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In this issue


A Reflection on the Last Two Years as WGO President

Naima Lahbabi-Amrani, MD
President, WGO 2019-2021
WGO-RTC Training Center Director
Rabat, Morocco

Dear Colleagues and Friends,

As my presidency draws to a close, I wish to reflect upon our journey as a WGO community and share what we have accomplished together over these last few years.

It has been an honor to serve as President of the World Gastroenterology Organisation (WGO). When I started my presidency in September 2019, there were three main objectives that I wanted to achieve:

- Encourage more females to serve on WGO committees and participate in our initiatives;
- Attract more young physicians to participate in WGO programs and committees; and
- Increase our efforts towards growing our membership in Africa and other parts of the world.

With your support and collaboration, and despite the COVID-19 pandemic, together, we were able to achieve all of these goals. Below I share with you a summary about our various programs and what we were able to achieve together:

Nominations

WGO is committed to seeing a more diverse and inclusive GI community, dedicated to providing the highest standards in education, training and research in the field. We are working to ensure that there is balanced representation including, but not limited to, geographic, age, race and gender at both the committee and governance levels. In an effort to increase member participation, changes were made to the statutes and bylaws, decreasing the term limits, which would allow for members to join regularly.

Our nominations cycle for the 2021-2023 term had a record 155 applications received for our various committees and interest groups with all regions represented (Africa/Middle East, Americas, Asia-Pacific and Europe). The nomination of women increased significantly this cycle. We moved from less than 5% to 30% nominated to various committees and leadership positions, with 5 women appointed to the Governing Council for the 2021-2023 term. These numbers will continue to increase as we move forward.

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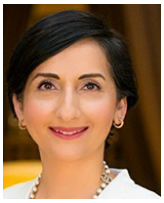

Anita Afzali, MD, MPH, FACG, AGAF

Abercrombie and Fitch Endowed Chair in Inflammatory Bowel Disease
The Ohio State University Wexler Medical Center
Columbus, Ohio, USA

Mário Reis Álvares-da-Silva, MD, PhD

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

Editorial Office
WGO Executive Secretariat
555 East Wells Street, Suite 1100
Milwaukee, WI 53202 USA
info@worldgastroenterology.org

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WGO is accepting article submissions for upcoming issues of *e-WGN*. Articles reach a global audience and are disseminated through WGO's mailing list and social media platforms.

Article Instructions

- Because the official language of *e-WGN* is English, we kindly ask that your manuscript be sent in English.
- Photos are permitted and welcomed. Please include a description with each photo.
- Include a photo of the author(s)
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For more information or to submit an article, please send an email to info@worldgastroenterology.org.

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Committees and Interest Groups

New committees emerged during this term as part of WGO's commitment to training and education, and in keeping with the goal of expanding the WGO community to include the next generation of GI professionals.

Young GIs: Emerging Global Leaders

The goal of the Young GIs Committee is to bring together young gastroenterologists, hepatologists and endoscopists from different fields of expertise and to identify and manage the key issues affecting the specialty in education, research and training. The Young GIs will also have opportunities to submit topics for consideration for World Congresses and interim meetings.

WGO Mentorship Program

The WGO Emerging Leaders Mentorship Program (ELMP) will link young and aspiring gastroenterologists who wish to promote GI care, education and/or research in their region (but may lack the support structures to do so), with informed experts in the areas of the delivery of GI care, education and training and clinical research. Throughout the yearlong partnership, the mentors will impart knowledge and expertise in the areas of clinical practice, education and research, catering to the interests and specific needs of the mentees.

The future of the specialty of gastroenterology is a key point for WGO. We want to encourage and support the next generation of GI specialists in their professional careers and we look forward for those individuals, who have the passion and ability to contribute to the ongoing work of WGO, to become its future leaders.

Board of Reference

Also developed this term was the WGO Board of Reference, which is an ad hoc group formed to provide advice and support to the WGO President in addition to helping promote and increase visibility of WGO worldwide. This group is composed of past presidents and others who are elected by the Executive Committee and can offer innovative advice and dynamic perspectives.

Membership

It is with thanks and appreciation to our members that WGO is a global federation of 117 member societies representing over 60,000 individual members. Since 2019, we have added Burkina Faso, Société Burkinabè D'Hépato-GastroEntérologie Et D'Endoscopie Digestive as a member of WGO. Additionally, we have consolidated our relationship with some member societies in the Americas and Europe.

We are committed to working with our member societies in collaborating on meetings, symposia, programs and initiatives.

Climate Change Working Group

A working group was established to bring together colleagues from around the globe with a particular interest in climate change to explore, identify and summarize data about the effects of climate change on gastrointestinal and hepatic health. WGO is developing a series of papers outlining the current knowledge about climate change effects on health and plans to share the data by producing educational material including articles, PowerPoint lectures and webcasts.

Most recently, the Climate Change Working Group published a commentary in three major gastroenterology journals, *Gastroenterology, Gut* and the *Journal of Clinical Gastroenterology (JCG)*. This commentary highlights the important consequences of the climate crisis on gastrointestinal human health and the impact of gastroenterology practices globally on the carbon footprint and nonrecyclable waste. The commentary was authored by gastroenterologists from 18 countries and provided specific actionable recommendations to gastroenterology societies and practices, endoscopy centers, publishers, academic centers and individuals in order to protect planetary health.

The paper is available on the WGO website and links to the paper in the journals appear below:

- *Gastroenterology*
- *Gut*
- *Journal for Clinical Gastroenterology (JCG)*
- WGO website

Publications

At the beginning of the pandemic and throughout most of 2020, our WGO committees collectively worked together to curate an extensive list of resources for our global community and also published several papers, including:

- WGO Guidance for Patients with COVID-19 and Liver Disease
- GI and Liver Manifestations of COVID-19
- Personal Protection Equipment for Endoscopy in Low Resource Settings during the COVID-19 Pandemic
- Antibody Testing for SARS-CoV-2: Role in Management of the Disease
- Gastroenterology Practice in COVID-19

We recognize how busy and at times overwhelmed our members were in serving as the frontline workers during this pandemic and thank you for your contributions to the organization.

Guidelines

The Guidelines continue to account for the most visited section on the WGO website, with 40% of visitors accessing guidelines in 2021. There are currently 27 guidelines offered in six languages. Since 2019, WGO has published the following Guidelines:

- Pancreatic Cystic Lesions (2019)
- Endoscope Disinfection (2019)
- Helicobacter Pylori (2021)
- Digestive Tract Tuberculosis (2021)

And in development:

- Hepatocellular Carcinoma (HCC)
- Obesity
- Probiotics and Prebiotics

Training Centers

Although many of our centers were impacted by the pandemic, many were able to pivot and offer virtual courses and trainings. Since 2019, 81 trainees received grants to support their trainings at the various 23 Training Centers. 14 Training Centers received funding between 2019-2021 to support their courses and events.

WGO will also be launching a pilot program with three African Training Centers in collaboration with Project ECHO and Dr. Henry Cohen, WGO Past President, and his team in Uruguay. We look forwarding to sharing more information in due course.

Train the Trainers (TTT)

Since 2001, 28 workshops have been held in 18 different countries across six continents with over 1,100 alumni from more than 90 countries. Although our courses in Lyon and Poland were postponed due to the pandemic, we are pleased that they will resume in 2022.

2021 marks the 20th anniversary of TTT. Throughout the year, we have been sharing testimonials from past alumni on social media and have featured articles in our quarterly newsletter, *e-WGN*, highlighting their experiences. This issue also features an article commemorating this anniversary.

World Digestive Health Day (WDHD)

In 2019, WGO released the Handbook on Early Diagnosis and Treatment of GI Cancer and in 2020 released the 2020 Handbook on Gut Microbiome. This year, WGO collaborated with the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) to raise awareness around obesity. Through the campaign, *Obesity: An Ongoing Pandemic*, WGO and IFSO organized its first webinar event on 29 May 2021 that brought together members from both organizations for a 5-hour event that had 1,600 registrants in attendance.

Congresses and Meetings

When it came to deciding whether to hold in-person or virtual meetings, like many of you, WGO was faced with the hard decision to postpone its meetings. We share the below dates of our upcoming meetings and look forward to having you join us as we reconnect with our friends and colleagues.

- GASTRO 2021 Prague: 9-11 December 2021 - visit www.gastro-2021prague.org
- World Congress of Gastroenterology 2022: 12-14 December 2022 in Dubai, UAE
- World Congress of Gastroenterology 2023: 15-19 November 2023 in Seoul, Korea

WGO Logo and Website

Since its establishment in 1958, WGO has undergone several transformations. One notable change that was unveiling in 2021 was the redesign of the WGO logo. It was important to note WGO's longevity by including the year the organization was established. As a federation of 117 member societies, the four diagonal ribbons in blue and green hues represent the four geographical regions our societies belong to.

Most recently, WGO launched its redesigned website featuring a new look and easier navigation.

Looking Ahead

I feel fortunate to have been with WGO for more than 20 years, beginning as the Director of the WGO Training Center in Rabat and moving into various positions during my tenure.

I wish Professor Guilherme Macedo, WGO President-elect best wishes on a successful term as he moves into the presidency this month and I look forward to working with him and our members to carry out the goals for the organization.

WGO is evolving. These past few years have also demonstrated that, despite two years of challenges and uncertainty due to the COVID-19 pandemic, we can face anything together.

Any success that WGO has achieved has come through the joint efforts of those who have come before me and the colleagues who have joined me over these two years. I was honored and grateful for the opportunity to collaborate and work with our Member Societies, Regional Affiliate Associations, and the many individuals who give the gift of their time to WGO. Our achievement would be impossible without the support and enthusiasm of each member to our organization.

I want to specifically thank the current committee chair members for their friendship and support and the Executive Committee at various positions for their help, friendship, and sharing their enthusiasm.

I also want to thank the whole members of our Executive Secretariat, namely Marissa Lopez, an outstanding Executive Director, her team for their kindness, efficiency and devotion, and Kay Whalen, President of EDI, for her commitment to WGO.

We are a Big Family with only One Voice to reflect the mission of WGO. Thank you for entrusting me to serve as your President for the 2019-2021 term.

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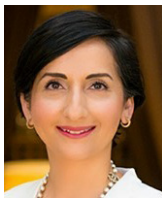
Message from the Editors



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Mário Reis Álvares-da-Silva, MD, PhD

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

To our WGO Community,

We start this edition with a celebration of the 20th Anniversary of the WGO Train The Trainers (TTT) Program. This includes a review of how this great initiative started, its current state and the future, all based on the guiding principles and need for training of gastroenterology in the developing world, based on a paucity of educational opportunities for teachers and trainers of gastroenterologists.

Next, several testimonials are provided from WGO Training Center experiences globally. Dr. Gabriela Rodriguez Ruiz, a general surgeon and gastrointestinal endoscopist from Mexico, shares a testimonial on her WGO Bogota Training Center experience under the mentorship of Dr. Luis Carlos Sabbagh Sanvicente. From Nigeria, Dr. Saheed Olatunde Akanni shares a beautiful recollection of the experience at the WGO Lagos Training Center and Dr. Joseph Edwin Kanu from Sierra Leone provides a summary of the great experience encountered at the WGO New Delhi Training Center. We encourage you to read these testimonials shared and consider applying for a WGO Training Center near you.

Dr. David J Tate, President of Gastrointestinal Quality and Safety (GIEQs) Foundation from Ghent, Belgium shares results from the 2nd Edition of the Ghent International Safety and Quality Symposium to discuss the theme of "How Can We Do Everyday Endoscopy Better," and a summary of sessions and high quality content is provided for your review. World Digestive Health Day was also celebrated in Chennai, India, and Dr. K.R. Palaniswamy provides a wonderful summary of activities based on this year's theme, *Obesity: An Ongoing Pandemic*.

Several other international conferences have also recently occurred, with highlights of UEG Week Virtual 2021 and the United Conference of Hepatogastroenterology and Infectious Diseases 2021 hosted in Egypt are summarized in this *e-WGN*. On behalf of WGO and the Czech Society of Gastroenterology, we welcome you for a great learning opportunity at GASTRO 2021 in Prague from 9–11 December. Also, save the date for WCOG 2022 in Dubai from 12-14 December 2022 and WCOG 2023 in Seoul from 15-19 November 2023. We hope to see you there!

This edition also provides a Global Guidelines update. To start, the WGO Guidelines Library contains practice guidelines available in several different languages, including recent publication of the Digestive Tract Tuberculosis and *Helicobacter* pylori Guidelines. Be on the lookout for additional valuable Guidelines to come in 2022, including Hepatocellular Carcinoma, Obesity, Diverticular Disease, and Constipation Guidelines.

There is a changing paradigm in the management of chronic hepatitis B, specifically of the non-cirrhotic HBeAg negative patients. Dr. Zaigham Abbas (Karachi, Pakistan) reviews the emerging data regarding treatment recommendations of the immunotolerant patients. Moving from viral liver disease to inflammatory bowel disease (IBD), Dr. Tanyaporn Chantarojanasiri and Dr. Quang Trung Tran provide a very nice review of infectious diseases that may mimic IBD and we should consider these differential diagnoses in our appropriate patients.

Our WGO Secretary General and Chair of the Climate Change Working Group, Dr. Geoffrey Metz provides an important commentary on the impact of climate change on gastrointestinal health and diseases, and we encourage you to view the commentary "Uniting the Global Gastroenterology Community to Meet the Challenge of Climate Change and Non-recyclable Waste."

To close, I personally would like to thank my colleague and friend, Dr. Mário Reis Álvares-da-Silva, *e-WGN*

Co-Editor, as his term ends. It has been a great pleasure working with you over the years. Thank you for your support, partnership and friendship. Your commitment to our WGO community is appreciated and your expertise is admired. With sincere gratitude and best wishes on your next chapter, Mário!

Best,
Anita and Mário

Farewell to *e-WGN*: Gratitude for My Time as Co-Editor

Mário Reis Álvares-da-Silva, MD, PhD

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

It was April 2010, and the eruption of the Eyjafjallajökull volcano on a remote glacier in Iceland was rapidly closing European airspace. All those who needed to leave the mainland headed west as quickly as possible before they were left trapped. That's what happened to the attendees of the European Association for the Study of the Liver International Congress in Vienna, and I was one of them. If there were no flights to get away from Austria, neither were there any tickets left on the trains that departed the city or cars available for rent. I joined a group that left Vienna on a very uncomfortable charter bus for a direct trip to Lisbon, where we would try to board to Brazil. The stops were few and particularly brief since we did not have time to waste. So, instead of admiring the view from the windows as the vehicle crossed the snowy mountains of the Alps or the beautiful arid landscapes of Andalusia, we looked at the sky. It was impossible to conceive that high above the dust of volcanic eruptions hampered air traffic. That's how, leaving Vienna on a Monday morning, I arrived in Lima on a Friday, breathless, straight from the ashes for a dip in Train the Trainers (TTT). My first contact with WGO was about to start.

In Lima, with Jim Toouli, Eamonn Quigley, and Henry Cohen (forgive me if I don't quote all faculty and colleagues), I discovered what it meant to be part of a global organization initiative. TTT was magical, challenging, and exciting. The trainees from all over the world, the spectacular sessions, and the social programming that introduced us to a beautiful and unique city made those days unforgettable. I returned to Brazil willing to use the knowledge I acquired and, moreover, to transmit it. I decided to keep in touch with WGO, especially Henry Cohen, now a very dear friend, whom I teased, aspiring to repeat the event in Brazil. It was he who endorsed my insane enthusiasm to draw a TTT in my city, stitching together the support of the Brazilian Federation of Gastroenterology and making the meeting economically feasible. Thus, the next year the first TTT in Spanish was organized – in Brazil! Doctors from all over Latin America gathered in Porto Alegre for a memorable meeting. Cohen, Quigley, Piscoya, Saenz and my dear friend Carolina Olano, among others, took part as faculty. There, I came to understand the greatness of this organization. Years later I would return to a TTT, this time in Porto, Portugal, at my friend Guilherme Macedo's invitation. All the charm of the Portuguese city poured over the Douro River, in an extraordinary celebration of São João, which brought back the initial excitement of that TTT of Lima.

Before that, in 2012, Henry Cohen came back to my city, this time to inaugurate the first WGO Training Center solely devoted to liver diseases, the WGO Porto Alegre Hepatology Training Center, which is still very active today. Since then, I feel part of WGO and have participated in several committees, like Publications Committee, Hepatology Interest Group, Climate Change Working Group, and Training Center Committee, alongside truly special and admirable people, such as LaBrecque, Yurdaydin, Leddin, Macedo, Toouli, Sarin, Burak, Esmat, Macrae, and Metz, among others, as well as co-authored some articles with them in prestigious journals, like *Gastroenterology*.

Since 2016, I have served as Co-Editor of *e-WGN*, firstly alongside Christina Surawicz and afterwards with Anita Afzali. Working with both was quite easy, productive, and respectful, and I keep the best memories with me. Thank you both for the partnership. Together, we could bring to the WGO community discussions on climate change, the COVID-19 pandemic, gut microbes, some TTT and Training Center testimonials, and the launching of the Emerging Leaders Mentorship Program as well as Expert Point of View articles on IBD, hepatitis D, constipation, bariatric surgery, and many others. We also were able to include reports on count-

less meetings around the world, especially the World Congresses of Gastroenterology in Orlando and Istanbul. In addition, WGO Global Guidelines were highlighted and, if that was not enough, a Pablo Neruda's poem, "Ode to the Liver," was also published. I remember the day I received the invitation to the *e-WGN* co-editorship in a message from the president, David Bjorkman. I must confess it was not without some fear that I took on this challenge. Today, retrospectively, it was great to be here with our readers from all over the world.

I say goodbye to the editorial board of this e-newsletter with joy, both for believing that I could collaborate and for seeing how vibrant it remains, — and I wish it long life and success. Also, my recognition to those who have been supporting the editorial work during these years: Jim Melberg, Megan Uhlenhake, Zachary Blevins and Marissa Lopez. You did a great job! Thanks to them, *e-WGN* now knows who reads it, where they read it, what they read, and which sections spark the most interest. This knowledge can drive the newsletter's future.

To close, I need to thank the WGO presidents during my time on the editorial board, David Bjorkman, Cihan Yurdaydin and Naima Lahbabi-Amrani — thank you very much indeed. I look forward to continuing to collaborate with this spectacular organization. My gratitude and respect to you and to WGO.

Before Saying Goodbye, Some Recollection and Some Humble Suggestions

Cihan Yurdaydin, MD

Past President and Chair of Nominations, WGO
Chief, Department of Gastroenterology and Hepatology, Koç University Medical School
Istanbul, Turkey

I started working within WGO in the Standards in Gastrointestinal Training committee as a member first and then chair of the committee where we prepared the WGO Standards in Gastroenterology Training document. I started my duties in the Executive Committee as Secretary General in 2009 and served as President of WGO between 2017 to 2019. I had the privilege to work with giants in the field and I learned a lot from them.

As incoming President, I had expressed my thoughts on why WGO is different from other regional organizations and why it is important that WGO needs to continue to exist in the first issue of *e-WGN* in 2018. In very abstract form, these thoughts were linked to WGO's special bond toward low-resource regions. WGO is a huge organization with more than 100 worldwide member gastroenterology, hepatology, and endoscopy societies with a global appeal. Yet, it has always put special emphasis on low-resource regions and countries. The latter approach can be seen in our efforts to enhance standards of education and training in particular in low-resource countries through our flagship Training Centers distributed globally, the cascade approach we use in our WGO Guidelines (which became a benchmark of WGO), and our Train the Trainers (TTT) initiatives. Those serving WGO are always proud to work in an organization which pays particular attention towards low-resource regions.

My presidency started in October 2017 and lasted until September 2019. I was the lucky President whose entrance into presidency coincided with a very successful World Congress, co-organized with the American College of Gastroenterology (ACG) in Orlando. The immense success of the meeting was both scientific and financial. I left the presidency in 2019 with again a very successful World Congress, co-organized with the Turkish Gastroenterology Association. We were in particular proud to have invited more than 50 delegates from Training Centers, thanks to a donation from the Henry Bockus Foundation and also a donation from the Turkish government.

In the two years of my presidency, WGO went back to its routine of the past with face-to-face meetings of the Executive Committee as well as face-to-face meetings at DDW of our interest groups such as the Endoscopy, Other Procedures and Outreach Interest Group and the Hepatology Interest Groups as well as several committees such as Publications, Guidelines, Clinical Research, and Scientific Program Committees. This was a necessary step for WGO when it was seen that to meet at WGO's regional meetings was realistic for the Executive Committee but not for the WGO Interest Groups and WGO Committees, as attendance had dropped significantly. The coming together in larger groups both for doing business as well as socially meant a lot for the healthy functioning of WGO.

I finished my term as President in September 2019 and handed the presidency to Naima Lahbabi-Amrani from Morocco, who was unique on two important aspects: she became the first female President and the first President from Africa. My role within the Executive Committee as Past President will be over when a new shift change will take place in December 2021. With the new elected leadership on the Executive Committee as well as the chairs of WGO's interest groups and committees, WGO will continue to be in safe hands functioning well as a large organization.

It was unfortunate that since March 2020 the COVID-19 pandemic has affected activities of WGO as it did in many other organizations. Several meetings had to be postponed or cancelled. However, the WGO family sensed an opportunity and turned the crisis into an opportunity. Several groups, notably the Clinical Research Committee (CRC), the Scientific Programs Committee (SPC), the Endoscopy Interest Group (EIG) and the Hepatology Interest Group (HIG) were very active.

The CRC, already very active before the pandemic and had been engaged for the first time with global clinical research using Training Centers, continued their proactive attitude and put the WGO flag for a very important and timely problem - the issue of climate change - and published a paper on the problem (Leddin D &

Macrae F JCG 2020). This first paper was followed by a paper comprising WGO, the British Society of Gastroenterology (BSG) and the American Gastroenterology Association (AGA), but led by WGO's Climate Change Working Group (Leddin D, Omary MB, Veitch A et al, Gastroenterology 2021). I personally think that the WGO family in general and those in the frontline need to be congratulated for their very timely initiative on taking the lead on climate change in the gastroenterology discipline.

The SPC have to be congratulated for their commitment to the very dynamic process of putting programs linked to WGO's regional meetings or World Congresses together, dealing with changes during the pandemic and preparing programs according to face-to-face vs. online vs. hybrid meeting scenarios.

The EIG and the HIG were very productive in putting together guidelines in a very short time frame. The EIG with the CRC prepared "Personal Protective Equipment for Endoscopy in Low-Resource Settings During the COVID-19 Pandemic: Guidance From the World Gastroenterology Organisation" (Leddin D et al, JCG 2020). The EIG further developed with the World Endoscopy Organization (WEO) and the European Society of Gastrointestinal Endoscopy (ESGE) the guideline entitled "Resuming endoscopy during COVID-19 pandemic: ESGE, WEO and WGO Joint Cascade Guideline for Resource Limited Settings" (Antonelli G et al, Endosc Int Open 2021). Finally, the HIG prepared the guideline "WGO Guidance for the Care of Patients With COVID-19 and Liver Disease" (Hamid S et al, JCG 2021). In addition, the Guidelines Committee continued to produce original and updated guidelines.

I have listed all these activities as I think for a scientific organization the best advertisement of its organization is through state-of-the-art scientific meetings, publications of guidelines and contribution to research. We did well for the first two initiatives and, based on recent data I have mentioned here, further improved on those aspects. When it comes to the third initiative, namely research, I can imagine that many would not combine WGO with research as WGO is connected for many mainly to education rather then research. However, recent years have shown us that WGO can contribute to gastroenterology research through its unique institutions, in particular the globally distributed Training Centers. Research on Helicobacter pylori resistance and endoscope disinfection was conducted in recent years in diverse Training Centers in Africa and Asia and without any help from the biomedical industry. The international gastroenterology community and the biomedical industry need to know better about those capacities of WGO, which can best be shown by functional use of these capacities and by reporting the outcomes at major meetings and publications. After all, we are a scientific and not a philanthropic organization.

I also think that the incoming WGO leadership may consider unearthing the instrument of WGO Working Parties along the same line of reasoning. The WGO Working Party on Nomenclature of Hepatic Encephalopathy (WCOG, Vienna, 1998) published its report in 2002 (Ferenci P et al, Hepatology 2002) and this report was cited as of today 2,459 times. The latest Working Party on acute-on-chronic liver failure (WCOG, Shanghai 2013) also published its report (Jalan R et al, Gastroenterology 2014) and this report has been cited as of today 266 times.

WGO has to have a firm financial structure. We are doing reasonably well thanks to our Treasurer but can do and need to do better. An important source of income is congress revenues, in particular World Congresses. The last one was in Istanbul and despite its scientific success, financially it was disappointing for WGO. We have to find ways to better explain us to the biomedical industry. For this, we need to advertise WGO. I have given one scenario how do advertise WGO through I think an efficient but tedious way. Our incoming President, Guilherme Macedo, has a more radical suggestion and wants to talk to the biomedical industry (BMI) directly at a meeting specifically bringing WGO leadership with BMI together. Both suggestions are not mutually exclusive.

I want to thank the whole WGO team for their help, friendship, and sharing their enthusiasm while working in the Executive Committee in various positions. I want to specifically thank the current Executive Committee with Naima Lahbabi-Amrani as President, Guilherme Macedo as President-elect, Geoffrey Metz as Secretary General and Mark Topazian as Treasurer for their friendship and support. I also want to thank members of our Executive Secretariat located in Milwaukee, USA, namely Marissa Lopez as our Executive Director, Caley Mutrie, our previous Executive Director, Kay Whalen as President of Executive Director Incorporated, and Jim Melberg, Megan Uhlenhake, Zachary Blevins and Milly Gonzales from the Secretariat.

Serving WGO was a privilege which I will carry with me until the end of my life.

Impact of Climate Change on Gastrointestinal Health and Diseases

Geoffrey Metz, MBBS (Hons), FRACP

Secretary General, World Gastroenterology Organisation
Chair, Climate Change Working Group
Richmond, Australia

Background

While the possible effects of greenhouse gases on climate had been discussed by scientists for many decades, it was the NASA scientist James Hansen, in his submission to a US Senate Committee in 1988, who focused the US Senate and the United Nations on the threat climate change (CC) posed to humanity.

Later that year, the United Nations formed the Intergovernmental Panel on Climate Change (IPCC) to provide governments with scientific information that they can use to develop climate policies. Following IPCC advice, the United Nations Framework Convention on Climate Change was held in Rio de Janeiro in 1992, and parties to that convention then met in Berlin in 1995 for what was the first of a now annual Conference of the Parties or COP1. Twenty-six years later we have seen COP26 in Glasgow in November 2021.

The rapid industrial and economic development of the world since the Industrial Revolution has been associated with a rapid increase in the production of greenhouse gases, leading to global warming. Global warming is causing such severe climate changes that many see it as an existential threat.

Concurrently, as the science of global warming has become abundantly clear, sustainable development academics have worked to devise mechanisms for reduction of greenhouse gases and mitigation of the impact of climate change.

The Impact of Global Warming on Health and Disease

The scientists had accurately predicted that small rises in temperature would have severe flow-on effects on climate, which then have a multifactorial impact on health and disease.

The obvious outcome of warming is melting of polar ice-caps and glaciers around the world. This is leading to rising sea levels, not only sinking small island nations below sea level but inundating coastal towns and cities in countries all around the world.

Global warming was predicted to produce an increase in extreme weather including cyclones and floods, and this is clearly occurring. However, increasing temperature in most situations leads to drought, reduced crop production and reduced nutrient value of crops. The drying of land masses was predicted to produce increased wild fires and these have occurred at an unprecedented scale particularly across Europe, North America and Australia.

Monitoring of temperatures globally has revealed that the ten hottest years on record globally have all occurred since 2005, and the hottest six years on record have occurred in the last six years from 2015 to 2020 (National Oceanic and Atmospheric Administration, August 13, 2021, and verified by the United Kingdom Met Office and independently by the European Union, Copernicus Program).

All these changes are combining to lead to mass migration within countries and across borders.

Additionally, the practice of burning rainforests in order to open up more farming land not only produces more carbon dioxide from the burning forests but impedes the capacity to reduce atmospheric carbon dioxide through photosynthesis.

Farming of animals, particularly cattle and sheep, has a major impact on production of carbon dioxide and methane as well as land degradation.

What is the Role of the WGO in the Climate Change Debate?

The fact that human activity is now the major driver of global warming is no longer in dispute. Scientists have been increasingly concerned, as their predictions have all been shown to be correct. Business leaders and politicians, who initially doubted the veracity of the predictions, are now accepting that the relentless increase in global temperatures and extreme weather events are predominantly from human activity.

WGO has set up a Climate Change Working Group (CCWG) to research the data and then educate and advocate for change to mitigate the impact of CC. The first contribution from the CCWG is the commentary attached to this newsletter.

Populations across the world all need to look at how they are contributing to global warming. Our

creation of greenhouse gases can be divided into our own personal behaviour, the contribution of our hospital or institution, and the contribution of the population in which we live nationally.

Personally, we contribute greenhouse gases in many ways. The International Energy Agency believes that around 55% of achievable emission reductions are linked to consumer choices.

For most of us, travel is the biggest contributor of personal emissions. This can be markedly reduced by changing from petrol or diesel to electric cars. If we attend a conference, we have a choice of attending online or in person, the latter often involving long distance travel.

Burning fossil fuels for home heating, cooling and cooking is the second greatest contributor. As the practice of using fossil fuels for home heating, cooling and cooking is changed to electric sources, and the production of electricity is changed from fossil fuels to renewable energy, particularly solar and wind, one's personal carbon footprint is dramatically reduced.

We have the choice of decreasing consumption of animal products, especially beef and dairy, while increasing vegetarian components to our diet, creating a healthier option.

Our hospitals and institutions are major contributors of greenhouse gases.

We can campaign against waste and in favor of instruments and other hospital equipment produced with reduced greenhouse gas contribution and recycled whenever possible rather than sent for waste after a single use.

Nationally, we can use our position of influence to advocate for changes in policy at government levels that will lead to decreased greenhouse gas production with the objective of being carbon neutral by 2050 at the latest.

In the first instance, the CCWG is looking at assisting our member societies to introduce change at the personal and institutional level while helping our member societies to develop advocacy tools for influencing the broader community in the countries where they live.

The CCWG is also looking at the impact of CC on the gastrointestinal health of our patients in different regions. This will include nutritional health as well as the impact of infectious diseases and cancers and other conditions that are influenced by the effects of CC on our microbiota.

The decrease in availability of fresh water impacts hygiene and the decreased quantities of fresh water are being shared by an increasing world population.

Chemicals and pesticides used to enhance crop development are impacting gastrointestinal health as well as biodiversity, and further changes to the gut microbiota are predicted.

Each of the above issues are topics on the CCWG agenda, which will also include development of webcasts, power point presentations and other educational material to share with our member societies so that they can take up the issues related to the impact of climate change in their regions.

The World Gastroenterology Organisation is developing a program to collaborate with our member societies and other medical organisations to educate doctors and their patients, journalists and politicians, not only of the danger of climate change but ways we can help to reduce greenhouse gas production and improve health through both improved human nutrition and also identification of and mitigating diseases resulting from climate change.

View the Climate Change Working Group Commentary

UNITING THE GLOBAL GASTROENTEROLOGY COMMUNITY TO MEET THE CHALLENGE OF CLIMATE CHANGE AND NON-RECYCLABLE WASTE

IBD Mimickers in Tropical Countries

Tanyaporn Chantarojanasiri, MD

Division of Gastroenterology and Hepatology
Department of Medicine
Rajavithi Hospital of Public Health College of Medicine, Rangsit University, Bangkok, Thailand

Quang Trung Tran, MD, MSc

Internal Medicine Department and Endoscopy Center
Hue University Hospital, Hue University, Vietnam
Internal Medicine A Department, Greifswald University Hospital, Greifswald University, Germany

The diagnosis of inflammatory bowel disease (IBD) in tropical countries is often interfered by intestinal infectious diseases such as tuberculosis and amoebiasis. Both IBD and these infections have overlapping clinical manifestations and endoscopic findings. The differentiation between these conditions is important since the treatment for IBD, especially steroid or the biologic agents, will aggravate the infection.

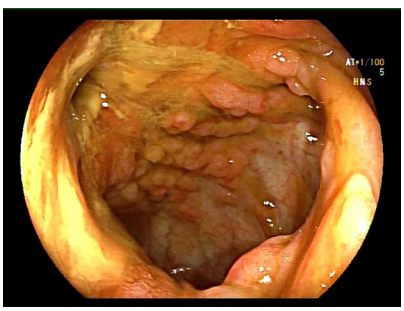

Figure 1: A typical case of ileocecal involvement of tuberculosis. Endoscopic finding showed polypoid ulcerative lesion located at ileocecal area. The stool acid-fast bacilli was detected.

Tuberculosis (TB)

Intestinal tuberculosis comprised 10% of extrapulmonary tuberculosis, in which ileocecal areas are mostly involved.[1] Gastrointestinal infection is the consequence of direct ingestion of the pathogen in the pulmonary secretion, hematogenous spreading, direct inoculation from the adjacent organ, or lymphatic spreading[2] but co-existent pulmonary lesion was found only in 15-47% of patients.[2, 3] TB usually appears as ulcerative or polypoid lesions (Figure 1) and the pathology showed granulomatous inflammation, which is difficult to distinguish from Ileocecal Crohn's disease[4] (Table 1, Figure 2A, 2B and 2C). The diagnosis of intestinal tuberculosis mainly depends on tissue diagnosis, in which the positive acid-fast bacilli could be identified in only 10%.[3] When using tissue PCR for TB, the sensitivity increased to 47%, and specificity increased to 95%.[5] The result could be improved using Xpert MTB/RIF assay in biopsy tissue with 32-33% sensitivity and 100% specificity.[6, 7] When using the interferon-γ release assay, the sensitivity could be improved up to 86% with 93% specificity.[3] The differentiation between these two diseases is important since most of the treatment for Crohn's disease would aggravate tuberculosis. In the

	Crohn's disease	Tuberculosis
Clinical feature	male gender hematochezia perianal disease intestinal obstruction extraintestinal manifestations	fever night sweats lung involvement ascites
Endoscopic feature	longitudinal ulcers cobblestone appearance luminal stricture mucosal bridge rectal involvement perianal disease	transverse ulcers rodent-like ulcers patulous ileocecal valve cecal involvement
Pathology	focally enhanced colitis	confluent submucosal granulomas lymphocyte cuffing ulcers lined by histiocytes
Cross-sectional imaging	asymmetrical wall thickening left sided colonic involvement intestinal wall stratification comb sign fibrofatty proliferation abscess	short segmental involvement lymph nodes along right colic artery lymph nodes with central necrosis contracture of ileocecal valve fixed patulous ileocecal valve

Table 1 Features suggestive of ileocecal Crohn's disease or tuberculosis [4, 19, 20]

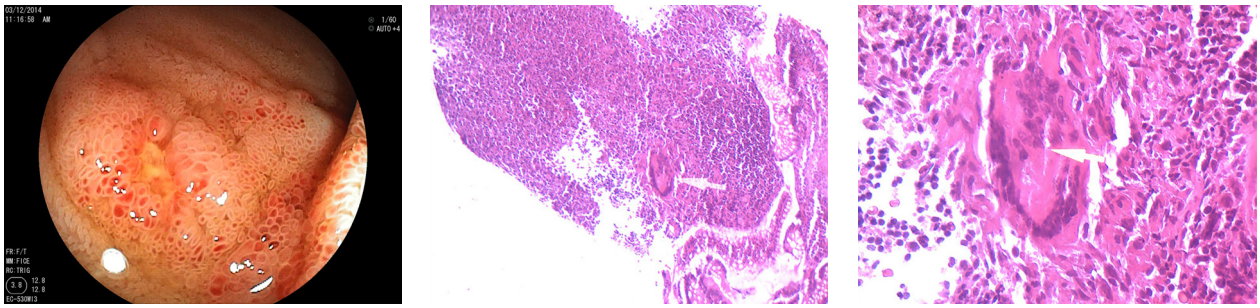

Figure 2: An atypical case of intestinal TB in 26 years old male with single terminal ileal ulcer (A), pathological findings showed epithelioid cells granulomas and Langhans giant cells by H&E staining (B: 10x magnification, C: 100x magnification).

high prevalent areas, extensive screening for active or latent tuberculosis is warranted prior to the initiation or during biologics or immunosuppressive therapy. In case that active or latent TB were detected, treatment for TB should be considered for at least three weeks prior to the initiation of anti-TNF.[8]

Amoebiasis

Intestinal amoebiasis is an infectious disease caused by the protozoa *Entamoeba histolytica*. This protozoan is transmitted by ingestion of the cyst, and colitis occurs when trophozoite penetrates intestinal mucosa.[9] The clinical presentation of patients with amoebic colitis included abdominal pain, fever, and watery or bloody diarrhea which can last for several weeks. In some cases, acute necrotizing colitis or perianal ulceration and fistula formation could be found.[9] The endoscopic findings of amoebic colitis included discrete small ulcers less than 2 cm in diameter in the cecum or rectosigmoid, with intervening normal mucosa[10] and ulcers with exudate. The combination of cecal lesions, multiple lesions, and exudates is highly suggestive for amoebic colitis.[11] The diagnosis for amoebic colitis could be done based on the detection of *E histolytica* in the stool or antigen detection in the serology. However, stool examination lack specificity for the diagnosis of *E histolytica* against other nonpathogenic species, with only 50-60% sensitivity.[12] The colonic biopsy specimen usually showed diffuse colitis in variable severity, but classical flask-shape lesion is rarely seen.[9] The amoeba usually identified in the mucinous exudates and the trophozoite could be seen in 88% of the direct smear of intestinal washing.[13] In cases that amoebiasis was misdiagnosed as IBD, life-threatening fulminant colitis after steroid administration was reported.[12] Therefore, in endemic regions, various diagnoses to exclude amoebiasis should be made before the treatment of IBD.

Strongyloidiasis

Strongyloidiasis is the infection caused by Strongyloides stercoralis. This parasite is soil-transmitted and infested by penetrating the intact skin of the host. Gastrointestinal manifestation of strongyloidiasis included abdominal pain, diarrhea, protein-losing enteropathy, or constipation.[14] Endoscopic findings of gastroduodenal involvement showed mucosal edema and erythema, while colonoscopy might show mucosa with loss of vascular pattern, edema, aphthous ulcers, erosions, serpiginous ulcerations, and xanthoma-like lesions.[15] The histology specimen showed edema of lamina propria with infiltration with lymphocyte, plasma cells, and eosinophils, which might overlap with IBD.[16] The definite diagnosis of this condition is the identification of Strongyloides larvae in the specimen. Misdiagnosis of strongyloidiasis as IBD can result in devastated outcome since the use of corticosteroid may lead to life-threatening strongyloidiasis hyper-infection syndrome.[17] As a result, in any guideline, screening, or empirical treatment using ivermectin in patients who need corticosteroid is recommended.[18]

In summary, there are several infectious diseases that can mimic IBD. The differential diagnosis between intestinal TB and colonic Crohn's disease depends on clinical findings and endoscopic tissue testing. Amoebic colitis could present with inflammation and ulceration, but the identification could be made by pathological findings and direct smear. Patients with strongyloidiasis might have similar clinical and endoscopic manifestation as IBD, but the diagnosis can be made bases on histological examination. In the particular cases which IBD and its infectious mimickers are not distinguishable, especially with atypical manifestation, therapeutic trial with anti-infection regimens prior to the immunosuppressive therapy seems to be a safer approach.

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Changing Paradigms in HBV Management

Zaigham Abbas, FCPS, FRCP, FACP, FACG, AGAF

Professor and Head, Department of Hepato-Gastroenterology
Dr. Ziauddin University Hospital Clifton
Karachi, Pakistan

HBsAg loss and seroconversion is a difficult task to achieve with the currently available nucleos(t)ide analogue (NA) drugs and treatment may be required for an indefinite duration. To determine the length of hepatitis B therapy, we need to define other optimal endpoints. HBeAg loss or seroconversion may be taken as an endpoint in HBeAg positive chronic hepatitis B (CHB) but consolidation therapy is required even after HBeAg seroconversion. To what level and how long HBV DNA suppression in HBeAg negative patients is required remains unanswered. For all patients with advanced fibrosis or cirrhosis, therapy should continue. Thus, patient selection and education are critical in decisions addressing cessation of therapy. Emerging data has made the recommendation of not treating immunotolerant patients controversial. We herewith address these issues with some detail (Figure 1).

Treating immune-tolerant patients

It is well known that elevated ALT level is associated with fibrosis in patients with HBeAg-positive CHB. Antiviral therapy leads to reversal of inflammation, regression of fibrosis, reduction of HCC mortality and improves portal hypertension and transplant-free survival. However, there are limitations of long-term suppression with current NA therapy. There are some safety issues related to long-term treatment. Only partial virologic response is seen in highly viremic HBeAg positive patients. Residual HCC risk remains during long-term NA therapy. Moreover, NA stopping rules remain unclear; there are low HBsAg loss rates and the therapy does not eradicate cccDNA or integrated HBV DNA. The long duration of treatment (life-long in some cases) is associated with high costs, potential drug resistance and adverse events. For these reasons, treating immune-tolerant patients is not recommended by the guidelines.

However, 10% of HBeAg-positive patients with normal ALT have advanced fibrosis. REVEAL study showed that higher HBV DNA levels are associated with an increased risk of cirrhosis and hepatocellular carcinoma (HCC).[1] The risk of HCC remains elevated in patients who do not meet HBV therapy criteria laid down in the HBV guidelines.[2] HBV treatment reduces the risk of disease progression including decompensation and liver transplant.[3] So, those not on treatment require careful monitoring. Newer studies foretell a potential paradigm shift for immune-tolerant patients. Some recent data suggests treating such patients may reduce the risk of liver fibrosis progression and hepatocellular carcinoma.[4]

In the Historical Korean Cohort Study, patients without cirrhosis seen at a tertiary referral hospital between 2000-2013 were followed up. The cohort included immune-tolerant, untreated (n = 413) and immune-active (ALT ≥ 80 IU/mL) treated (n =

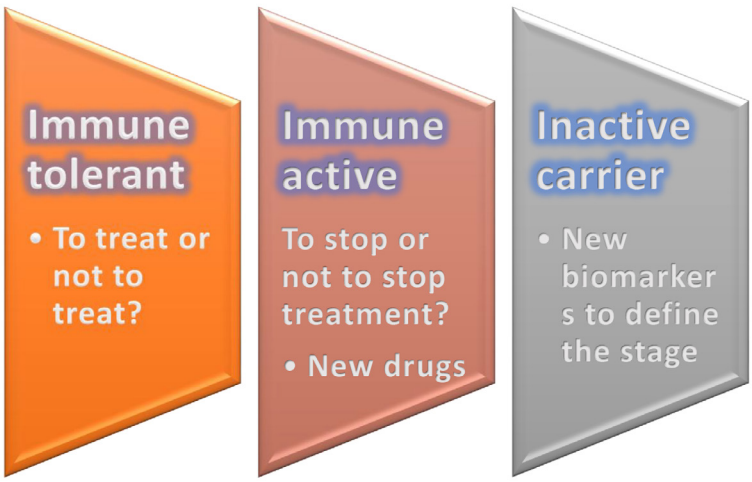

Figure 1: Changing Paradigms in HBV Management

1497) patients. Cumulative incidence of HCC after 10 years was 12.7% in immunotolerant patients and 6.1% in treated patients. For death or liver transplantation, figures were 9.7% and 3.4%, respectively.[5] There are several arguments in favor of treating immune-tolerant chronic HBV infection:

- High-level viremia can be oncogenic.
- Marked viral suppression, even if not complete, can be achieved in nearly all patients.
- Transition to the immune-active phase may go unrecognized.
- Some patients with normal ALT have fibrosis.
- There is a high risk of transmission by young viremic patients.

After discussion of rationale and limitations, treatment may be initiated in individual immune-tolerant patients with evidence of fibrosis. Treatment must be regarded as indefinite in absence of new therapies unless seroconversion occurs. Diagnostic liver biopsy or estimation of fibrosis by transient elastography should be considered to assess the degree of fibrosis so that a treatment decision can be rendered. If patients with the immune-tolerant disease have F2 fibrosis or more, antiviral therapy will be suggested.

When to discontinue nucleos(t)ide analogue therapy?

NA discontinuation in HBeAg positive CHB

Guidelines suggest that NA should be discontinued after confirmed HBsAg loss, with or without anti-HBs seroconversion.[6] Therapy may be stopped in non-cirrhotic HBeAg positive CHB patients who achieve stable HBeAg seroconversion and undetectable HBV DNA and who complete at least 12 months of consolidation therapy. Close post-NA monitoring is warranted. Stopping NA treatment in Caucasian hepatitis B patients after HBeAg seroconversion is associated with high relapse rates. In one study, of the 62 patients who stopped treatment after a median consolidation treatment of 8 months, 30 relapsed.[7] Fewer relapses occur with a longer duration of consolidation. In one study, patients who stopped treatment in less than 12 months of consolidation, only 26% maintained HBeAg seroconversion and undetectable HBV DNA. This response rate rose to 71% among those who stopped after more than 18 months.[8] Relapses are seen more in the older age group of more than 40 years. Duration of consolidation longer than 12 months especially in older patients is preferable.[9] After stopping NA therapy monitor for recurrent viremia, ALT flares, seroreversion, and decompensation every 3 months for at least 12 months.[9] In those with advanced fibrosis or cirrhosis, treat indefinitely unless a strong competing rationale for treatment discontinuation exists.

NA discontinuation in HBeAg negative CHB

Several studies have shown that NA discontinuation after HBsAg loss with or without seroconversion is the best possible stopping rule for NA therapy. It is safe and effective and HBsAg loss is sustained off treatment. However, HBsAg loss is unlikely to be achieved with NA alone. Can we stop NA before HBsAg loss? Recent guidelines suggest that discontinuation of NA may be considered in selected non-cirrhotic HBeAg-negative patients who have achieved long-term virological suppression (>3 years) if close post-NA monitoring and adequate safety rules for retreatment are followed.[6] Calculated withdrawal of NA leads to a relapse of HBV DNA in most patients. There is evidence that this sudden exposure of viral antigens can trigger immune control in some patients which may result in HBsAg loss or a form of immune control with sustained low HBV DNA levels and normal ALT.[10]

DARING-B study included 57 non-cirrhotic patients with HBeAg-negative CHB who stopped entecavir or tenofovir DF therapy after a median virological remission of 5.3 years and remained under close follow-up. They were retreated with entecavir or tenofovir disoproxil fumarate (TDF) if they fulfilled predetermined criteria. The cumulative probability of retreatment was 18% and 26% at 3 and 12 months. Cumulative rates of HBsAg loss were 5%, 16% and 25% at 6, 12 and 18 months, being higher in patients with lower HBsAg levels at treatment discontinuation.[11] In the FINITE study, non-cirrhotic HBeAg-negative patients who had received TDF for ≥4 years, with suppressed HBV DNA for ≥3.5 years, were randomly assigned to either stop (n=21) or continue (n=21) TDF monotherapy.[12] Of the patients who stopped TDF therapy, 62% (n=13) remained off-therapy to week 144. 19% (4/21) achieved HBsAg loss at week 144.

When stopping NA, a virologic relapse is nearly universal. After the "lag phase" for weeks to months, the "reactivation phase" starts where most patients show some level of HBV DNA rebound, which is often followed by an increase in ALT levels. Severe immune flares may occur in this phase and need immediate retreatment (ALT > 10 x ULN or ALT > 5 x ULN and bilirubin > 2 mg/dL and/or prolonged prothrombin time). In the third phase, some patients after transient flares enter a low-replicative "carrier" state. Some retain a degree of disease activity requiring retreatment (ALT > 3x ULN and HBV DNA > 100,000 IU/mL) while others can still be in an intermediate state with ALT > ULN and HBV DNA > 2000 IU/mL for ≥ 3-6 months and require

treatment later on. These cut off need validation in future studies.[13, 14]

In conclusion, therapy can be discontinued in non-cirrhotic HBeAg-negative CHB patients who have received effective NA for more than 4 years. The probability of relapse decreases after 6 months. Despite common virological relapses, most patients, particularly those with mild to moderate pretreatment fibrosis, remain without retreatment, at least in the first 18 months, and a substantial proportion of them clear HBsAg and the majority eventually enters into an inactive carrier state. So NA withdrawal strategies appear promising, but it is premature to recommend as the standard of care. 20% achieve HBsAg loss; 60% remain off therapy. Close monitoring is needed as flares can be severe.

Distinguishing inactive carriers from HBeAg-negative CHB

Identifying true inactive carrier status is essential to decide whether to start treatment or continue monitoring only. Fluctuating HBV DNA and ALT in HBeAg negative CHB patients may mimic inactive carrier status with risk of progression and HCC. Quantitative HBsAg is a marker for the amount and activity of covalently closed circular DNA inside hepatocytes. HBV DNA plus quantitative(q) HBsAg can help identify true inactive carriers. HBV DNA ≤ 2000 IU/mL and qHBsAg < 1000 IU/mL identifies inactive carriers with 94.3% diagnostic accuracy.[15] Hepatitis B core-related antigen (HBcrAg) comprising HBeAg, HBcAg, and a core-related protein (p22cr) is found in virion-like particles without HBV DNA. It may reflect intrahepatic cccDNA transcriptional activity and levels.[16] In HBeAg-negative patients, HBcrAg may help to distinguish between inactive carriers and those with active disease. Inactive or quiescent carriers patients of HBV genotype D usually have HBcrAg levels <3 log U/mL.[17] Another marker to distinguish inactive carriers is HBV RNA that is a measurable marker of transcription of cccDNA.[18]

New drugs

A broad spectrum of antivirals that block the HBV life cycle at different steps are in clinical development, including entry inhibitors, cccDNA disrupters/silencers, translation inhibitors, capsid assembly modulators, polymerase inhibitors and secretion inhibitors.[19] Bulevertide binds to sodium taurocholate co-transporting polypeptide (NTCP), the uptake cell membrane transporter that allows HBV entrance into the hepatocyte. The drug has been recently approved in Europe as a treatment for viremic patients with hepatitis delta.[20] The drug is undergoing phase III studies where monotherapy or in combination with interferon are investigated in patients with hepatitis B. The advances in hepatitis B therapeutics will influence the management guidelines in future.

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Welcome to GASTRO 2021 Prague!

On behalf of the World Gastroenterology Organisation (WGO) and the Czech Society of Gastroenterology (ČGS), we are pleased to welcome attendees to GASTRO 2021 Prague from 9-11 December. Registration remains open, and we invite you to attend this premier meeting.

GASTRO 2021 Prague will provide an opportunity for professionals in the fields of gastroenterology, hepatology, endoscopy and related disciplines to come together to learn about the latest research and advancements as well as to actively participate in this rapidly advancing field.

Top-class international faculty will be featured throughout the scientific program, and CME credits have been requested. We look forward to having you join us at GASTRO 2021!

For complete details, please visit gastro2021prague.org.

World Congress of Gastroenterology 2022 in Dubai: Save the Date!

Naima Lahbabi-Amrani, MD

President, World Gastroenterology Organisation

Sameer Al Awadhi, MD

President, Emirates Gastroenterology and Hepatology Society

On behalf of the World Gastroenterology Organisation (WGO) and the Emirates Gastroenterology & Hepatology Society (EGHS), we look forward to welcoming you to Dubai for the World Congress of Gastroenterology 2022 (WCOG 2022).

This is the second time that WGO and EGHS have partnered together, and we are proud and honored to hold the World Congress in the Middle East for the first time. WCOG 2022 will be held from 12-14 December 2022.

We are committed to developing an inspiring and engaging scientific program featuring highly respected international and regional faculty, comprised of keynote lectures, live transmission sessions, hands-on workshops, post-graduate courses, case-based video presentations, peer-reviewed oral and poster sessions and much more!

In addition to the great learning opportunity, we are working hard to develop a unique cultural and social program to ensure all our guests experience first-hand the warm hospitality that distinguishes the Arab world and Dubai in particular, a city universally known for its incredible capacity of offering unforgettable memories to all its visitors.

We encourage you to be part of this important event that will bring together delegates from around the globe to share knowledge and best practices that will aid advancement of the health science of gastroenterology.

Once again, we look forward to welcoming you to the World Congress in Dubai and rest assured that we will spare no efforts to leave a pleasant memory in the minds of our participants for years to last.

World Digestive Health Day Celebrated in Chennai, India

K.R. Palaniswamy, MD

Senior Consultant Gastroenterologist, Apollo Hospitals
Chennai, India

Obesity leads to risk of multiple diseases and COVID-19 severity

Webinar held to mark World Digestive Health Day

SPECIAL CORRESPONDENT
CHENNAI

Obesity and high body mass index (BMI) not only lead to risk of multiple diseases but also increase the risk of COVID-19 severity among patients.

This was one of the points highlighted at the webinar hosted by the Tamil Nadu Gastroenterologist Trust and World Gastroenterology Organisation on Saturday to mark the World Digestive Health Day.

With this year's theme being obesity, the webinar was hosted to raise awareness on obesity and its impact on developing co-morbidities and COVID-19.

P. Piramanayagam, gastroenterologist at Apollo Hospitals, Chennai, highlighted how the prevalence of obesity had increased in the past four decades. Noting that factors, including diet, lack of physical exercise, genetics and drugs causing weight gain, were some of the reasons for obesity, he elaborated on the risks of various diseases, including stroke, cancer, cardiovascular and gastrointestinal diseases. He also spoke on the role of endoscopy in treating obesity.

Obesity is also associated with higher mortality rates. Diet and exercise hold the key to weight management and reducing risk of COVID-19 complications

GOURDAS CHOUDHURI, Fortis Memorial Research Institute, Gurgaon

High risk

Citing studies carried out in the U.K. and the U.S., Gourdas Choudhuri, chairman, department of gastroenterology and hepatobiliary sciences, Fortis Memorial Research Institute, Gurgaon, said patients with higher BMI were at a risk of COVID-19 severity.

Chances of hospitalisation were more among patients with high BMI.

Obesity is also associated with higher mortality rates. Diet and exercise hold the key to weight management and reducing the risk of COVID-19 complications, he said.

Various subjects, including obesity and liver diseases, pharmacotherapy, need for exercise and the role of surgery in treating obesity, were underlined during a panel discussion.

V. Balasubramanian, gastroenterologist; P.K. Reddy, surgical gastroenterologist, Apollo Hospitals, Chennai, and N. Murugan, hepatologist, Apollo Hospitals, Chennai, were among the panellists at the webinar.

The session was moderated by K.R. Palaniswamy, senior consultant gastroenterologist, Apollo Hospitals.

Figure 1

Every year, the World Gastroenterology Organisation (WGO) celebrates World Digestive Health Day (WDHD) with a yearlong campaign commencing on 29 May. WGO encourages member societies to join in the celebration to raise awareness for the issue within the GI community. The 2021 WDHD theme is *Obesity: An Ongoing Pandemic*.

On behalf of the Tamil Nadu Gastroenterologist Trust, we had a virtual scientific program on obesity on WDHD, 29 May 2021. There were 130 participants. The faculty included medical and surgical gastroenterologists and a hepatologist (Figure 2). The event was well-covered by the media, which helped to create awareness among the public.

An article featured in *The Hindu*, one of India's most popular newspapers, is shown in Figure 1. The event was also covered by local newspapers and television channels as well.

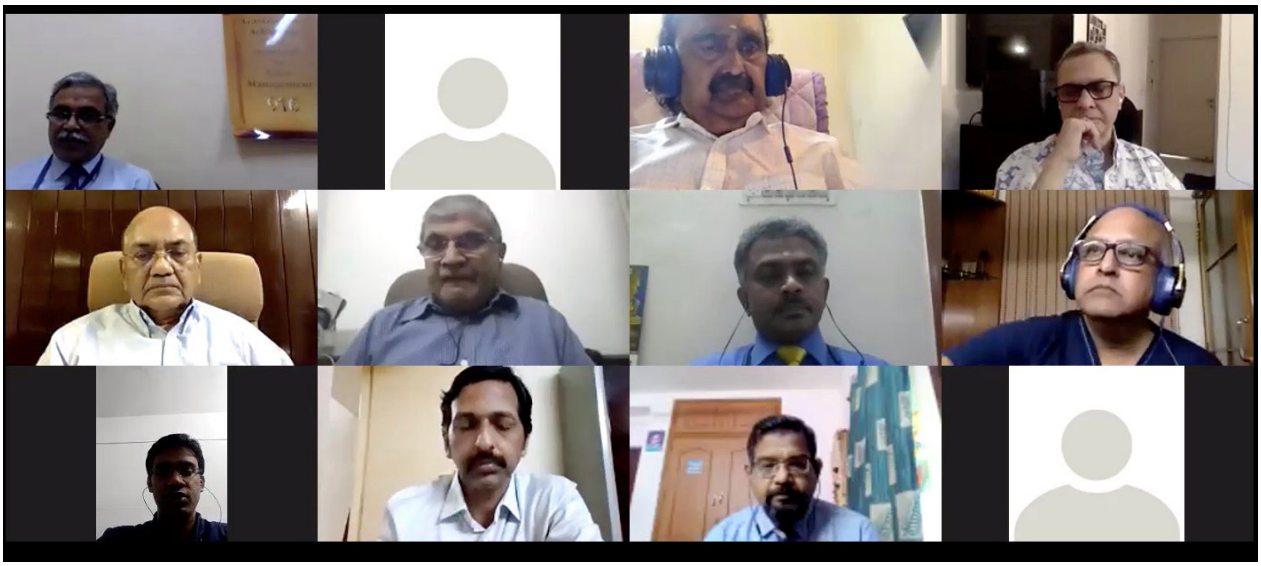


Figure 2

20th Anniversary of the WGO Train the Trainers Program: How It Started, Where It Is At, and What Is Coming in the Future

James Toouli, MD, MBBS, PhD, FRACS, MWGO

WGO Past President, 2013-2015
Adelaide, Australia

Jean-Christophe Saurin, MD

Chair, Train the Trainers Committee, 2017-2021
Lyon, France

Kelly Burak, MD, FRCPC, MSc(Epid)

Incoming Chair, Train the Trainers Committee, 2021-2023
Calgary, Canada

Map of where past TTT workshops have been held over the last 20 years.

THE START AND EARLY YEARS OF TRAIN THE TRAINERS (TTT) – JAMES TOOULI

In late 1998, I was appointed as chair of the newly formed Education Committee of OMGE.

In the first year, I consulted widely on what was needed and how I would structure this position so that it would serve the organization in a unique manner. I did not want to duplicate what was already very successfully being done by our national societies.

Two major themes emerged from the consultations - the need for training in gastroenterology in the developing world and the paucity in education for the teachers (trainers) of gastroenterologists.

From this background emerged the two activities of WGO (formerly OMGE), which to this day define our organization - Training Centers and Train the Trainers.

I proposed the idea of a Train the Trainers workshop to the executive of OMGE and they agreed to fund the first workshop as long as we could involve two of the other committees in the program. These were the Ethics Committee and the Research Committee. In addition, any such activity needed to involve OMED (now called WEO) as at that time all activities were run jointly. My counterpart in OMED was Jerry Waye from New York.

For the running of the first TTTs, we decided to book a time that would not clash with other major

gastroenterology meetings as well as be at a time when we might be able to negotiate affordable hotel rates. In addition, we thought (wrongly, as experience showed) that a workshop targeting trainers in gastroenterology would be most attractive to colleagues in the developing world. I had a contact in the hospitality industry in Crete, Greece and we thought that geographically this would be a good place for the first workshop as people from the Middle East and Africa would be able to fly to Crete with minimal cost. The facility needed to have a lecture hall for up to 100 people as well as a number of breakout rooms. Most five star hotels have these facilities but we did not have the budget to go to these venues. Our only hope was to use a resort before their regular guests started to arrive and in the hope that we would be able to negotiate relatively cheap rates. Because of our local connection, we were able to negotiate very affordable hotel rates with full board at a resort called Kalimera Kriti in Crete as we were their first customers when they opened for the spring and summer season. Hence, for all these reasons, April became the chosen month for TTTs.

We learned a lot from the first TTTs that were run in late April 2001. As already indicated, three OMGE chairs and one OMED representative organized the then three-day workshop. Hence, the program reflected the diversity of their interests. Some aspects of the program were conducted as lectures whereas others were run as discussion groups. This diversity in teaching techniques made the workshop patchy and the participants reflected this in their level of interest. We had made the decision to invite only two participants from national societies that were targeted (i.e. societies in the Middle East and Africa). We found that our invitations were not sufficiently clear and in general the president and or vice president of each society came. These people were not necessarily involved in teaching and hence found the workshop confusing as we did not teach gastroenterology per se but ways to teach gastroenterology.

We asked all participants and faculty to rate their experience of the workshop and their responses were very illuminating and formed the basis of subsequent TTTs. Here are some of the things we learned:

- The workshop needed to have a single theme and not be divided up according to the interests of the different chairs.
- The chosen theme was education (i.e. teaching educational techniques).
- The teachers needed to rehearse what was to be delivered and lead by example in their presentations.
- Breakout sessions were the most valued and successful.
- Participants should be limited to around 48 participants so that we would have six groups of eight for the breakout sessions.
- Participants needed to be educators in their own setting.
- Focusing only on the national societies from the developing world was not required as the need for training the trainers was universal and applied to countries of all socioeconomic backgrounds.

We concluded after the first TTT that the workshop would be run only by the education committees of OMGE and OMED. It would focus on teaching methods and background to learning and be targeted at the trainers in gastroenterology from our entire member national societies.

The second TTT also was held in Crete at the same facility. We were planning to hold the third TTT at the same facility in 2003. However, leading up to April of that year, the first Gulf War took place. We decided that it was too risky for people to be flying near where hostilities were happening and so our first venture away from Europe was undertaken when our New Zealand colleagues invited us to host TTTs in Queenstown, New Zealand. This invitation was also accompanied by a commitment from our New Zealand colleagues to provide part of the funding for the workshop. The first two workshops had been funded entirely from OMGE funds with no industry or local society support. The New Zealand experience launched the beginnings of the new funding model for the workshop.

For 2004, we went back to Crete and, on this occasion, we "dipped our toe" into obtaining support from the pharmaceutical industry. Since then, we have continued to receive industry support from companies but in a different form. We welcome our industry partners to have a stand for participants to visit during the breaks in the workshop. Furthermore, the endoscopy companies have provided their equipment that is used for the session on how to teach endoscopy. However, in keeping with TTTs guidelines, no industry representative or nominee does any of the training. This arrangement has worked well. We have also asked hosting national societies to provide a percentage of the total cost.

The structure of TTTs that has worked well over the years started from the second TTT. That, in reality, was the first using the successful formula that has endured since its inception.

The following are the underlying principles:

- The topics are chosen by the faculty with the aim at providing an introduction to education tools as they might apply to the teaching of gastroenterology.
- Topics are allocated to a faculty member who is chosen because of

their expertise in education.

- The faculty commits to have their presentations delivered to the WGO office at least two weeks prior to the event. This is important in the presentation of the material to the participants.
- The faculty meets for an entire day prior to the commencement of the workshop in order to discuss the presentations and ensure engagement of the entire group.
- All faculty are to be present at all presentations and participate in discussion.
- Each topic is introduced by a lecture that is designed to be divided in to 10-to-15-minute segments that includes audience interaction.
- Following each topic lecture/ discussion, the participants break out into their various groups and discuss subjects relating to the topic.
- The breakout sessions are run by the participants with faculty acting only as facilitators to guide the process and not the content.
- Following each breakout session, the participants come together and each group presents a summary of their discussion.
- The presentations are made by a different person from each group after each session so that by rotation every person will present during the course of the workshop.
- The style of presentation is critiqued in order to achieve a standard and style that has been discussed in one of the very first topics of the workshop.
- The workshop participants are allocated in to groups of eight and the allocation aims to mix people from different countries and backgrounds.
- Information about the participants is derived from a questionnaire that is sent to them once the national societies have nominated two people who will participate in the workshop. This information is vital in helping to allocate participants in to the different groups but also important in helping to focus discussion during the workshop. The faculty reviews the results of the pre-workshop questionnaire during the faculty day.
- The allocation of participants into groups helps in encouraging group participation. It has been our experience that lasting bonds are formed as a consequence.
- Each group is given a name that reflects the locality where the TTT is held, and the groups are then referred to by this name during the workshop. This further enhances the group dynamics.
- In addition to the educational workshops, there is one afternoon that is dedicated to a group competitive social activity. The groups, including faculty, compete with other groups, further enhancing the group bonds. The competitions have varied over the years and started in Crete with beach volleyball. Since that time, we have also had darts, water polo, beach cricket, soccer, field hockey and cycling, to name a few.
- At the end of each day, we reflect on what has been achieved during the day and at the beginning of the next day we briefly summarize what we did on the day before. These review sessions help in embedding what we have learned.
- As the last session, we have a quiz that helps to review the content of the workshop. Each quiz question reflects aspects of the topics covered by the workshop. The conduct of the quiz is competitive with each group vying for the highest score. I have run most of these quizzes in the past and I have tried to make them not only competitive but also fun. By this time in the workshop, we are all good friends and the banter between the faculty and participants and within participants is wonderful to see.
- Finally, the participants rate each workshop. They rate the workshop as a whole and each individual topic. These ratings are very important as they determine how we would structure the next workshop. Thus, TTTs has changed and evolved over the years as a result of input from the participants and faculty.

The faculty has been phenomenal. It started by me inviting people that were known to me to participate in the first TTT. Since that first TTT, the faculty has been expanded and changed to include former alumni and educators recommended by many colleagues. Universally I am pleased to say that no one has turned us down once asked to be involved. From the outset we decided that we would not pay the faculty for their time, even though we asked a lot from them in preparation and commitment to the workshop. We would, however, provide their travel costs and accommodation at the rates determined by WGO for travel of all its office bearers. In addition, for those who wanted to bring their partner, accommodation would be provided with their partner, but costs of travel would not be provided. A number of the faculty and participants have brought their partners to TTTs, and over time the partners have also contributed to the success of the workshops.

One of the partner contributions has been to the running of the International Evening. This event, that now serves as the highlight of the social functions, is held during TTTs and allows faculty, participants, and partners to highlight some aspects of their country of origin or a talent outside that of gastroenterology.

The event was born during the very first TTT. I invited Jerry Waye

to entertain the group with his magic tricks at one of the dinners. Jerry was a faculty member in the first TTT as the representative from OMED. As a medical student, he had worked in a store that sold magic tricks and he became interested in the art of magic. I had known this from a previous occasion and convinced Jerry to put on a performance during the evening dinner function. It was very successful. After the show one of the participants indicated that he also had some hidden talents and would appreciate being given an opportunity to show his talents to the group. He played the guitar very skillfully.

We then decided that this would become part of the workshop and the international night became a reality. The rules are that commercial material cannot be used (i.e. we do not want to see a travelogue from one's country). However, anything else that may highlight their talents or aspects of their country that are special to them is acceptable. We have had some amazing performances from both faculty and participants.

Examples that I can remember include:

- How to make the perfect pasta dish
- A randomized control trial of the best chocolate in the world (This was by Belgium and of course presented by two Belgian participants.)
- An Elvis Presley impersonation
- Many talented musicians and singers
- Dances from all over the world including a Samba and Tango competition
- A site-specific version of the TTTs anthem sung to the tune of Waltzing Matilda, often sung badly by members of the faculty
- Numerous comedy acts
- Poetry readings

The ongoing success of TTTs became obvious when recognition came in a number of ways.

- The American College of Gastroenterology (ACG) recognized its value as a workshop after we held our first jointly sponsored TTT in Florida. The ACG has since that time financially contributed to supporting TTTs. In addition, they have adapted a shorter version that is regularly run for their trainees.
- A number of other societies have run versions of TTTs adjacent to their regular meetings. TTT alumni have overseen these.
- One of the strengths of WGO is our reach through our national societies to the entire world. This includes the non-English speaking regions of the world. Thus, it was only natural that in time a TTT was conducted in a language other than English. This first happened with our South American colleagues and the first non-English speaking TTT was conducted successfully in Chile and then Brazil and Colombia. The first French speaking TTT was run in Morocco. I expect that in future other languages will be used for TTTs.
- Over time, participants in TTTs expressed a desire to focus longer on some of the topics that we were covering in the workshop. From this evolved the more focused TTTs. These have occurred in Greece, Croatia, and Portugal. They focused on topics such as trial design and professionalism. I expect that this will expand into some of the other areas, including assessment, appraisal, and publications.

What is the future of TTT?

I believe that TTT has a long future within WGO as long as it keeps evolving. Since stepping down from running TTTs, I have been ably succeeded by Damon Bizos and Jean-Christophe Saurin. This was by design. I feel it important that the chair of TTT as well as faculty should be renewed. This ensures that new ideas are brought in and the workshop remains current and evolving.

I believe that the underlying structural principles are sound, but the content and its mode of delivery needs to keep pace with developments in education and in gastroenterology. WGO (then OMGE) was one of the first GI organizations to embrace the idea of providing education on how to teach to its teachers. This idea had now been embraced by most GI organizations around the world. However, the uniqueness of what WGO has to offer in its TTT program has not changed. This is the ability to bring together in one place for five days teachers of gastroenterology from around the world to participate in an education workshop where both faculty and participants form bonds of friendship in an environment that helps educate all who participate. It is the act of participating that makes TTTs unique, special and enduring.

Did I ever believe that TTT would endure and be as successful as it is? I had hoped that TTT would succeed as I was convinced that the structure was its strength. I am, of course, very pleased that it has succeeded. I believe that given appropriate enthusiasm and dedication it will continue to evolve and remain one of the WGO premier activities.

I have many favorite memories of past TTTs. The one that exemplifies to me what TTT is all about happened during one of the team sporting events held in Porto, Portugal. Our host Guilherme Macedo was very keen for us to have a water polo event. I had my reservations, as firstly I knew that we had participants from very different religious backgrounds and cultures, as well as people whose countries were basically hostile with each other.

However he was right; the event was an outstanding success. I was sitting on the side of the pool watching the water polo team event when I observed that on one team was an Iranian lady (appropriately attired in keeping with her religion) pass the ball to her Israeli colleague who was tackled by an American participant who won the ball and passed it to his Iranian colleague who was also a female, appropriately attired. I reflected on this event and believe that it exemplified what TTTs have brought to the gastroenterology community other than its educational value. It has brought people from diverse backgrounds and cultures together and people will be people. Friendships develop where politics, religion, and culture otherwise get in the way. Hopefully, if more of these events occur, the world might become a better place for all.

UTILIZING A PANDEMIC TO REBUILD – JEAN-CHRISTOPHE SAURIN

I remember such nice times of Train the Trainers (TTT) sessions before COVID-19 appeared. This strange situation has stopped this remarkable task invented by Jim Toouli about 20 years ago. We however took advantage of this difficult period to prepare for new sessions, new program, new modules, and improved evaluation.

TTT is about competencies, about nonmedical skills, and about behavior as well as learning to manage and improve teams. I remember how impressed I was when I participated to my first TTT, thinking of what we were never taught about during classical medical studies. I was also impressed by these teachers giving their personal time to help us improve our practice by focusing mostly on behavioral skills. In a sometimes much too intense burden of work, time spent at TTT is an oasis for thinking, including thinking about what we do every day and the way we do it, the quality of what we do, and the quality of relationships we construct at work.

TTT is also a remarkable moment of sharing identities and culture, taking together people from so different countries and so different social and political origins, and sharing the taste for medical culture and the taste of sharing with others what we know and what we are good at. Morocco, Sudan, Portugal, and Romania were the four TTTs of these last four years. I remember very happy discussions between local hosts, presenting and sharing local culture, food, art, and sport (and we do have some sport fans in the WGO executives) as well as people from all over the world presenting their culture specificities in usually focused presentations but sometimes quite distinct from the optimal presentation we try to teach during the course. However, this was very friendly and interesting anyway. I also specifically remember of Romanian dances, Sudanese spectacles, a fantastic St Jean's fest in Porto, and cooking party in Marrakech.

TTT is also a team of teachers giving their time and efforts to help other doctors throughout the world to improve their way of teaching, of organizing their working process, of managing their teams, and of bettering their behavior with patients and colleagues, all thanks to WGO. This is a remarkable, engagement by volunteers with work being performed at home, on evenings and on weekends for the common good. I thus want to send here a warm thank you to all these people that took a lot of their time to work on TTT during these four years, first during the "real" TTTs, then with a high energy during the COVID period. Lots of work has been done, including a complete rebuild of the program with shorter and more focused modules, preparation of new modules (feedback, statistics), preparation of new advanced TTT modules, ongoing pre- and post-tests, research activity on TTT evaluations, social media group, and more. Now, we are ready and excited to test all this in preparation for real, face-to-face TTTs next year.

I'm really confident that there is a major place in medical teaching for this kind of course in the future. I'm sure that WGO will keep these specific times of sharing and meeting that

TTT participants competing in group social activities.

represent one major part of its spirit. The challenge will be to make these times compatible with humanity's objective of reducing CO2 emission (one important task of Desmond Leddin) in which WGO will certainly be highly involved. Keeping these times of discussion of people from all countries and keeping these teams and network building that only physical meetings nowadays allow all while lowering the CO2 cost of this - I give Kelly Burak this fantastic challenge that I'm sure he will take up brilliantly!

Train the Trainers in United Arab Emirates in November 2016. Audience with Crown Prince at Royal Palace in Ras Al Khaimah. Insert features Sheik Mohammed bin Saud Al Qasimi receiving Dr. Kelly Burak and other TTT participants.

MEETING THE NEEDS OF A CHANGING WORLD – KELLY BURAK

I first attended TTT in Port Elizabeth, South Africa in 2006 as one of two representatives from Canada selected to attend on behalf of my national specialty society. I already had an interest in teaching but it was TTT that solidified my desire to become a better medical educator and introduced me to knowledge and skills that would help me transfer these skills to others. In Lima, Peru, when I attended my first TTT as faculty in 2010, I saw that the course had already undergone evolution. This experience again inspired me to take further training in medical education and following a sabbatical during which I obtained a graduate certificate in clinical education at Flinders University in Adelaide, Australia. I joined the core faculty of the TTT Committee in 2013 and then became the Vice Chair in 2019.

Train the Trainers in United Arab Emirates in November 2016. Left to right: Kelly, Damon, Sandy, Hilary, Paulina and Paulina.

The instructional methods and team building exercises that go on throughout the TTT program have helped the participants, and faculty alike, grow as leaders in medical education, and we have forged friendships that will last a lifetime. The cultural evenings and the events organized by the host country are amongst my most special memories, including an audience with a Crown Prince!

In the past few years, we have refreshed the TTT curriculum and refined how the course is delivered. We have adopted the principles of adult education, on which the TTT is based, shortening didactic lectures to allow more time for active learning in small groups and workshops. We are developing updated enduring content, which can be used by our alumni to spread and scale the lessons learned. We have introduced new modules on evaluation, including how to write multiple choice questions, and new workshops on "eLearning" to build skills for education delivery in the online environment. Little did we know that in 2020 a global pandemic would force us all to rapidly transition much of our medical education to virtual delivery, and we hope that these skills have helped our recent TTT alumni adapt to the changing reality.

As we emerge from the pandemic, our world will not be the same. WGO and TTT will need to further adapt to help TTT participants meet the new challenges. There will be a desire to provide more of our care for patients remotely; therefore, more medical education and training will occur in a virtual care setting. The economic impact of the pandemic will make healthcare resource stewardship increasingly important; and therefore, we will need to consider training modules focused on quality improvement. Adapting our training will help our future trainers return after TTT with the knowledge and skills to help them rise to meet these challenges.

TTT has been one of the greatest experiences of my professional career, and on the occasion of its 20th anniversary, I wanted to personally thank Prof. Jim Toouli and congratulate all the faculty and staff at WGO for creating and fostering the ongoing evolution of this unique and impactful program. I am so excited to see where TTT goes in the next two decades!

■

Bogotá Training Center Testimonial

Gabriela Rodriguez Ruiz, MD

General Surgeon, Gastrointestinal Endoscopist
Endoscopic Ultrasound Specialist
Hospital General La Villa, Mexico City, Mexico
Hospital San Angel Inn Patriotismo, Mexico City, Mexico

My name is Gabriela Rodriguez Ruiz. I am a Mexican general surgeon and gastrointestinal endoscopist. I was fellow of Endoscopic Ultrasound (EUS) in the WGO Bogotá Training Center at Clinica Reina Sofia. I was there from November 2020 to June 2021 under the mentorship of Dr. Luis Carlos Sabbagh Sanvicente.

I want to thank the organization for creating this space where we can keep learning more about of gastroenterology and endoscopy (EUS in my case). Thank you for supporting these international Training Centers. Without this opportunity, I could have not reached my dream of learning EUS in my country.

Regarding the WGO Bogotá Training Center, I can say that it is an amazing place. We had so many procedures available (diagnostic and therapeutic EUS. All the patients were really happy with the entire medical and nurse team. My favorite topic was Dr. Waxman's lecture about EUS-guided gastrojejunostomy, because these kinds of procedures open a new surgical world for interventional endoscopy, offering minimal invasive procedures with less risk of complications and perfect for palliation on advanced oncologic disease.

I learned so much about gastroenterology, endoscopy, endoscopic ultrasound, and life. I will always be grateful to Dr. Luis Carlos Sabbagh Sanvicente for being a wonderful person, a great mentor, and a really special human being. I am also grateful to all the nurses and doctors of the unit and to his personal family who adopted me during these pandemic conditions.

Dr. Gabriela Rodriguez Ruiz with her mentor Dr. Luis Carlos Sabbagh Sanvicente at the graduation ceremony.

Lagos Training Center Testimonial

Saheed Olatunde Akanni, MBBS(IB), FMCS

Consultant General Surgeon, Nigerian Navy Reference Hospital Lagos, Nigeria

WGO 2020 trainees Dr. Akanni and Dr. Evaristus

Personal recollection of events in one's life can sometimes be subjective. I know mine often is. Having said that, I believe that many years from now when I am in the twilight of my surgical career and I'm writing my memoir, I would conveniently divide my career history into two distinct epochs: before I attended endoscopic training sponsored by the World Gastroenterology Organisation (WGO) in Lagos and after.

Located on the third floor of the accident and emergency building complex in Lagos University Teaching Hospital (LUTH), Lagos, Nigeria, the WGO Lagos Training Center exudes a serene but business-like ambience. Once inside the endoscopic suite, one is welcomed by the pleasant and courteous staff led by Matron Adedeji as well as the quietly proficient and engaging endoscopic tutors Dr. Odeghe and Dr. Oyeleke.

I had been using endoscopes before now, but my relationship with the instrument was at best akin to that of a novice husband and a new bride: tentative and unsure. But, at the WGO Lagos Training Center, under the guidance of the tutors, the knobs of the endoscope came alive in my hands for the first time, the machine and I became one. The long tube of the endoscope with the bright light at its tip guided me in navigating the twists and turns of the mucosa passages of the gastrointestinal tract. I was finally home, my confidence rising with every passing day until the end of the training.

Endoscopy training at the Lagos Training Center

Upper gastrointestinal endoscopy was easier for me than colonoscopy. I quickly learned how to intubate the esophagus while sidestepping the vocal cords. The J-maneuver for intubating the duodenum or excluding hiatal hernia almost proved an insurmountable technique. Fortunately, under patient tutelage, I was able to maneuver my way through. I know that, in time, dexterity with endoscopy will come with practice.

By the end of my training at the Lagos Training Center, I had come to learn that judicious use of the insufflation button and the gliding technique of the well-lubricated colonoscope over the colonic mucosa were all the important sleights of hand that one needs. The endoscopist's fingers and his joints would, in time, become more flexible and intuitive, almost like that of an accomplished pianist. And, the high point is that one would be rewarded time and again by the visualization of the caecum and a bloat-free, calm patient at the end of the procedure.

In my earlier surgical training in a low-resource setting, I suspect that it was my inordinate fear of the alarmingly long colonoscope and an equally unfounded belief that the colon could not possibly accommodate the long tube that had hitherto paralyzed me. This made me unable, or unwilling, to do colonoscopy for patients. These unhealthy emotions and beliefs were what the Lagos Training Center helped me to overcome and to finally embrace this wonderful tool. Endoscopy is now part of my daily patient care routine. For this, I am grateful to the Lagos Training Center and the WGO.

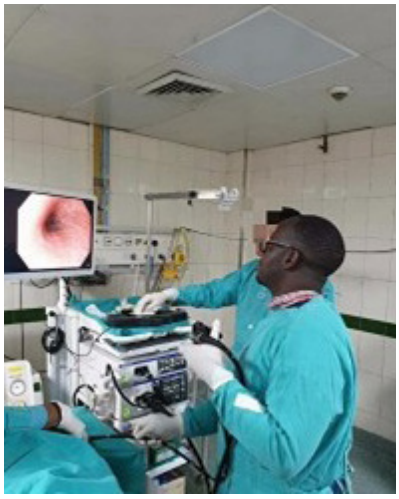
It is amazing how much gentle encouragement and warm mentorship can achieve in passing down the art and the science of endoscopy to a willing and grateful apprentice over a period of one month. I am very appreciative of the opportunity to learn at the Lagos Training Center. I am also keen to take advantage of future opportunities if and when they come up.

Thank you, WGO Lagos Training Center, Nigeria. Thank you so much WGO.

New Delhi Training Center Testimonial

Joseph Edwin Kanu, MD

34 Military Hospital
Freetown, Sierra Leone



Dr. Kanu performing upper GI endoscopy examinations (UGIE) at the New Delhi Training Center.

In May 2019, I was fortunate to be selected as one of the WGO international trainees at the Institute of Liver and Biliary Sciences (ILBS), a WGO Training Center in New Delhi, India. In August 2019, I started my six-month specialized training in general hepatology and endoscopy (upper and lower GI) in one of the best and largest hepatology and endoscopy institutes. Upon arrival, I was welcomed by the entire faculty and later assigned to mentors/supervisors for specific rotations. I was provided with free accommodations with all the privileges to basic utilities (water, electricity), internet, library, etc. At the end of each month I collected the WGO grant which I use for my local expenses (meals, transportation, mobile bills, etc.) and as well as for some academic activities (books, photocopying, and stationary).

The training program included daily morning lectures, journal club, seminars, case presentations, ICU and general ward rounds, hepatology clinics, transplant meetings, and endoscopic procedures. Gastroenterology/hepatology-related radiology and histopathology meetings were also included.

Rounds included case presentations and bedside teachings by faculty members. I participated in case presentations as well as in-patient care. In the clinics, I was also given select cases to take history examine and discuss management plans with the consultant. I completed a case presentation in a medico-surgical meeting.

Additionally, I was given research work which included writing a research proposal, defending the proposal in front of the ethics committee and data collection and analysis. My research topic was on *Helicobacter Pylori Infection And Peptic Ulcer Diseases In Patients With Liver Cirrhosis.*

I started my endoscopy training with basic scope handling, cleaning, and reprocessing. Then I started scope withdrawal and later scope insertion. The next phases were upper GI endoscopy under supervision and finally complete upper GI examination. Then I started doing gastric mucosa biopsies. I was also able to do esophageal variceal band ligations and injection of glue in gastric varices. The stepwise sequence of training was also similar for lower GI endoscopy.

In addition, I observed advanced endoscopic procedures like balloon dilation of duodenal strictures, gluing of gastric & isolated duodenal varices, intragastric balloon IGB insertion & removal, colonic stenting, polypectomy, endoscopic ultrasound scanning

Faculty members and staff of the endoscopy department at ILBS.

(EUS), endoscopic retrograde cholangiopancreatography (ERCP).

In summary, the six months training was quite relevant and I hope to translate the knowledge and skills acquired at ILBS into practice that will benefit patient care in my country Sierra Leone.

I wish to thank WGO & ILBS. A special thanks Dr. SK Sarin (Director of ILBS), Dr. Manoj (Head of the Hepatology Department), and the entire faculty for their tremendous support and supervision.

My future plans are to establish a general gastroenterology, hepatology, and endoscopy unit in my hospital and to collaborate with other institutions for research into these fields. After one to two years of practice, I intend to apply for advanced endoscopy training or fellowship through WGO and/or any other organization.

Dr. Kanu presenting a case study to faculty and other trainees.

The United Conference of Hepatogastroenterology and Infectious Diseases 2021

Ahmed Cordie, MD

Endemic Medicine Department, Kasr Alainy School of Medicine, Cairo University
Cairo, Egypt

The United Conference of Hepatogastroenterology and Infectious Diseases (UCHID) is a dedicated call to unify all societies, associations and departments working in the field of hepatogastroenterology and infectious diseases in Egypt. Hepatogastroenterology is undergoing dramatic changes – with highly effective drugs to cure hepatitis C, a major increase of metabolic liver diseases and liver cancer worldwide, multiple novel innovative treatment concepts for rare liver diseases and hepatitis B emerging. Also, the marked advances in endoscopy and other diagnostic and therapeutic achievements are noteworthy. Besides, the pressure of emerging infection and the COVID-19 pandemic highlighted the need to update our knowledge in the field of infectious diseases.

UCHID 2021

This year, we managed to bring together clinicians, scientists, and hepatogastroenterology associates from all around Egypt to discuss the latest advances at the frontline of hepatology, gastroenterology, infectious diseases, and related disciplines, complementary to the new tools of digital communication.

During UCHID 2021, young investigators, clinicians, basic scientists, nurses, researchers, and medical students were exposed to the latest data in specialty of hepatogastroenterology and infectious diseases and were able to broaden their horizons. In 2021, the UCHID meeting was a hybrid one and took place from 30 September to 2 October 2021.

We were fortunate to have a wide range of virtual participation from different regions (6000+ from 75 Countries) and 623 physical attendees, 302 Faculty members from 24 organizing bodies plus 76 International Speakers, 6 Plenary Sessions, 20+ Interactive Sessions, 3 Live Transmission and 7 international Collaborative sessions. It was endorsed by EASL, EACS, WGO, SAHCS and ACG. UCHID 2021 was accredited by the European Accreditation Council for Continuing Medical Education.to provide 23 hours of European external CME points.

In the field of hepatology

The WGO Hepatology Interest Group – UCHID collaborative session about vascular liver diseases was one of the must attend sessions in the conference. Hepatologists had a date with a very heavy meal of interesting topics, including COVID-19 and liver diseases, liver problems during adolescence, and advances in liver transplantation rejection management. Additionally, our invited experts had about an hour-long discussion on how to keep patients with end-stage liver disease well while awaiting transplant.

Also, Prof. Shiv Kumar Sarin led a very interesting discussion with his

The UCHID Board assembles for the closing session of UCHID 2021.

team in the International Liver and Biliary Institute (ILBS – UCHID) collaborative session about advances in ACLF, hepatitis E virus, and management of infections in patients with liver cirrhosis.

The HCC consensus session aimed to settle an updated Egyptian practice recommendations in collaboration between over 60 experts from different disciplines, including hepatologists, intervention radiologists, surgeons, and oncologists, with special focus on the use of systemic therapies. Based on our deep belief in the leading role of Egypt in Mother Africa, the Egyptian experts explored the successful Egyptian experience in HCV elimination and discussed with African colleagues and Prof. John Ward, the leader of Coalition for Global Hepatitis Elimination, the ways we can extend the Egyptian experiences to our African neighbours despite the pressure of COVID-19 on the health care systems in Africa. Between MAFLD and NAFLD with great focus on advances in diagnosis and management, the Egyptian MDTs taking care of those patients had fruitful discussions over 80 minutes.

In the field of gastroenterology

We have received wonderful feedback from the endoscopists who enjoyed the live transmission from Cairo and Brazil in addition to the pre-recorded video sessions in which they had a very fruitful discussion.

The sessions that discussed the updated WGO Global Guidelines in H. pylori management and new guidelines in diverticulitis management were the hallmark sessions in the UCHID 2021. The discussions about the interplay between the gut microbiome and different GI-related disorders in terms of presentation and treatment opened the gate for long and productive interactive sessions about their role in inflammatory bowel diseases. This was in addition to the sessions which discussed case presentations about the proper use of biological therapy in IBD patients.

Gastroenterologists attending UCHID had a golden chance to hear from Prof. Christopher Thompson in a state-of-the-art lecture on endoscopic bariatric and metabolic therapies. Emphasizing on the urgent need for multidisciplinary approaches for the management of GI disorders, we had two interesting sessions about advanced imaging in hepatogastroenterology as well as food allergy and intolerance.

In the field of infectious diseases

For the second consecutive year, UCHID hosted the Liverpool – UCHID course and AfriHAND session. In the Liverpool – UCHID course, Prof. David Back and his team discussed with Egyptian experts some real-life experiences about the clinical pharmacology of direct acting antivirals and possible drug interactions we might face while using them in treatment of patients with renal impairment, HIV coinfected, IV drug users, and post-transplantation. In the AfriHAND session, the African experts commented on the effect of COVID-19 on HIV management and raised the unmet need for adapting

UCHID 2021 attendees listen to case study presentations.

the differentiated service delivery policy and focus on patients' quality of life to achieve the 4th ninety.

UCHID 2021 included a workshop on "Innovations in ART Drugs and Strategies" with special emphasis on INSTI and how INSTI-based regimens revolutionized HIV management. This workshop also covered simplified regimens and other new ART strategies like long-acting antiretrovirals for treatment and prevention, including highlights from recent studies presented at this year's conference.

Finally, the antimicrobial stewardship experts in the American University of Beirut and the representative of WHO office in EMRO region strategies needed to be followed to avoid a possible crisis under the pressure of COVID-19. Also, we had two time slots for the medical students and nursing staff to exhibit their fruitful contributions, especially in the field of COVID-19, which seems in their hands a blessing in disguise.

Ghent International Safety and Quality Symposium: How Can We Do Everyday Endoscopy Better

David J. Tate, MBBS, MA (Cantab), MRCP, PhD

President, Gastrointestinal Quality and Safety (GIEQs) Foundation
Interventional Endoscopist, University Hospital of Ghent
Ghent, Belgium

The 2nd Edition of the Ghent International Safety and Quality Symposium was held on 30th September and 1st October 2021. We welcomed over 500 participants from 23 countries and a faculty of over 50 gastroenterologists and endoscopists from all over the world to discuss the theme "How Can We Do Everyday Endoscopy Better."

We believe this symposium is perfectly suited to everyone who performs endoscopy in their working lives and does not conform the standard symposium in endoscopy which commonly presents only difficult and seldom performed techniques.

There were sessions on all aspects of everyday endoscopic practice, including:

- Best practice colonoscopy technique
- Diminutive polypectomy technique
- When to choose hot versus cold polypectomy
- How to detect submucosa invasion in the GI tract
- How to image any colorectal polyp
- IBD in endoscopy with a focus on pouch surveillance and chromoendoscopy
- Training in colonoscopy and ERCP
- ERCP for benign and malignant stricture
- EUS for cancer staging

In summary, during the 32 hours of content, GIEQs II really offered something for all endoscopists, whether trainees or in independent practice.

Members of WGO can access all the high-quality content anytime at gieqs.com/ii.

Representatives of the Symposium gather after completing training.

Attendees participate in hands-on training on many aspects of endoscopic practice.

UEG Week Virtual 2021

Helena Cortez-Pinto, UEG Vice President, speaking during the scientific program.

With over 8,600 delegates from 116 countries, UEG Week Virtual 2021 was a truly ground-breaking event. From 3-5 October 2021, experts from across the globe met both in-person and virtually to discuss the most exciting developments in the digestive health field, enjoying a stimulating program that included a variety of symposia and session types catering to all attendees and their diverse specialities.

UEG Week is the premier meeting for the digestive health community. For UEG Week Virtual 2021, the Scientific Committee, led by Herbert Tilg, created a state-of-the-art program that featured the latest advancements and most exciting research developments in the field. Congress sessions were created in a variety of formats to maximise learning, interaction, and engagement from delegates, whatever their level of expertise. Multidisciplinary education is a key focus of UEG Week, which is why the congress covers topics of interest for the whole digestive health community.

Attendees were treated to sessions that included abstract-based presentations, live demos in ultrasound and endoscopy, live expert lunches, case-based discussions, moderated posters and much more. First-class presentations were delivered across a range of specialities, covering clinical, translational, and basic science.

Outside of the science, another core focus of UEG Week is to encourage interaction between participants. The virtual platform was carefully designed to allow attendees to build relationships with like-minded peers, challenge and ask questions to leading experts, and discuss the latest devices and procedures with industry partners.

A selection of the best abstracts submitted and presented at the congress are featured within the UEG Week Virtual 2021 Congress Review. Further information and recordings can be found online.

Postgraduate Teaching (PGT) Virtual 2021

Shortly after the congress ended, a second strong program followed in the format of our first-ever PGT Virtual, occurring 22-23 October 2021 with nearly 3,500 registrants. The PGT Virtual Program offered two days of excellent Continuing Medical Education. Attendees had the opportunity to join lively experiences containing interactive audience voting, tricky clinical cases, controversial debates, real-time faculty engagement via our Q&A chat tool, and exciting video cases.

Our renowned PGT 3-year curriculum returned and followed the curriculum for year 1 in 2021. The PGT follows a 3-year curriculum, which is based on recommendations of the ESBGH Curriculum – The Blue Book. Delegates can start the curriculum at any year of the cycle and will receive a certificate once they have completed all three years.

UEG Week Virtual 2021 Awards

UEG Lifetime Achievement Award

Michael Farthing was awarded the renowned Lifetime Achievement Award at UEG Week 2021 for his career-long commitment to international medicine.

Professor Michael Farthing has made an outstanding and lasting contribution to gastroenterology, academia and professional societies including UEG. He has had a career-long commitment to international medicine, including in low-income geographical locations. Across the globe he has inspired a generation of researchers to pursue careers in clinical and basic science studies in infectious GI disease including HIV, parasitology, and tropical enteropathy. Consequential work continues in Africa and other locations. Professor Farthing has been on the editorial boards of numerous journals and was editor of Gut 1996-2002, overseeing an increase in influence and impact factor. He has a lasting legacy from his senior leadership roles in universities across the United Kingdom. Michael was Pro-Vice Chancellor of the University of London 2005 and became Vice-Chancellor of the University of Sussex in 2007. He currently holds a position as honorary Professor at University College London Medical.

UEG Research Prize

UEG awards €100,000 each year for excellence in basic science, translational or clinical research. The prize is awarded to well-established researchers at the height of their active career, whose science has had or will have a crucial impact on digestive health.

Behind the scenes of UEG Week Virtual 2021

Dirk Haller was awarded the distinguished Research Prize award at UEG Week 2021 for his outstanding project "Repurposing mitochondria-protective targets for adjuvant IBD therapy." Dirk Haller is the Director of the ZIEL - Institute for Food & Health, Technical University of Munich, Germany and Full Professor at the Technical University of Munich, Germany in nutrition and immunology.

Best Abstract Prizes – Recognising Promising Research

The very best and most promising science from UEG Week is recognized via the Best Abstract Prizes. Among all the abstracts accepted for presentation at the congress, the three highest scoring abstracts per main abstract topic are chosen, with recognition awarded to the presenting author.

Congratulations to this year's awardees!

Journal Best Paper Award

Nicolas Richard was awarded the renowned Journal Best Paper Award at UEG Week 2021, as the first author of the winning article: "The effectiveness of rotating versus single course antibiotics for small intestinal bacterial overgrowth." Nicolas Richard is from the Department of Gastroenterology at Rouen University Hospital and is also doing his MS in Biology at the University of Rouen, France.

UEG Rising Stars

Each year, the UEG Scientific Committee and National Societies Committee jointly select a small pool of emerging clinical scientists as Rising Stars.

This year's winners were: Javier Ampuero, Imran Aziz, Marco Carbone, Joep Grootjans, Daniel Keszthelyi, Sabela Lens, Giovanni Marchegiani, David James Pinato, Ville Sallinen, Xavier Verhelst.

Congress Recordings – UEG Week & PGT Virtual On-Demand

The congress experience continues. Get access to the complete set of core scientific lectures recorded. Over 770 lectures out of 215 sessions are available for you to stream and learn what is to know in the field of digestive health. We offer a variety of recording bundles that suit your interest.

UEG Week 2022

Please join us for another exciting week of scientific advances and updates from the world's leading experts in digestive health at UEG Week 2022, held in a hybrid format both virtually and at Messe Wien, Vienna, Austria from 8-11 October 2022!

In a hybrid world, engage as one connected community.

Global Guidelines Update

Translation Status

The WGO Guidelines Library contains practice guidelines written from a viewpoint of global applicability. These Guidelines are available in English, Spanish, Portuguese, French, Mandarin, and Russian.

Translations of the new Digestive Tract Tuberculosis Guideline have recently been published on the WGO website. This Guideline was chaired by Mohamed Tahiri of the Ibn Rochd University Hospital in Casablanca, Morocco and K.L. Goh of the University of Malaya Medical Centre in Kuala Lumpur, Malaysia.

The Guideline was created with the global view of many Guideline Review Team members, which, in addition to Dr. Tahiri and Dr. Goh, includes Zaigham Abbas (Pakistan), David Epstein (South Africa), Chen Min-Hu (China), Chris Mulder (Netherlands), Amarender Puri (India), Michael Schultz (New Zealand) and Anton LeMair (Netherlands). The Guideline can be accessed at https://www.worldgastroenterology.org/guidelines/global-guidelines/digestive-tract-tuberculosis.

Translations of the newly updated *Helicobacter pylori* Guideline have also been published. This Guideline was chaired by Prof. Peter Katelaris of Concord Hospital, University of Sydney, Australia and Prof. Richard Hunt, Professor Emeritus, McMaster University and Farncombe Family Digestive Health Research Institute, Hamilton, Ontario, Canada. The *H. pylori* Guideline can be found at https://www.worldgastroenterology.org/guidelines/global-guidelines/helicobacter-pylori.

Looking forward in 2022

Be on the lookout next year for the updated **Probiotics and Prebiotics** Guideline, which is consistently the most-accessed Guideline in WGO's library. Chairs of the **Hepatocellular Carcinoma (HCC)** Guideline have been selected and they have begun their work on an outline – this will be an update to a Guideline which dates to 2009. Work has also progressed on the update to the **Obesity** Guideline, which will be a valuable resource for the 2021 World Digestive Health Day campaign. Work will also begin on updates to **Diverticular Disease** and **Constipation** Guidelines.

■

Calendar of Events

Due to uncertainties of scheduling from the COVID-19 situation, please check the WGO Meetings and Events Calendar for the latest updates at https://www.worldgastroenterology.org/meetings/meetings-and-events-calendar

WGO RELATED EVENTS

Gastro 2021 Prague
When: December 9, 2021 - December 11, 2021
Location: Hybrid on-line and on-site conference
Address: Prague, Czech Republic
Organizer(s): World Gastroenterology Organisation and the Czech Society of Gastroenterology
Website: gastro2021prague.org

World Congress of Gastroenterology 2022
When: December 12, 2022 - December 14, 2022
Location: Dubai
Country: United Arab Emirates
Organizer(s): WGO and the Emirates Gastroenterology and Hepatology Society
Website: https://wcog2022.org/

World Congress of Gastroenterology 2023
When: November 15, 2023 - November 17, 2023
Location: Seoul
Country: Korea
Organizer(s): WGO and The Korean Society of Gastroenterology
Website: https://www.worldgastroenterology.org/meetings/world-congress-of-gastroenterology

CALENDAR OF EVENTS

XXIIèmes Journees de Gastroenterologie d'Afrique Francophone
When: December 2, 2021 - December 3, 2021
Location: Ouagadougou
Country: Burkina Faso
Organizer(s): Société Burkinabè D'Hépato-GastroEntérologie Et D'Endoscopie Digestive

24th Egyptian Workshop on Therapeutic Endoscopy
When: December 9, 2021 - December 10, 2021
Location: Marriott Zamalek Hotel
Address: Cairo, Egypt
Organizer(s): Egypt Gastro Hep
Website: www.egyptgastrohep.com

Congrès Maghrébin de Gastro-entérologie
When: December 9, 2021 - December 11, 2021
Location: Tunis
Country: Tunisia
Organizer(s): STGE, SMMAD and SAHGEEED
Website: www.stge.org.tn

Annual Meeting of The Gastroenterological Association of Thailand
When: December 16, 2021 - December 18, 2021
Location: Pattaya, Chonbur
Country: Thailand
Organizer(s): The Gastroenterological Association of Thailand
Website: www.gastrothai.net

Annual Meeting of the Norwegian Gastroenterology Association
When: February 10, 2022 - February 12, 2022
Location: Lillehammer
Country: Norway
Organizer(s): Norwegian Gastroenterology Association
Website: https://www.legeforeningen.no/foreningsledd/fagmed/norsk-gastroenterologisk-forening/

Philippine Digestive Health Week / Joint Annual Convention
When: March 10, 2022 - March 13, 2022
Country: Philippines
Organizer(s): Philippine Society of Gastroenterology
Website: http://www.psgastro.org

52nd Annual Meeting of GEST
When: March 26, 2022 - March 27, 2022
Country: Taiwan
Organizer(s): The Gastroenterology Society of Taiwan
Website: www.gest.org.tw

APASL 2022
When: March 30, 2022 - April 3, 2022
Location: Seoul
Country: Korea
Organizer(s): APASL and Korean Association for the Study of the Liver
Website: http://www.apasl2022seoul.org/

International Liver Congress™ 2022
When: April 6, 2022 - April 10, 2022
Location: London
Country: United Kingdom
Organizer(s): EASL
Website: https://easl.eu/event/international-liver-congress-2022/

Digestive Disease Week® (DDW) 2022
When: May 21, 2022 - May 24, 2022
Location: San Diego, California
Country: USA
Organizer(s): American Gastroenterological Association, American Association for the Study of Liver Diseases, American Society for Gastrointestinal Endoscopy, Society for the Study of the Alimentary Tract
Website: https://gastro.org/digestive-disease-week-ddw/

IFSO 2022
When: August 23, 2022 - August 27, 2022
Location: Miami, Florida
Country: USA
Organizer(s): International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)
Website: https://www.ifso2021.com/

ACG 2022 Annual Meeting
When: October 21, 2022 - October 26, 2022
Location: Charotte, North Carolina
Country: USA
Organizer(s): American College of Gastroenterology
Website: http://www.gi.org

JDDW 2022 - Japan Digestive Disease Week 2022
When: October 27, 2022 - October 30, 2022
Location: Fukuoka
Country: Japan
Organizer(s): Organization of JDDW
Website: http://www.jddw.jp/english/index.html

Asian Pacific Digestive Week APDW 2022
When: November 17, 2022 - November 21, 2022
Location: Xi'an
Country: China
Organizer(s): APAGE
Website: https://www.apage.org/index.html

JDDW 2023 - Japan Digestive Disease Week 2023
When: November 2, 2023 - November 5, 2023
Location: Kobe
Country: Japan
Organizer(s): Organization of JDDW

WGO Member Societies Submit Your Event
Are you a WGO Member Society wanting to share your event with WGO readers? Visit https://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!

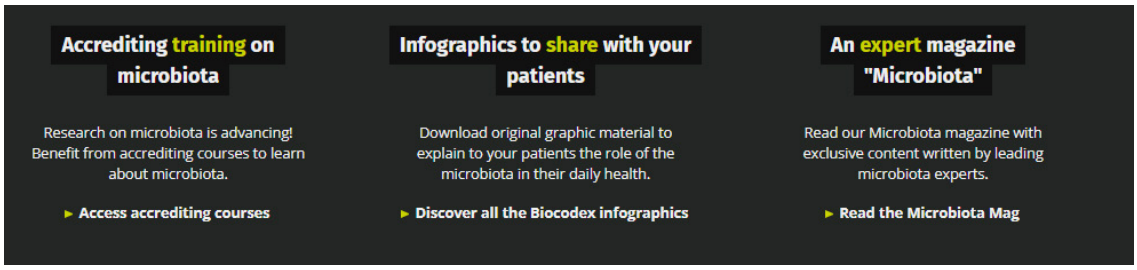
JDDW 2024 - Japan Digestive Disease Week 2024
When: October 31, 2024 - November 3, 2024
Location: Kobe
Country: Japan
Organizer(s): Organization of JDDW
Website: http://www.jddw.jp/english/index.html

www.biocodexmicrobiotainstitute.com/pro: an international hub of knowledge dedicated to microbiota!

Biocodex Microbiota Institute is an international scientific institution that aims to foster health through spreading knowledge about the human microbiota. To do so, the Institute addresses both healthcare professionals and the general public to raise their awareness about the central role of this still little-known organ of the body.

It is designed to provide you with reliable, updated, and adapted content. It's also designed to reflect the dynamism and innovation of the human microbiota.

Available in 7 languages (English, French, Spanish, Russian, Polish, Turkish, and Portuguese), this online international hub provides Healthcare Professional with the latest scientific news and data about microbiota including the Institute's exclusive content such as Microbiota magazine, thematic folders, continuing medical education (CME) courses and interviews with experts. Check them out!



Navigate through this hub of knowledge: www.biocodexmicrobiotainstitute.com/pro