobacter pylori* management this year attracted a large audience. Five well-designed original studies about antibiotic resistance and efficacy of eradication regimens were



Prof. Ta Long, President of VNAGE, giving the opening speech of the Congress.



Q&A after each scientific session.

presented in this session. High Clarithromycin resistance rates were consistently reported, which discourages the use of standard triple therapy as first-line regimen in Vietnam. Future studies about optimal eradication regimens are awaited.

In summary, the annual meeting of VNAGE in 2015 was considered one of the best, well-organized events, with a high impact on clinical practice from our participant feedback.

On 24 – 26 November 2016, the annual meeting of VNAGE will be held in Hanoi in conjunction with the Association of Southeast Asian Nations (ASEAN) meeting in gastroenterology. We are expecting to invite many international faculty to come and share their knowledge and experience and we will make it another fruitful event for our members and participants.



Prof. Ta Long, President of VNAGE, presented gifts to chairmen and speakers of a scientific session.

15th Iranian International Congress of Gastroenterology and Hepatology (ICGH 2015)



Reza Malekzadeh, MD, AGAF

Professor of Medicine and Gastroenterology
Director, Digestive Disease Research Institute
Tehran University of Medical Sciences; Tehran, Iran
President, ICGH 2015; President, IAGH



Seyed Alireza Taghavi, MD

Associated Professor of Medicine and Gastroenterology
Gastroenterology Department
Shiraz University of Medical Sciences; Shiraz, Iran
Secretary, ICGH 2015

The Iranian Association of Gastroenterology and Hepatology (IAGH) held its 15th annual congress in November 2015 in Shiraz, Iran. This congress was held in collaboration with the Gastro-entero-hepatology Research Center of Shiraz University of Medical Sciences.

With about 800 attendants from all over the world, 120 speakers, 350 submitted abstracts, and five workshops, this conference was the most important annual event for the gastroenterology community in Iran and also served as a meeting place to make connections for both Iranian and international scientists.

As usual, this meeting was attended by a significant number of experts from both Iranian and foreign academic centers. A full day of post-graduate programming, with the main subject of liver diseases, was held on the first day. Topics such as Hepatitis B, Hepatitis C, autoimmune Hepatitis, and Wilson's disease, as well as practical approaches to the common problems in cirrhosis (variceal bleeding, coagulopathy), space occupying

lesions of the liver, and acute liver injury were discussed by experts. The target group for the postgraduate course was community internists and gastroenterologists as well as internal medicine residents.

The post-graduate course was followed by three days of main programming in two conference halls. An exhibition by local and international pharmaceutical companies, as well as endoscopy equipment and accessory manufacturing companies, was held in conjunction with the main program. Three live workshops on upper and lower endoscopy and ERCP were also held during the conference.

The conference was opened by Professor Reza Malekzadeh, President of IAGH, who presented data on the global situation of research in medicine as well as in gastroenterology, and the role and rank Iranian scientists in production of these scientific data.

The first day's focus was on gastroesophageal reflux disease (GERD) and Barrett's esophagus, in which new data as well practical points about incidence, presentation, and preven-

tion of these important diseases, were discussed in panels and lectures. The differences in incidence of Barrett's between Iran and western countries and their possible cause and implications were also discussed.

An entire session was devoted to upper GI neoplasia, in the light of new data from the internationally conducted Golestan cohort project. New local population-based data and management issues about nonalcoholic steatohepatitis (NASH) were discussed. Liver transplantation, *helicobacter pylori*, and common issues such as incontinence were also discussed in detail.

The Golestan Cohort Study (GCS) is the largest (50,100 participants) prospective cohort study in the Middle East and North Africa. It started in 2004 in North-eastern Iran primarily focused on Esophageal Cancer and in addition included other cancer and chronic diseases. Ten years after the enrollment phase, the follow up success rate is >99% and up to now 5,100 death have been recorded. GCS is going on very well and currently more than 50 manuscripts have been published from this study.

Simultaneous meetings of the "National Cirrhosis Registry Working Group" and "National IBD Registry" concluded the first day.

Almost all of the sessions were followed by case discussions and frequently heated question and answer sessions.

The second day's sessions included updates on the management of Hepatitis C and a session on pancreato-biliary disorders. An entire afternoon was devoted to lectures by internationally invited lecturers from the Mediterranean Task Force for Cancer Control

(MTCC). This session was started with a tribute to the late Professor Massimo Crespi, the former head of MTCC who was scheduled to give a lecture in this session, but unfortunately passed away six weeks before the meeting. New epidemiologic data from the country and implications for changes in screening policy, as well as molecular pathology and new treatment methods (EMR, ESD) were discussed by experts in the field. An

open case discussion session about the feasibility/ necessity of colorectal cancer screening in Iran and genetic testing for hereditary colorectal cancer concluded the session.

Submucosal/non-epithelial lesions of the GI tract and the evolving role of gut microbiota in health and disease were discussed by distinguished speakers on the same day.

On the third day of the conference, inflammatory bowel disease (IBD)

and obesity had the center role. Data from the Iranian registry of IBD, as well the ongoing controversies like biologic therapy versus surgery for treatment of ulcerative colitis, were discussed in both lecture and open case-discussion formats. In the session on obesity, both medical and surgical treatments for obesity, as well as endoscopic management of bariatric surgery complications, were discussed. ■

Summary of the Annual Scientific Meeting of the New Zealand Society of Gastroenterology



Michael Schultz, MD, PhD

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The 49th Annual Scientific Meeting of the New Zealand Society of Gastroenterology (NZSG) was held from 25-27 November in the beautiful and exotic city of Rotorua in the North Island. The meeting is a highlight in the New Zealand conference calendar and was organized in conjunction with the New Zealand Nurses Organisation Gastroenterology Nurses Section.

The well attended meeting started off with the 2nd Gut Health Network Satellite Meeting (www.guthealth-network.com) with Professor Rupert Leong from the University of Sydney and New South Wales, Australia as the key note speaker. Prof. Leong looked critically at the “Achievements of the fundamental sciences in the advancement of diagnosis and treatment of Inflammatory Bowel Diseases (IBD).” His talk was flanked not only by presentations of the patient support groups, affiliated with the Gut Health Network, but also by established and emerging New Zealand researchers from a variety of disciplines. Results were presented on vitamin D levels in IBD, molecular techniques in colorectal cancer (CRC) screening, diagnosis and therapy of gastric dysrhythmias, the effect of exclusive enteral nutrition on biomarkers in IBD, and the expression and distribution of tight junctions in human colonic enteroids in response to TNF-alpha. This exciting afternoon meeting was closed by

a presentation on the microbiology of pouchitis.

The meeting proper started on the 25th of November with a rousing Powhiri (traditional Maori Welcome) and the arrival of our eminent international speakers. The overall theme of the meeting was the influence of ethnicity on epidemiology, diagnosis, and treatment of gastrointestinal disorders. In this regard, we were fortunate enough to be able to welcome Associate Professor James Ward, Head of the Infectious Diseases Research Program at the Australian NHMRC Centre of Research Excellence in Population Health Research, who throughout the meeting lectured on the ethnic differences in infectious hepatitis, especially Hepatitis B and C in Australasia. Dr. Michael Heneghan, Hepatologist and Transplant Physician from the London Liver Centre, London, UK, presented a global overview of Autoimmune Hepatitis, lectured on liver disease in pregnancy, and provided new insights into cholestatic liver disease. The key note nursing speaker Anne Murphy, Ireland, looked at the world-wide differences in the approach to CRC screening.

Individual sessions looked at a variety of topics. Ethnic differences in epidemiology and the response to treatment is especially relevant considering New Zealand’s multicultural population. Hepatitis B is



Award presentation at the conference dinner.

very common amongst people of Maori and Pacific Island descent, while Hepatitis C (HCV) is more prevalent in Europeans. Important in light of the long-awaited introduction of a national bowel cancer screening program, Associate Professor Diane Safarti from the University of Otago, Wellington highlighted difficulties to reach and motivate certain population groups to come forward for screening. Several further sessions touched on various aspects of the screening program, including quality improvement strategies, training, accreditation, and the introduction of nurse endoscopists. Dr. Gabriel Lau, Southern District Health Board, informed us on the value and limitations of CT colonography while Dr. Chris Jackson, University of Otago, Dunedin and Medical Director of the New Zealand Cancer Society, presented the findings of the Post-Operative Crohn’s Endoscopic Recurrent (POCER) study and

chemotherapeutic options in CRC.

Liver disease featured in several sessions. New Zealand ranks as one of the most obese countries in the world. The interest in nonalcoholic steatohepatitis (NASH) was therefore not surprising and potential pathogenomic mechanisms, diagnostic interventions, and treatment options were discussed by Drs. Nick Crook, David Orr, and Dominic Ray-Chaudhuri.

The Trans Tasman Lecture was eloquently delivered by Prof. Leong on the “Ethnic Differences in Access to Treatment for GI Disorders in Australasia.” He highlighted concerns regarding availability of specialist services and cutting edge treatment options, a concern highly relevant for New Zealand with a wide-spread rural population.

A scientific highlight for every meeting are the free papers demonstrating the diversity and excellence of gastroenterological research in New Zealand. The spectrum ranged from basic scientific projects employing colonic enteroids to study the fundamentals of IBD (Ely Rodrigues and Safina Gadeock, University of Otago), the use of animal models for the development of therapeutic techniques to modulate gastric electrical activity (Tim Angeli, University of Auckland), and work on gastrointestinal chemosensing (Edward Walker, The NZ Institute for Plant and Food Research), to clinically highly relevant projects. The clinical topics included, for example, the epidemiology of IBD in Canterbury (Heidi Su, Canterbury Digestive Health Board), outcome of the treatment of GT1 HCV infection with standard therapy and Boceprevir (Sylvia Wu, Waitemata Digestive Health Board) pre- and anti-biotic treatment of Non-alcoholic fatty liver disease (NAFLD) (Riaz Shaik, Auckland Digestive Health Board), prognosis of hepatocellular carcinoma (HCC) (Lily Wu, Auckland), and



Performance at the opening ceremony.

much more. As usual the judging panel, consisting of our international guests and national experts, had a difficult time declaring a winner for the prestigious Best Luminal and Best Liver Presentation Award. The successful presenters were: Dr. Tim Angeli (NZSG Best Luminal Paper/Poster) for his presentation on “Gastric ablation as a novel therapeutic option for modulating gastric electrical activity” and Lily Wu (AbbVie Best Hepatology Paper/Poster) on “Prognostic factors of survival and recurrence of hepatocellular carcinoma treated with curative intent.”

A further social highlight of the meeting was the *4th Annual Great Guts Fun Run* with great early morning participation. The proceeds of this initiative were gratefully received by *Crohn's and Colitis New Zealand*. The conference dinner, this year themed “*Star Trek to Star Wars*,” was a huge success. Following the presentation of the prizes, including the major scientific awards (including the NZSG Janssen Research Fellowship for Andrew McCombie, Russell Walmsley,



Dr. Stephen Inns and friends at the conference dinner.

Murray Barclay, and Michael Schultz: “A multicentre pilot study of use of smartphone-based health applications IBDSmart & IBDoc in the care of IBD patients in NZ” and the NZSG AbbVie Research Grant for Ely Rodrigues, A. Grant Butt, and Michael Schultz: “How does Crohn's Disease modify the response of the intestinal epithelium to commensal bacteria?”), numerous Star Troopers, Princess Leias, Chewbaccas, and Jedi Knights danced the night away under the watchful eyes of seemingly the entire crew of the Starship Enterprise.

The meeting concluded with an invitation to the Annual Scientific Meeting 2016 at the Claudelands Events Centre in Hamilton, New Zealand from 23-26 November. This important meeting marks the 50th anniversary of the New Zealand Society of Gastroenterology and an exciting program is being developed which will cover a wide range of topics including functional GI disorders, advances in diagnostic and therapeutic endoscopy, an endoscopy video forum and prize, hepatobiliary and endoscopic ultrasound (EUS), anticoagulants and antiplatelet therapies, and endoscopy.

We look forward to welcoming our friends from the World Gastroenterology Organisation to this landmark meeting in our beautiful country.



Asian Pacific Digestive Week 2015



Chun-Jen Liu, MD, PhD

Secretary General, Local Organizing Committee
Asian Pacific Digestive Week 2015
The Gastroenterological Society of Taiwan



Welcome Remarks from the President of APDW 2015, Prof. Jaw-Town Lin.

The Gastroenterological Society of Taiwan, along with the Digestive Endoscopy Society of Taiwan, Taiwan Association for the Study of the Liver, and Taiwan Surgical Society of Gastroenterology, was honored to host the Asian Pacific Digestive Week (APDW) 2015 in Taipei, Taiwan from 3 to 6 December last year.

APDW 2015 was centered on the theme “**Advances in Digestive Medicine.**” Recent progress in both gastrointestinal and liver research was highlighted in the scientific program. A large panel of experts from within and outside the Asia-

Pacific region shared their experience and presented their best work in this congress. In total 188 speeches were delivered, 1,076 papers (856 Posters, 55 Oral Papers) were presented, and more than 3,200 registrants from 39 countries joined this conference. Forty sponsors/exhibitors supported this conference, and there were 12 industry sponsored symposia. It offered a remarkable atmosphere for discussing groundbreaking research and progress in the field of digestive medicine, including the Okuda Lectureship (by Professor Ed Gane), the Marshall & Warren Lectureship

(by Professor Jaw-Town Lin), “How to achieve global control of HBV infection” (by Professor Mei-Hwei Chang), and the WGO Distinguished Global Lecture (by Professor Khean-Lee Goh). Finally, a live demonstration of therapeutic endoscopy on 20 subjects was conducted during the meeting which demonstrated the development of these techniques in Asia-Pacific region.

This congress undoubtedly was an excellent opportunity to provide all participants with knowledge of the most current developments in gastroenterology, hepatology, gastroenterological surgery, and endoscopy and to provide fertile ground for sharing clinical experiences and basic research. All participants benefited from this occasion to exchange views, visions, and experiences with



Welcome Remarks from the President of the APDW Federation, Prof. Khean-Lee Goh.



Okuda Lectureship: Awardee: Prof. Ed Gane (New Zealand).

each other. They also experienced and enjoyed the cultural and social events in Taipei, including welcome party, opening ceremony, and faculty dinner.

To end with, I would like to particularly thank the **APDW Federation** for their support along the way, as well as our sponsors for their generous contribution.



Marshall & Warren Lectureship: Awardee: Prof. Jaw-Town Lin (Taiwan).



Live Demonstration: Discussion Panel.

WORLD GASTROENTEROLOGY ORGANISATION DISTINGUISHED GLOBAL LECTURE (AT THE ASIAN PACIFIC DIGESTIVE WEEK 2015, TAIPEI, TAIWAN)

Emerging Gastrointestinal and Liver Diseases in the Asia Pacific - Implications to Health Care in the Region



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Immediate Past President, Asian Pacific Association of Gastroenterology (APAGE)
Vice President, World Gastroenterology Organisation (WGO) 2011-2015

The Asian Pacific region represents the biggest landmass in the world with a huge and diverse population of over 3 billion. Several diseases are considered emerging diseases in this region and include colorectal cancer (CRC), gastroesophageal reflux disease (GERD), inflammatory bowel disease (IBD), and non-alcoholic fatty liver disease (NAFLD).

CRC is the fastest emerging gastrointestinal cancer in the Asian Pacific region with age-standardized incidence rates (ASR) of 40-50 per 100,000 per year reported from Korea, Japan, and Singapore Chinese^{1,2}. The exact reasons for this rapid rise is unclear, but may be related to the rising obesity in the region³. The pattern of disease mirrors that of the West. Awareness of screening for CRC is increasing in the region. However in most countries only opportunistic screening with fecal occult blood testing and colonoscopy is carried out. Formal CRC screening programs have been started in some countries in Asia, including in Japan, Singapore, Hong Kong, and Taiwan⁴. These programs impose a significant

financial burden on governments and as such cannot as yet be implemented across the region.

GERD, once thought to be non-existent in Asia, is now a common disease in Asia. A prevalence of 15% for erosive esophagitis and of up to 20% for reflux symptoms has been reported⁵. An overall GERD disease burden of 60 million in the Asian Pacific region

is estimated. However the prevalence of Barrett's esophagus and esophageal adenocarcinoma remains low. The usage of potent acid suppressing agents, as a consequence, is similarly huge in the Asian Pacific region. The costs of medications are mitigated by the use of generic acid suppressing drugs available "over the counter." As with other parts of the world, self managed care for heartburn and other upper GI symptoms have been increasingly practiced, as is well described in WGO's guideline on "Coping with Common GI Symptoms in the Community"⁶.

IBD, both ulcerative colitis (UC) and Crohn's disease (CD), has also been reported to be on the increase⁷. Studies from Korea and India, for example, have shown a very high prevalence of these diseases⁷. A pan-Asian Pacific study showed variable



Prof. Goh speaks at APDW.

incidence rates of UC and CD with higher incidences reported in urban Hong Kong compared to rural China⁸. One of the challenges of treatment of IBD is the relatively high cost of biological drugs which are increasingly used in the treatment of complicated and refractory IBD cases. A practical and reasonable approach to management has been described by the “cascades” approach as proposed by the WGO Guidelines Committee⁹.

Chronic Hepatitis B infection is a very prevalent liver disease in the Asian Pacific region. More recent reports, however, indicate that NAFLD is slowly becoming a very common problem with the rise in diabetes mellitus and obesity and will soon become the most common cause of chronic liver disease in the region¹⁰. The prevalence of Hepatitis B infection and related cirrhosis and cancer will also start to decline dramatically from 2020, with mass vaccination in many countries in Asia having been implemented from 1988.

These emerging diseases in Asia Pacific reflect the change in lifestyle to a “Westernized” one. Many factors play a part in the emergence of these diseases. However, the putative factor for many of these diseases is likely the rising obesity in all the populations affected. The emphasis in health care is to improve our diagnosis of these diseases with respect to designing appropriate treatment strategies. In general, however, a program to manage obesity in a mass population approach may ultimately be most helpful and cost effective.

The APAGE and the WGO play a crucial role in galvanizing the health care professionals and the public in facing new challenges ahead with these and other emerging diseases with respect to promoting awareness, health education, and training, as well as with guidance for optimal care of these diseases in the Asian Pacific region.

References

1. Sung JJ, Lau JY, Goh KL, Leung WK; Asia Pacific Working Group on Colorectal Cancer. Increasing incidence of colorectal cancer in Asia: implications for screening. *Lancet Oncol*. 2005;6:871-6.
2. Goh LY, Leow AH, Goh KL. Observations on the epidemiology of gastrointestinal and liver cancers in the Asia-Pacific region. *J Dig Dis*. 2014 ;15:463-8.
3. Goh LY, Goh KL. Obesity: an epidemiological perspective from Asia and its relationship to gastrointestinal and liver cancers. *J Gastroenterol Hepatol*. 2013;28::54-8 (Suppl 4).
4. Schreuders EH, Ruco A, Rabeneck L, Schoen RE, Sung JJ, Young GP, Kuipers EJ. Colorectal cancer screening: Global overview of existing programmes. *Gut*. 2015;64:1637-49.
5. Goh KL. Gastroesophageal Reflux Disease in Asia: A historical perspective and present challenges. *Journal of Gastroenterology and Hepatology* 2011; 26: 2–10 (Suppl 1).
6. Hunt R, Quigley E, Abbas Z, et al. World Gastroenterology Organisation. Coping with common gastrointestinal symptoms in the community: a global perspective on heartburn, constipation, bloating, and abdominal pain/discomfort May 2013. *J Clin Gastroenterol*. 2014;48:567-78.
7. Ng SC. Emerging leadership lecture: Inflammatory bowel disease in Asia: emergence of a “Western” disease. *J Gastroenterol Hepatol* 2015;30:440-5.
8. Ng SC, Tang W, Ching JY, et al. Incidence and phenotype of inflammatory bowel disease based on results from the Asia-pacific Crohn’s and colitis epidemiology study. Asia-Pacific Crohn’s and Colitis Epidemiologic Study (ACCESS) Study Group. *Gastroenterology*. 2013 ;145:158-165.
9. Bernstein CN, Eliakhim A, Fedail S, et al. WGO Practice Guidelines- Inflammatory Bowel Disease. Available at <http://www.worldgastroenterology.org/guidelines/global-guidelines/inflammatory-bowel-disease-ibd>.
10. Chan WK, Goh KL. Epidemiology of a fast emerging disease in the Asia-Pacific region: non-alcoholic fatty liver disease. *Hepatol Int* 2013; 7:65–71.

VII Latvian Gastroenterology Congress with International Participation



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The VII Latvian Gastroenterology Congress with International participation was held on December 5, 2015 in Riga, Latvia. The congress was attended by more than 1,150 medical professionals, including: physicians, pharmacists, residents, students, and nurses. Both national and international lecturers (from the Netherlands, Switzerland, Sweden, Israel, UK, Russia, and Croatia) presented the latest scientific accomplishments in the field of gastroenterology, hepatology, nutrition, and endoscopy. It is one of the biggest international congresses organized in Eastern Europe, bringing

medical specialists interested in the field of gastroenterology together for the seventh time.

The Congress Plenary session was opened by Professor Aivars Lejnicks (Latvia), who reminded attendees of the essential role of a healthy relationship between doctor and patient in clinical practice, while Professor Juris Pokrotnieks (Latvia) marked the development of gastroenterology in Latvia and Professor Joost PH Drenth (Netherlands), as an official United European Gastroenterology representative, the development of gastroenterology in the European Union since the very beginning.



Gastroenterology vs. Cardiology myths and reality: Assist. Prof. Aleksejs Derovs (Latvia), Dr. Ilja Zakke (Latvia), Prof. Leonid B. Lazebnik (Russia), and Dr. Liga Kozlovska (Latvia).

National and international specialists covered the fields of gastroenterology, surgery, endocrinology, radiology, and pathology, speaking about diagnostics and treatment of inflammatory bowel diseases (IBD), diverticulosis, pancreas diseases, appendicitis, and gastrointestinal bleeding. They emphasized monoclonal antibody treatment possibilities in IBD, the importance of magnetic resonance enterography in early IBD detection, and the importance of capsule endoscopy in iron deficiency anemia diagnostics in order to start early anemia treatment with intravenous iron medication, as well as neuroendocrine tumor role in the clinical practice. Professor Gian Dorta (Switzerland) shared his experience in radio frequency ablation therapy in patients with Barrett's esophagus. Specialists recapped the new line treatment options for patients with viral hepatitis and HIV infection, emphasizing the role of diagnostics, correct result interpretation, and early treatment approach, stating that patients should be directly interviewed and diseases should be openly discussed. Professor Alastair Forbes (UK), as an opinion leader in the nutrition field, spoke of successful treatment options



Assist. Prof. Aleksejs Derovs_Era of monoclonal antibody therapy in inflammatory bowel diseases.



Organizing Committee (Juris Pokrotnieks, Jelena Derova, and Aleksejs Derovs) and UEG official representative Joost PH Drenth (Netherlands).

for patients with malnutrition and short bowel syndrome, recalling the importance of gradual resumption of patient's enteral feeding by replacing all the necessary vitamins and electrolytes and closely monitoring glucose levels. Lecturers informed attendees about the essential role of ALT level, not only in liver disease diagnostics, but also in cardiovascular risk determination, citing the fact that a normal ALT level does not indicate a complete state of health and reminding the significance of daily physical activities and healthy diet in our everyday life.

Young gastroenterologists were informed about the need to limit antimicrobial therapy in gastroenterology patients, therefore limiting the antimicrobial resistance development in clinical practice. They were also informed about such rare, but extremely significant, diseases such as Waldman's disease and actinomycosis, as well as stressed the important issue of IBD patient medication costs.

Four satellite symposia, which were devoted to in-depth study of various specific topics in gastroenterology, took place in the Small Hall parallel to the plenary session in the Main Hall.

Not only gastroenterologists have to face the issues of fermentology in their clinical practice; rational use of enzyme medication is an important aspect in daily practice of any doctor.

In a satellite symposium, which was devoted to enzyme medication role in gastroenterology, recognized Latvian specialists in Endocrinology – Assoc. Professor Ilze Konrade, Gastroenterology – Assist. Professor Aleksejs Derovs, and Surgery - Professor Gun-tars Pupelis, shared their experience and knowledge.

During the first international satellite symposium “Gastroenterology vs. Cardiology: myths and reality” local and invited speakers were talking about common diagnostic and therapeutic moments of both specialties, reminded that the use of antiplatelet and anticoagulant medication reduces the cardiovascular risk more than exacerbates the symptoms of GI system diseases. Professor Leonid B. Lazebnik (Russia) emphasized that increased cholesterol level is a common risk factor for cardiological and gastroenterological patients and described cardiology drug effects on gastrointestinal tract diseases.

Neuroendocrine tumors (NETs) are a heterogeneous group of tumors that consist of hormone producing cells and can be located in different organ systems; however, mostly they are found in gastrointestinal tract organs. Taking into an account that NETs have no specific manifestation, it can take up to seven years from the first onset of symptoms to the identification of the pathological process. In the satellite symposium “Neuroendocrine tumors: diagnostic and treatment options” a professor from Uppsala



Symposium in Small Hall.

University (Switzerland), Kjell Oberg, emphasized the most important moments in NET diagnostics, cleared the myths about chemotherapy value for patients with NETs, and showed new horizons in NET therapy.

Capsule endoscopy is a relatively new endoscopic method, with a widely discussed indication spectrum in the literature. The second international satellite symposium, “Capsule endoscopy yield in different indications,” guided by international experts like Professor Rami Eliakim (Israel), delivered information about its importance in cases like gastrointestinal bleeding, small bowel tumors, and unexplained chronic abdominal pain.

The Latvian Gastroenterology Congress with International Participation has become a meaningful tradition in the medical field of Latvia and the Baltic States in general. Despite the fact that there are only about 50 certified gastroenterologists in Latvia, this Congress each time brings together more than 1,000 local and foreign delegates and this year was no exception!



Plenary Session.

8th Hepatology and Gastroenterology Post Graduate Course



Ibrahim Mostafa, MD, PhD, FACC, MWGO, FRCP (Glasg.)

Professor of Gastroenterology, Hepatology, and Liver Transplantation
Chair Education Committee World Endoscopy Organization (WEO)
President Pan Arab Liver Transplant Society (PALTS)
Vice President Pan Arab Association of Gastroenterology (PAAG)
State Merit Award in Medical Science



Prof. Ibrahim Mostafa the course director of Egypt GastroHep and Prof. Joost Drenth Professor of Gastroenterology and Hepatology through Hands On Session in Diagnostic Colonoscopy Station.

The 8th year of the successful Hepatology and Gastroenterology Post Graduate Course was held in Cairo, Egypt from 10-13 December 2015 at the Conrad Hotel in Egypt; in conjunction with the 17th Egyptian Workshop of Therapeutic GI Endoscopy. The course delivered high quality science to participant physicians worldwide.

The course contained three parts: academic lectures, live transmission, and hands-on training. Each part covered most of the field of the hepatology and gastroenterology, so we were able to help each trainee in all the areas that needed to be improved.

The academic program included 22 eminent international speakers from 11 different countries (Austria, Belgium, Egypt, France, Germany, Italy, Kuwait, Lebanon, Netherlands, Sudan, and USA) who delivered the latest cutting edge information in 31 state-of-the-art lectures, covering most of the important aspects in hepatology, gastroenterology, and endoscopy.

There were two days of live endoscopy transmission; 6 hours of live transmission broadcasted to the audience from two different hospitals (Air Force Hospital in Cairo and AL-Rajhy Liver Hospital from Assiut). There

were 26 of the most difficult therapeutic endoscopy and ultrasonography cases (such as EUS, ERCP, and Spy Glass) handled by 11 world-class endoscopy experts.

There was also hands-on training course, which contained 12 different stations: hemostasis, EMR, RFA, ESD, ERCP, Diagnostic Upper Endoscopy, Colonoscopy, Capsule Endoscopy, Enteroscopy, GIT Stenting, Polypectomy, EUS FNA, Intra gastric Balloon, and Intra Gastric Tissue Apposition. Those stations were on going over four days and six sessions, for total of 8 and half hours. The hands-on training contained an animal model and plastic model, with different techniques for the endoscopy training. A total of 453 physicians participated in the hands-on training.

Twenty nine world-class endoscopy experts (12 international and 17 national) actively participated in the 8th Hands On Training for Roeya Medical Center. Each expert was able to work on more than one technique, giving the opportunity for the experts to teach the trainees different techniques of endoscopy, as well for the trainees to watch different experts at the same station with the same technique.



Part of the attendees from different areas in the world.



From the Left: Dr Hatem Khalaf Professor of Surgery President, Pan Arab Liver Transplant Society, Dr James Marion Professor of Medicine Representing the ASGC and ACG. Prof. Marianna Arvinitaki Representing the ESGE. Prof. Joost PH Drenth Professor of Gastroenterology and Hepatology Representing the UEG. Prof. Ibrahim Mostafa Professor of Gastroenterology, Hepatology and Liver Transplantation, Course Director of Egypt GastroHep 2015 (8th Hepatology and Gastroenterology Post Graduate Course and the 17th Egyptian Workshop on Therapeutic Endoscopy) and Representing the WEO and WGO.



Prof. Ibrahim Mostafa Professor of Gastroenterology, Hepatology and Liver Transplantation, Course Director of Egypt GastroHep 2015 (8th Hepatology and Gastroenterology Post Graduate Course and the 17th Egyptian Workshop on Therapeutic Endoscopy) during the opening ceremony.

The 8th Hepatology and Gastroenterology Post Graduate Course and the 17th Egyptian Workshop on Therapeutic Endoscopy were endorsed by many well respected international organizations, including the World Gastroenterology Organization (WGO). WGO has joined us from the first year of the Hepatology and Gastroenterology Post Graduate Course in 2008, adding a very important value to the course. WGO was represented by Professor Ibrahim Mostafa, Director of the WGO Cairo Training Center, in the opening ceremony. The American College of Gastroenterology (ACG) was another of the important organizations that has endorsed the since 2008 and was represented by Professor James Marion in the opening ceremony.

The 17th Egyptian Workshop on Therapeutic Endoscopy was endorsed by important organizations, such as the American Society for Gastrointestinal Endoscopy (ASGE), which was

the first organization to support our program in 1999 and was represented by Professor James Marion. The meeting was also by the European Society of Gastrointestinal Endoscopy (ESGE), which has supported our program from 2000 and was represented by Professor Marianna Arvanitaki. The World Endoscopy Organization (WEO) has endorsed us since 2012 and was represented by Professor Ibrahim Mostafa

A focus of our course is helping the new generation to improve their technical skills, which helps them in their professional career. We also always work on inviting experts from different countries worldwide, to work on sharing different cultures and different techniques and that for the sake of the attendees themselves. We look forward to more cooperation with our success partners and keeping the cooperation with the WGO in the coming years. Our coming event for

2016 will be 8-11 December 2016.

For follow up you can visit our:
Website: www.egyptgastrohep.com
Facebook page: <http://www.facebook.com/EgyptGastroHep>
YouTube channel: <http://www.youtube.com/channel/UCqCbJmh-Pe1y08YKNKFWUrg>

39th National Congress of the SMMAD and 6th Postgraduate Course



Rhimou Alaoui, MD

Department of Gastroenterology
Ibn Rochd University Hospital Center of Casablanca
Casablanca, Morocco
President, Société Marocaine des Maladies de l'Appareil Digestif

The Société Marocaine des Maladies de l'Appareil Digestif (SMMAD), chaired by Professor Rhimou Alaoui, organized its 39th National Congress and 6th Postgraduate Course this last December in Marrakech, Morocco.

This scientific event, held under the patronage of the Ministry of Health, was again marked by a large participation of hepato-gastroenterologists from different cities of the kingdom to discuss and exchange information about several topics of the specialty.

The Postgraduate Course day was devoted to digestive tuberculosis, a subject that was chosen by participants following a survey by the SMMAD to set the theme of the day. The aim of the day was to arrive at recommendations to synthesize

recommendations about the prevention, diagnosis, and management of digestive tuberculosis.

During this conference, attendees were able also to debate and update their knowledge through many oral communications and posters, symposia, and practical workshops.

It was also an opportunity for the SMMAD to strengthen collaboration with other scientific societies (including the French Association for the Study of the Liver, French Society of Gastroenterology, and Moroccan Society for Digestive Endoscopy) through the organization of several joint plenary sessions. These sessions were dedicated to issues that affect the daily practice of physicians in the treatment of several digestive disorders.



From left to right: Prof. Naima Amrani (Secretary General of WGO), Prof. Rhimou Alaoui (President of SMMAD), and Dr. Mohamed Boutaleb (Secretary General of SMMAD).



SMMAD Board with Prof. Abdellatif Cherkoui (Founding President of SMMAD) and friends.

The scientific program also included symposiums and workshops devoted to other diseases, including viral Hepatitis B and C. Regarding viral Hepatitis C, SMMAD welcomed the availability of new direct-acting antivirals, an initiative of the Ministry of Health to facilitate patient access to treatment and to eradicate Hepatitis C in Morocco.

After two days of high quality scientific exchange, the congress was closed with the presentation of awards to the best displayed and oral communications. By this gesture, which has become a recent and essential ritual, the SMMAD thanked and encouraged candidates to persevere in their quest for excellence.



Congress Room.

THE LATEST NEWS IN WGO GLOBAL GUIDELINES AND CASCADES

Here's what's happening in 2016...

RECENTLY UPDATED & RELEASED GUIDELINES!

Irritable Bowel Syndrome (IBS)

The IBS Guideline, led by Professor Eamonn Quigley (USA), is now available! This guideline was created with a global representation from Switzerland, Singapore, Russia, United Kingdom, Sweden, Pakistan, Argentina, India, Mexico, Uruguay, and The Netherlands.

With this guideline update, WGO aims to guide health providers in the best management of IBS through a concise document with recommendations based on the latest evidence and resulting from our global expert consensus process based on best current practice.

A standardized, global approach to the diagnosis and management of IBS may not be feasible, since neither the epidemiology nor the clinical presentation of the condition, nor the availability of diagnostic or therapeutic resources, are sufficiently uniform throughout the world to support the provision of a single, gold standard approach.

This Global WGO Guideline, therefore, includes a set of “cascades” to provide context-sensitive and resource-sensitive options for the diagnosis and management of IBS. The WGO cascades are intended to serve as a “global” complement to, rather than a replacement for, the “gold standard” guidelines produced by regional groups and national societies. With their diagnostic and treatment cascades, WGO guidelines provide a

resource-sensitive and context-sensitive approach.

Click [here](#) to read more!

Inflammatory Bowel Disease (IBD)

The IBD guideline is now available for download on the [WGO website!](#) Led by Professor Charles Bernstein (Canada), this Guideline features newly updated specific information related to the symptoms, diagnosis of IBD, Cascade for diagnosis, evaluation, and management of IBD.

Inflammatory bowel disease (IBD) is a group of idiopathic chronic inflammatory intestinal conditions. The two main disease categories are Crohn's disease (CD) and ulcerative colitis (UC), which have both overlapping and distinct clinical and pathological features.

The pathogenesis of IBD is incompletely understood. Genetic and environmental factors such as altered luminal bacteria and enhanced intestinal permeability play a role in the dysregulation of intestinal immunity, leading to gastrointestinal injury.

To learn more, click [here!](#)

Global Perspective on Gastroesophageal Reflux Disease (GERD)

Led by Professors Richard Hunt (UK), David Armstrong (Canada), and Peter Katelaris (Australia), this is the second WGO guideline published to complement the World Digestive Health Day (WDHD) themes, the first being *From Heartburn to Constipation—Common GI Symptoms in the Community: Impace and Interpretation,*

2012, and the second *Heartburn: A Global Perspective, 2015*. The WGO's aim in the guideline is to guide health care providers in the best management of GERD through a concise document that provides recommendations based on the latest evidence and has been drawn up in a global expert consensus process focusing on the best current practice.

GERD is now widely prevalent around the world, with clear evidence of increasing prevalence in many developing countries. Practice recommendations should be sensitive to context, with the goal of optimizing care in relation to local resources and the availability of health care support systems. The expression of the disease is considered to be similar across regions, with heartburn and regurgitation as the main symptoms. For initial management, the patient may purchase over-the-counter (OTC) medication for heartburn relief or seek further advice from a pharmacist. When patients perceive that their symptoms are more troublesome, they may seek a doctor's advice; depending on the patient's circumstances and the structure of the local health care system, patients may seek advice at the primary care level or they may consult a gastroenterology specialist or surgeon, directly or by referral. The WGO cascade approach aims to optimize the use of available health care resources for individual patients, based on their location and access to various health care providers.

Click [here](#) to read more about GERD!

Watch future issues of the monthly e-Alert as more languages of these guidelines are released!

NEW GUIDELINES TO LOOK FOR!

Along with the release of these guidelines is the upcoming guideline update on Celiac Disease, which is led by Professors Julio Bai (Argen-

tina), and Carolina Ciacci (Italy). This special guideline will complement this year's World Digestive Health Day, which is entitled "Diet and the Gut," and will feature information on the epidemiology, clinical history, and key symptoms of Celiac Disease as well as provide WGO Cascades and key points in diagnosis and management. We look forward to sharing this guideline with you soon!

Later this year..

Under the guidance of Professor Francisco Guarner (Spain), the Probiotics Guideline update is currently underway.

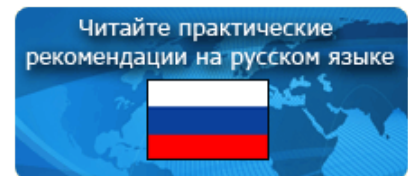
A pancreas lesions Guideline, led by Professors Juan Malagelada (Spain), and Nalini Guda (USA), is in the beginning stages of development.

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

Watch for future e-Alerts and issues of e-WGN as updates of new Guidelines become available!

Global Guidelines & Cascades Homepage in Russian and Mandarin

Don't forget to view the Global Guidelines and Cascades homepage in Russian and Mandarin on the new WGO website! You may view the Russian page by visiting <http://www.worldgastroenterology.org/guidelines/global-guidelines/view-the-guidelines-in-russian> or the Mandarin page here: <http://www.worldgastroenterology.org/guidelines/global-guidelines/view-the-guidelines-in-mandarin>.



Calendar of Events

WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

Gastro 2016 EGHS-WGO International Congress

When: 17-19 November 2016

Location: Abu Dhabi, United Arab Emirates

Organizers: Emirates Gastroenterology & Hepatology Society and World Gastroenterology Organisation

E-mail: info@worldgastroenterology.org

Website: www.gastro2016.com

World Congress of Gastroenterology (WCOG) at ACG 2017

When: 13-18 October 2017

Location: Orlando, Florida, USA

Organizers: American College of Gastroenterology and World Gastroenterology Organisation

E-mail: info@worldgastroenterology.org

CALENDAR OF EVENTS

MAY 2016

Endo Live Roma 2016

When: 11-13 May 2016

Location: Catholic University Rome

Address: Policlinico A. Gemelli, Auditorium, Largo F. Vito, 1 – 00168 Roma, Italy

Course Director: Guido Costamagna, Director of the WGO Rome Training Center

Phone: +39 06 3290250

Fax: +39 06 36306897

E-mail: info@endoliveroma.it

Website: www.endoliveroma.it

WGO Member Societies interested in participating in this event will receive a 20% discount on the registration fee.

To learn more about this course [click here!](#)

To view the course program [click here!](#)

Irritable Bowel Syndrome. Role of Probiotics. Nutrition.

When: 26 May 2016

Location: Raffles Dubai (suggested)

Address: Dubai Healthcare City, Dubai, United Arab Emirates

Organizer: Emirates Gastroenterology & Hepatology Society

Phone: +971 506570687

E-mail: emiratesgastrosociety@gmail.com

JUNE 2016

Curso Internacional FAGE 2016

When: 3-4 June 2016

Location: Centro de Convenciones Puerto Norte, Rosario, Argentina

Address: Av. Candido Carballo 150, 2000 Rosario, Argentina, Argentina

Organizer: Federación Argentina de Gastroenterología (FAGE)

Phone: +54 351 4290463

Fax: +54 351 4290463

E-mail: info@fage.org.ar

Website: <http://www.fage.org.ar>

58th Annual Meeting of HSG

When: 4-7 June 2016

Location: Hotel Azúr Siófok

Address: Erkel F.u.2/c, Siófok 8600 Hungary

Organizer: Hungarian Society of Gastroenterology (HSG)

Phone: +36 1 2015 1224

Fax: +36 1 476 0634

E-mail: gastroent@gmail.com

Website: <http://www.gastroenter.hu>

The 36th National Congress of Gastroenterology, Hepatology and Digestive Endoscopy in conjunction with UEG Course Update in chronic digestive diseases: What is changing, what is challenging?

When: 8-11 June 2016

Location: Cluj-Napoca House of Culture

Address: 1-3 Lucian Blaga Square, Cluj-Napoca, Cluj, Romania

Organizers: Romanian Society of Gastroenterology and Hepatology and Paloma Tours

Phone: +40 755 123 415 / +40 0264 425 555

Fax: +40 0264 425 555

E-mail: tatiana.iosip@palomatours.com

Website: <http://gastro2016.medical-congresses.ro>

BSG 2016 Annual Meeting

When: 20-23 June 2016

Location: ACC, Liverpool, UK

Organizer: British Society of Gastroenterology

Phone: +44 (0) 1730 715 284

E-mail: bsg2016@mci-group.com

Website: <http://www.bsg2016.org.uk/>

International Course on Gastroenterology Trujillo 2016

When: 30 June - 2 July 2016

Location: Hotel Casa Andina

Address: Av. Huamán, Av. El Golf, Victor Larco Herrera, Peru

Organizer: Sociedad de Gastroenterología del Perú

Phone: +51 1 264 0015

Fax: +51 1 264 1400

E-mail: secretaria@socgastro.org.pe

Website: <http://www.socgastro.org.pe>

SEPTEMBER 2016

Pan American Digestive Disease Week

When: 10-13 September 2016

Location: Convention Center of Cartagena de Indias, Colombia

Organizer: Pan-American Gastroenterology Organization (OPGE)

Phone: +57 1 6168315

Fax: +57 1 6162376

E-mail: contacto@opge.org

Website: <http://www.opge.org>

24th Annual Meeting of the Croatian Society of Gastroenterology with International Participation

When: 15-18 September 2016

Location: Bluesun Elaphusa Hotel

Address: Put Zlatnog rata 46, 21420 Bol, Croatia

Organizer: Croatian Society of Gastroenterology

Phone: +385 21 306 200

Website: www.hgd.hr

OCTOBER 2016

XXII Russian Gastroenterological Week

When: 3-5 October 2016

Location: RANEPА

Address: Prospect Vernadskogo, 82, Moscow, 119571, Russia

Organizer: Russian Gastroenterological Association

E-mail: fin.fin@ru.net

Website: www.gastro.ru

XXV Peruvian Congress of Digestive Diseases

When: 5-8 October 2016

Location: Swissôtel Lima

Address: Av. Santo Toribio 173, Centro Empresarial Real, Via Principal 150, Lima LIMA 27, Peru

Organizer: Sociedad de Gastroenterología del Perú

Phone: +51 1 264 0015

Fax: +51 1 264 1400

E-mail: secretaria@socgastro.org.pe

Website: <http://www.socgastro.org.pe>

ACG 2016 Annual Scientific Meeting & Postgraduate Course

When: 14-19 October 2016

Location: Venetian Resort, Las Vegas, NV, USA

Organizer: American College of Gastroenterology (ACG)

Website: <http://www.gi.org/>

United European Gastroenterology Week (UEG Week) 2016

When: 15-19 October 2016

Location: Austria Centre Vienna

Address: IAKW – AG, Internationales Amtssitz- und Konferenzzentrum Wien, AG, Bruno-Kreisky-Platz 1, A-1220 Wien, Austria

Organizer: United European Gastroenterology (UEG)

Email: office@ueg.eu

Website: <https://www.ueg.eu/week/>

NOVEMBER 2016

Asian Pacific Digestive Week (APDW) 2016

When: 2-5 November 2016

Location: Kobe Convention Center, Kobe, Japan

Organizer: Organization of JDDW

Website: www.apdw2016.org

JDDW 2016 - Japan Digestive Disease Week 2016

When: 3-6 November 2016

Location: Kobe Convention Center, Kobe, Japan

Organizer: Organization of JDDW

Website: <http://www.jddw.jp/english/index.html>

DECEMBER 2016**9th Hepatology and Gastroenterology Post Graduate Course****When:** 8-9 December 2016**Location:** Cairo Conrad Hotel**Address:** 1191 Nile Corniche, Cairo, Cairo Governorate 11221, Egypt**Organizer:** Prof. Ibrahim Mostafa**E-mail:** ibrahimmostafa@egyptgastro-hep.com**Website:** www.egyptgastrohep.com**ISGCON 2016: 57th Annual Conference of Indian Society of Gastroenterology****When:** 15-18 December 2016**Location:** Hotel Pullman New Delhi**Address:** Aerocity Hospitality District, IGI Airport New Delhi, 110037 New Delhi, India**Organizers:** Indian Society of Gastroenterology (ISG) and Indian National Association for Study of the Liver (INASL)**E-mail:** isgcon2016@gmail.com**Website:** <http://www.isgcon-2016.com/>**OCTOBER 2017****JDDW 2017 - Japan Digestive Disease Week 2017****When:** 12-15 October 2017**Location:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**NOVEMBER 2018****JDDW 2018 - Japan Digestive Disease Week 2018****When:** 1-4 November 2018**Location:** Kobe, 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/forms/submit-event.php> to submit your event for publication in WGO's website conference calendar as well as the quarterly *e-WGN* calendar of events!

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EGHS-WGO International Congress

17 - 19 November 2016

www.gastro2016.com



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