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With a change of leadership at the Gastro-Antalya Meeting in Turkey last month, the WGO is featuring editorials from the Incoming WGO President, Outgoing WGO President, Incoming WGO Foundation Chair, and Outgoing WGO Foundation Chair.

Building on a Strong Foundation: A Promise for the Future



Henry Cohen, MD

Clinica de Endoscopia y Gastroenterologia
Montevideo, Uruguay
President, WGO

Dear colleagues and friends,

Not far from Istanbul, Turkey, 90 years ago, my grandparents decided to move to South America. They finally settled in a little country, Uruguay, where they were warmly welcomed. They struggled firmly to build a family, of which I am proud to be part of: my parents, my wife, Debbie, my children, Pablo and Lucía, my sister Beatriz and my brother Michel. So my first acknowledgement is to them, for their unconditional support.

In 2001, after several years of friendship and mutual collaboration, Professor Eamonn Quigley invited me to become Secretary General of what was then called OMGE, today WGO. Since then, I have had the opportunity to work with some legendary figures of gastroenterology, such as Meinhard Classen and Guido Tytgat, who trusted me and my ability to collaborate with them. Following these great individuals, a new generation entered the leadership of WGO. Driven by Professors Eamonn Quigley and Richard Kozarek, I continued my career, being reelected as Secretary General, and subsequently, as Vice President. It was very difficult for

me, living in a small country from South America, to dream of becoming President of the largest global federation of our specialty. But with their permanent support, added to the hard work and encouragement of other friends in the WGO Executive such as Michael Fried, Bernard Levin, Jim Toouli, David Bjorkman, and more recently, Cihan Yurdaydin, the moment of taking office finally arrived. I cannot forget the invaluable contribution of somebody who is no longer working for WGO, but who is always present in my memory, as Bridget Barbieri. She helped me, as Caley Kleczka is doing now, in each step of my work in WGO. To all of them, my deepest thanks.

During the leadership transition ceremony held November 19 in Antalya, Turkey, at Gastro-Antalya 2011, I was very fortunate to share that occasion with one of the most influential persons in my life; she was my professor and continues to be my great advisor and friend, Elena Fosman. Daniel Taullard and Ines, Cristina Dacoll and Jorge, Beatriz Iade

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and Carolina Olano, made the very long trip from Uruguay to be with me as I assumed the presidency. They know how much I appreciated their effort. Other old friends such as Elbio Zeballos and Juan Carlos Gomez were surely happy observing the occasion from Heaven!

This has been the personal part of my editorial – but now let me talk to you from my new position as the President of the WGO.

When organizations, companies or countries change leadership, people expect changes. It might disappoint you to hear that I am not necessarily planning changes in the direction of things. My commitment for the two years ahead is to build upon the huge work done by my predecessors, especially Eamonn Quigley and Richard Kozarek. So it is no mystery that I would like to deepen the work so far, fostering the most successful programs of the organization, to continue building the structure for the education and training of gastroenterologists worldwide, but mostly in the emerging world. With the team that I mentioned earlier and the incorporation of Professor Khean-Lee Goh as Vice President, we will work hard to have more, WGO-endorsed Training Centers and more Train the Trainers workshops, which we will seek to offer in increasingly more languages.

Our successful Global Guidelines program with its unique Cascades will be one of the engines that will drive WGO forward. Other activities, such as WDHD and publications, will also

be prioritized. The WGO Foundation will change its chairman but not the incredible amount of work that Bernard Levin generously invested into it.

I hope that this term has a brilliant conclusion, with an excellent World Congress of Gastroenterology, in collaboration with our partners, the Asian Pacific Digestive Week Federation (APDWF), the Chinese Societies of Digestive Diseases (CSDD) and the World Endoscopy Organization (WEO), in Shanghai in 2013.

But what may make this new term different is that the world is going through a global financial crisis. More than ever we need continuing education. As stewards of this organization, our challenge is to help our colleagues in that difficult endeavor, among other strategies, by designing user-friendly e-tools that may make it easier for them to stay updated and be in a position to offer the best available care to their patients, no matter how distant their villages may be.

In the future, I think that this high level of resource-awareness will become increasingly important – but not just in the third world. It will also be a huge challenge to the first world. I am certain that none of us wants fractured societies with extremely rich and extremely poor, with state-of-the-art technology and medicines for some, while masses of people have unmet basic needs. So the people in the once wealthy world will have to tighten their belts and learn how to administer resources, trying not to leave anyone out. And our organi-

zation, together with national and regional societies, will have to learn to work in coordination, to make sure we make the most of the resources devoted to health. The developing world will continue to struggle to solve the basic needs of their people, and they may be fearful that those that once extended their arms in solidarity may now be too worried about their own domestic problems that they may consider reducing assistance. In the case of national professional societies and organizations, it might be much too tempting to say that one can no longer afford to assist others because there are many problems to solve at home. That might be catastrophic for some regions. We must find the way to help each other in the hard times, as we did in the easier times.

So that is our biggest challenge. But it is also here that we can all learn from each other, and our organization should act as a driver in this regard. Those are, in a few paragraphs, some of the issues that I see ahead. There is no doubt that we will need and welcome the support of you all.

I know it will not be easy, but, in spite of the dire situation I have discussed, let me leave you with an optimistic message. I feel greatly honored and privileged to be leading such an extraordinary organization and a wonderful team over the next two years. You can be assured that we will work tirelessly to promote our mission and attain the goals of WGO.



In Reflection: Successes Achieved, Challenges Overcome



Richard A. Kozarek, MD

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Past-President, WGO

When I accepted the presidency of the World Gastroenterology Organisation in London, 2009, it was contingent upon an agreement to condense the presidency to a two-year term. This was both a philosophic as well as a selfish act. It was philosophic because I personally believe that the vitality of an organization requires continued renewal. Changing the length of the term would, I believed, bring new ideas, programs, and leadership into the organization, as well as limit the sense of entitlement that frequently accompanies prolonged terms. It was also selfish, because, like all of our current leadership, I have a day job caring for patients and a family. The former pays my salary; the latter makes my days worthwhile. So what has happened in the last two years? Perhaps one of the biggest things has been a leadership retreat that has helped reshape societal policy for the immediate future. Contingent upon approval by our General Assembly, leadership has agreed to limit all terms to two years for those of the President and Executive. Although there are options for renewal for all but the presidency, this is a conscious effort to separate us from the cycle of a World Congress, our once, sole, *raison d'être*, but now simply one of our programs. This is not to minimize the World Congress, and I am hopeful to see many of you there at what will be the premier gastroenterology meeting in

Asia, Shanghai 2013, held in conjunction with the Asian Pacific Digestive Week Federation, the Chinese Societies of Digestive Diseases, and the World Endoscopy Organization.

What am I most proud of in my role as WGO President these last two years? One accomplishment is our alliance with the *Journal of Clinical Gastroenterology*, which has become the official Journal of the WGO. Not only does it publish our Global Guidelines and Cascades along with society news, it has also agreed to publish up to five major review articles yearly on globally germane GI topics under a WGO banner. Another is an expansion of programmatic activity: Guidelines and Publication under the Chairmanship of Michael Fried, along with the assistance of our Librarian, Justus Krabshuis; Train the Trainers under Jim Toouli and Damon Bizo's guidance; and our WGO Training Centers, now under Des Leddin's strong leadership. I have had the opportunity to visit 10 of these Training Centers prior to, and during, this last biennium. I am proud to call all of the Training Center Directors my friends, committed to a common goal. If Training and Education with an emphasis on the developing world is our mandate, these Centers typify what is best in our Society. By way of example, I have met gastroenterologists from Cambodia, Myanmar and Laos, who have received GI training at

our Bangkok Center, and physicians from Sub-Saharan Africa who spent several weeks at the Cairo Training Center learning how to band varices. The latter was undertaken with support of the American Society for Gastrointestinal Endoscopy's (ASGE) Ambassador Program, which is looking at long-term health outcomes in the communities to which these physicians return.

I am proud of the expanded interaction between many of our National Societies, particularly of that with the American College of Gastroenterology (ACG) and WGO. Initiated by WGO immediate past-president, Eamonn Quigley, not only has the ACG allowed three WGO Training Centers to act as beta sites using the ACG Educational Universe as a training tool, it has also supported speakers at each of our highly successful Train the Trainers Workshops, including this year's offerings held in Chennai and Porto Alegre. Did I mention that the latter was our first non-English Train the Trainers Workshop? Support by the French Society of Gastroenterology for our Rabat Center, the Flemish Society for the Soweto Training Center, the ASGE and the Canadian Society of Gastroenterology for our La Paz, Bolivia, Training Center, these are only a few of the additional interactions that allow ongoing programmatic activity in a time of global economic downturn.

I am proud of the opportunity to work with the Chair of our Foundation, Bernard Levin, and his dedicated Board, and to have had the opportunity to participate in the roll-out of two, highly successful World Digestive Health Days (WDHD); the first on inflammatory bowel disease and the

second on the role of clean food and water, a major source of illness and childhood mortality in the developed and developing world, respectively. From a research standpoint, in turn, Richard Fedorak and his fellow members of the Research Methodology Committee have done an awesome job defining study design, statistical support, and resources available for individuals in the developing and developed world alike.

I am proud of our management team, EDI, under Caley Kleczka's directorship, for stepping into a role that straddles 110 national societies, over 50,000 members, as well as hundreds of volunteer committee members, faculty, and physician leaders. Future leadership will reinforce the

value of a committed and seasoned management company attending to day-to-day issues involving our organization.

Finally, to reiterate an initial point, I am proud to help break a cycle in which our educational efforts were centered on quadrennial meetings. As such, we have co-sponsored an exceptionally successful meeting with the Turkish Society of Gastroenterology - Gastro-Antalya 2011 - under the leadership of our Secretary General, Cihan Yurdaydin. Initially conceptualized as a biennial meeting between World Congresses, there has been interest by the GI Societies in South Africa, Brazil, and Korea to undertake comparable joint ventures. Add single topic meetings into the mix, under-

taken with interested National or Regional societies, and add in concurrent courses at our Training Centers, I envision that the educational opportunities with WGO as limited only by access to resources during an ongoing global downturn.

It has been my great privilege to serve as your President for the past two years and I look forward to supporting Henry Cohen's vision and leadership for the next two. More importantly, I will continue to support the concept of, need for, and continued success of the World Gastroenterology Organisation for the years to come.



World Gastroenterology Organisation Foundation: The Story So Far and the Road Ahead



Eamonn M M Quigley, MD, FRCP, FACP, FACG, FRCPI

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Chair, World Gastroenterology Organisation Foundation (WGOF)

The World Gastroenterology Organisation, though over 50 years old, only recently established a foundation (WGOF) whose specific remit was to raise funds to support the activities of WGO. Why did it take so long for this to happen? The reasons are multiple. First and foremost, while the activities of WGO (or in its former incarnation, OMGE) were primarily focused on a quadrennial world congress organized independently by OMGE, the need for raising funds other than those which accrued to the organization from the proceeds of the congresses, quite simply, did not arise. However, as the World Congress moved to become an ever closer partnership with regional societies (UEGF in Vienna and London, AIGE in Montreal, APDWF in Bangkok and Shanghai) and as the financial proceeds of these mega congresses receded, it became clear that WGO could no longer rely on a quadrennial “injection” of funds to support its burgeoning programmatic portfolio. The latter became the most pressing reason to launch a foundation: the growth of WGO’s year round educational and training activities. Such successful programs as Train-the-Trainers, the WGO Training Centers, Global Guidelines and Cascades and World Digestive Health Day, for example, necessitated a reliable stream of funding to permit short- to medium-term planning and ensure the highest standards in content

and presentation. Meanwhile external forces (consolidation within the pharmaceutical industry, the very specific appeal of each of our programs, global financial uncertainty) conspired to convince WGO that a different, more diverse and more nimble approach to raising funds for WGO had become necessary. Thus the launch, in 2007, of WGOF. Over its first four years, WGOF has been most fortunate to have been directed by Professor Bernard Levin, an international authority on gastrointestinal cancer, and one of the most respected gastroenterologists of our time. With untiring commitment and absolute integrity, Bernard has skillfully guided WGOF through the bureaucratic obstacle course that the establishment of a foundation presents, recruited a top-class board of internationally-respected figures from the medical and lay communities and directed fund-raising initiatives on behalf of WGOF across a broad and diverse canvas. These have been, perhaps, the most difficult times to attempt to raise funds for a global medical organization, yet WGO will be ever indebted to Bernard for his calm perseverance and wise counsel. The net result: WGOF is firmly established, has gained experience and insights based on its initial forays into the fund-raising jungle, and thanks to the fortitude of Bernard and his ever-supportive board, is now poised to provide WGO with the support

that it needs, not just to sustain, but to enhance each of our very successful programs.

Where do we go from here? At his acceptance speech at Gastro-Antalya 2011, the new President of WGO, Professor Henry Cohen from Uruguay emphasized the commitment of WGO to emerging nations and their health care needs. Indeed, furthering truly global standards in training and education in digestive disorders has been a major goal of WGO for some time and more important now than ever before. That goal, while obviously most desirable, also presents one of the greatest hurdles that WGOF faces in its fundraising efforts. Thus, purely educational activities, such as TTT, provide a less tangible forum for those whose aim is to expose the practicing gastroenterologist to the latest products and devices in the field, and programs, such as the Training Centers, operate in parts of the world which still represent a very small share of global pharmaceutical or medical device sales. We believe that all of these programs are acutely relevant to the future of gastroenterology everywhere in the world and that they will foster the growth of gastroenterology as a specialty globally and result in the delivery of optimal care for all digestive disorders, utilizing, in an appropriate and evidence-based manner, the full armamentarium of medications, instruments and devices that industry has and will develop for us. We must continue to hone and deliver this message to convince our industry partners, philanthropy and individuals alike that this is a long-term project whose goals are realistic, whose deliverables are quantifiable and whose impact will be truly signifi-

cant for society at large. This mission offers opportunities for partnerships of many varieties between WGO and its member societies, other health care organizations, national governments and governmental agencies, industry, philanthropic organizations as well as the public to highlight global issues in gastroenterology, propose solutions and implement preventive and therapeutic strategies. The success of World Digestive Health Day topics integrating global guidelines with educational events for gastroenterologists, other health care professionals and the lay public and including activities at

our Training Centers illustrates our capacity to have an impact and also provides a template for the future.

WGO flourishes and with its success comes the expectation that there is more to come, in terms of programs, global reach and impact; WGOF is poised to provide the wherewithal that guarantees WGO's future prosperity. I invite you through your personal support, through your ideas and through your engagement with us to ensure that the mission of WGO, which we all hold dear, is truly accomplished.

■

The World Gastroenterology Organisation Foundation: a personal perspective of its early years



Bernard Levin, MD

Professor Emeritus
U.T.M.D. Anderson Cancer Center
Past Chair, World Gastroenterology Organisation Foundation (WGOF)

About four years ago, when Professor Eamonn Quigley and other members of the World Gastroenterology Organisation (WGO) Executive invited me to chair the then nascent WGO Foundation (WGOF), I was familiar with WGO's 50-year-old history having attended two World Gastroenterology Congresses, but had not participated further in its educational programs. As I was about to retire from the University of Texas M.D. Anderson Cancer Center and move from Houston to New York, I was eager for a new challenge. But it was not without some trepidation that I agreed to take on this new venture blithely unaware of the looming world wide economic downturn. The compelling rationale for a foundation was the pressing need to secure additional sources of revenue, beyond those from quadrennial World Congresses, to support an expanding menu of educational activities. WGO believed that a not for profit foundation would provide a suitable vehicle for solicitation of financial support from pharmaceutical companies, equipment manufacturers and philanthropic foundations.

Establishment of the Foundation's legal status and its incorporation in the state of Michigan as a not for profit entity began immediately, followed by recruitment of a group of eminent gastroenterologists and non-physicians with an interest in digestive disorders from around the world for

the Board. Board members such as Dr. Doug LaBrecque were invaluable in encouraging non-physicians to join our efforts. We also sought advice from our Secretariat (then based in Munich) as well as from external consultants for the best ways in which to proceed. An immediate challenge was how to engage a group of busy volunteers in strategizing about fundraising, an activity somewhat alien to many academic physicians. During our monthly conference calls, we identified, at an early stage, the critical need for our Board members, all key opinion leaders, to be willing to present our appeals for funds to highly placed decision makers in pharmaceutical and endoscopic equipment corporations. This was not uniformly successful, as some members were very dependent on such funds for activities in their own academic centers. Others, however, went to extraordinary lengths to represent our interests. As an example of the latter, I am reminded of the March 2011 visit to Japan by Drs. Dick Kozarek and Henry Cohen to solicit funds from a prominent endoscope manufacturer. The choice of date was unfortunate because they found themselves walking up 35 flights of stairs in their Tokyo hotel shortly after the major earthquake disrupted power and interfered with normal life. Fortunately, they were only mildly inconvenienced compared to the awful impact of this

natural disaster throughout much of Japan.

As another example, Professor Quigley was tirelessly willing to travel extensively in Europe and North America to utilize his considerable influence in the spheres of probiotics and irritable bowel syndrome (IBS) to establish valuable contacts with nutrition oriented companies and pharmaceutical companies involved in the development of novel compounds for the management of IBS. World Digestive Health Day 2009 was a notable success as a direct result of his efforts. I could, of course, cite other examples of Board member activities.

"It takes all the running you can do to keep in the same place" (Lewis Carroll from *'Through the Looking Glass'*).

This evolutionary statement summarizes what we have learned in the past few years about the challenges in raising funds for WGOF. The severe and seemingly unrelenting economic difficulties faced by many countries, corporations and individuals in many parts of the world, have created almost insurmountable obstacles for fundraising. But we have learned to be adaptable. While we have encountered limited enthusiasm for philanthropic donations from corporations, we have received much more favorable attention for our programmatic activities, for example, WDHD 2010 (IBD) led by Dr. Charles Bernstein, and its successful sponsored symposium at UEGF. As we look to the future, our emphasis will need to be on WDHD and its implicit programmatic activities.

"Many of the successful interventions against non-communicable diseases that have been developed in high-

income countries appear to be feasible in low- and middle-income countries, yet differences in culture, resources and institutions complicate the transfer of this knowledge.” (From chapter 7, page 163, Pillars of the Health System in: Priorities in Health, The World Bank, Washington (2006)).

I believe that a key element of our future success will lie in our ability to measure the outcomes of activities that involve transfer of such knowledge. It is easy to quantify funds raised but we need to do more to evaluate our impact. While we have not, thus far, (despite some significant effort), been able to interest philanthropic foundations in our programs, I am hopeful about the future. Being

able to demonstrate that we are making a significant difference in the developing world will, I am confident, reap a benefit in attracting foundation support.

I have been privileged to work with outstanding leaders on the WGO Executive, most recently led so capably by Dick Kozarek. I have learned much from them and appreciate their confidence and trust in me. I have also had the pleasure of collaborating with esteemed colleagues on the WGO Foundation Board in particular, Richard Fedorak (Secretary) and Jack DiPalma (Treasurer). I am grateful to all Board members who have been generous with their time and creativity. In addition, many

members of the WGO Executive and WGOF Board have contributed their personal funds for which we all are most grateful.

As I take the seat of past chair of the WGOF, I look with confidence to its future under the chairmanship of Eamonn Quigley, a renowned and respected figure in international gastroenterology, who is thoroughly dedicated to the mission and ideals of the WGO. In partnership with EDI, our new President, Henry Cohen, is poised to take the WGO to even greater heights; I sincerely hope the WGOF will be successful in supporting his bold vision.



Enteric Infections Research Review



ARTICLE

Protective Effect of Natural Rotavirus Infection in an Indian Birth Cohort.
Gladstone BP et al,
New England Journal of Medicine
2011;365:337-46.
[PMID 21793745](#)



EXPERT: B.S. RAMAKRISHNA, MD

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Comment by Professor Ramakrishna

This paper illustrates phenomena common to enteric infection in developing countries. Rotavirus illness kills upwards of half a million children worldwide annually. Professor Kang and her colleagues show in this paper that rotavirus infection in infants in developing countries occurs very early in life, multiple serial infections are common, and protection against homotypic infection cannot be assumed. Multiple prior infections eventually protect against diarrhea.

Comment by Justus Krabshuis:

Professor Ramakrishna is a greatly respected panel member of the WGO Guideline Review Team for Acute Diarrhea. This is great science from India, the country with the highest acute diarrhea infant mortality in the world - and published in the medical journal with the highest impact factor in the world - the *New England Journal of Medicine*. The study's conclusion is very important:

These data indicate that rotavirus-vaccination strategies for India and similar settings may need to be modified by increasing the dose or number of doses of vaccine and considering earlier vaccination, such as neonatal or maternal immunization.



Helminths and the Control of Inflammatory Bowel Diseases



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The “Hygiene Hypothesis” states that a lack of early childhood exposure to helminthic parasites and some symbiotic microorganisms increases susceptibility to immune mediated diseases (1). There even is evidence linking hygiene to an increased risk of developing autism and colon cancer. Strachan proposed a variant of this theory to explain the rise in allergies in 1989 (2), although warnings of the potential “dangers” of hygiene had appeared many years previously.

Autoimmune and other immunologic diseases are highly prevalent in developed countries, which was not the case for many of these conditions at the turn of the 20th century. Included among the more than 100 such conditions are ulcerative colitis, Crohn’s disease, type 1 diabetes mellitus, asthma and multiple sclerosis. The National Institutes of Health estimates that perhaps 23.5 million Americans have one or more of these diseases. Perhaps 2 million Americans have inflammatory bowel disease. Immunologic diseases, like inflammatory bowel disease, are major factors driving the rise in health care costs in the United States.

Industrialization and growing opulence brings many striking environmental changes. Some of the benefits of improved living standards include clean water, pure food, indoor plumbing, modern day sanitation, cement sidewalks and vigilant health care with the use of antibiotics to control

infectious diseases. Helminths are worm-like parasites, some of which have the potential to inhabit the human gastrointestinal track or other regions of the body. Improving living standards in industrialized countries brought environmental changes that have disrupted helminthic life cycles and have led to de-worming of the population. Before the 20th century, every individual likely had more than one helminthic infection and would carry these infections at least through childhood. This previously universal exposure has become rare in industrial countries. Less developed countries are now experiencing a similar phenomenon as standards of living continue to rise around the world.

Epidemiologic data support the association of the rise in immunologic diseases with the loss of helminthic infections. In the United States, the prevalence of hookworm in Georgia school children dropped from 65% in the 1910s to less than 2% in the 1980s (3,4). Trichinosis, whipworm (*Trichuris trichiura*) and pinworm (*Enterobius vermicularis*) infections declined similarly. Recent immigrants to the United States now account for most of the individuals harboring helminths. A major rise in the prevalence of inflammatory bowel diseases occurred over the same interval of time. Loss of helminth exposures also occurred in Western Europe corresponding with the spread of immune

mediated diseases like inflammatory bowel disease. Whipworm infections in South Korean school children fell from about 75% in 1969 to 0.02% in 2004 (5). During this time span, the incidence of ulcerative colitis in Seoul increased nearly six fold (6). The frequency of IBD now is about 1 in every 250 people in some regions (7,8).

The gut has a remarkable capacity to limit the intensity of mucosal immune reactivity. This is especially remarkable considering the vast array of luminal antigens and other immune stimulatory factors that daily encounter the mucosal surface. The intestinal immune system protects us from organisms and other foreign substances, but can carefully gate this response to prevent organ injury.

The causes of inflammatory bowel diseases are assumed to result from unnecessarily aggressive mucosal adaptive immune responses to substances residing in the gut lumen. Various genetic alterations modulate the risk for acquiring inflammatory bowel diseases (9). The genes in question mostly affect immune regulation, immune response, epithelial barrier defense and innate immune supporting our present hypothesis related to the causation of these conditions. The relative importance of these genes in the causation of IBD remains in question, since the majority of IBD patients do not express any of these genes, and most healthy individuals with similar gene alterations will never develop abnormal intestinal inflammation. The massive rise in the prevalence of inflammatory bowel disease in developed countries in the 20th century, and the present emergence of IBD in developing countries points

to the critical importance of environmental change in disease causation.

Helminthic infections are exceedingly strong inducers of regulatory immune circuits in their hosts (10). Inflammatory bowel disease likely is the consequence of immune dysregulation in which the regulatory side of the immune system cannot limit the immune response to luminal contents. Thus, helminthic infections are likely to help reduce the risk for IBD in susceptible individuals based on their capacity to strengthen these regulatory pathways.

Helminths influence a wide range of overlapping and independent regulatory pathways. For instance, helminths are strong inducers of tolerogenic dendritic cells and regulatory macrophages. Some types of dendritic cells pick up antigens and present them to T cells to initiate strong adaptive immune responses. Tolerogenic dendritic cells block these responses. Regulatory macrophages also can down-modulate inflammation, and helminthic infections can induce their expression as well.

Animal models of IBD suggest that regulatory-type T cells are important for maintaining mucosal immune homeostasis and for controlling enteritis (11). T cells that regulate immune responses are plentiful in the gut. Helminths induce expansion of regulatory T cell subsets within the intestinal mucosa and mesenteric lymph nodes of their hosts. They also enhance their regulatory capacity.

Helminths also promote the production of regulatory-type cytokines like IL10 and TGF β , and block the production of colitogenic cytokines like IFN γ and IL17.

Their capacity to modulate multiple and distinct immune pathways within their hosts probably evolved as a consequence of many thousands of years of close, intimate association. Taken together, all of these activities would

be expected to have a power influence on host immunity affording strong benefit for the parasite and perhaps proving mutually beneficial for the host by limiting our risk for acquiring autoimmunity.

To exploit their ability to stimulate a wide range of immune regulatory activities within their hosts, clinical studies have used helminths as therapeutic agents with apparent success to treat ulcerative colitis, Crohn's disease and other immunologic conditions (12). One of these agents, *Trichuris suis*, has received "Good Manufacturing Procedure" approval from the United States FDA and the European EMEA, and is now considered a pharmaceutical. This agent is undergoing extensive testing in large double-blind, multi-centered clinical trials on both continents. The therapy consists of swallowing microscopic live pig whipworm ova (Figure 1), which hatch in the host. While it naturally colonizes pigs, it can cross species and colonize humans, abate for only a couple of months. The life cycle of this agent is restricted to the gastrointestinal track. While common on farms, there is no known human pathology caused by exposure to *T. suis*. The larvae that emerge from the ova can mature into adult worms in some

of the human hosts, but remain quite small. Thus, this agent is ideally suited for application to human disease.

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Figure 1: *T. suis* ova



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2012 World Digestive Health Day

From Heartburn to Constipation

Common GI symptoms in the Community: Impact and Interpretation



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University College Cork
Cork University Hospital
Ireland
Co-Chair, WDHD 2012



Professor Richard Hunt, MD

Farncombe Family Digestive Disease Research Institute
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Symptoms originating from the gastrointestinal tract, such as heartburn, indigestion / dyspepsia, constipation and bloating are very common in the community. In certain circumstances, they may indicate the presence of an underlying gastrointestinal disease process, such as esophagitis, peptic ulcer or cancer. For the majority of sufferers, however, these symptoms are occasional and do not indicate any underlying pathology and may be attributable to transient dietary or life-style issues. For others, symptoms are frequent and bothersome, or even disabling, yet formal investigation fails to reveal any structural or pathological abnormality and diagnoses such as non-erosive reflux disease (NERD), functional dyspepsia (FD), irritable bowel syndrome (IBS) and chronic constipation (CC) may be made.

It should come as no surprise that these symptoms (heartburn, indigestion, bloating and constipation) are frequently misinterpreted and their impact and significance misunder-

stood both by health care providers and sufferers. At one extreme, sufferers may ignore symptoms which are based on potentially life-threatening conditions and, at the other, minor and transient upsets are over-investigated and inappropriately treated. In between, lies a large number of individuals with GERD, FD, IBS and CC whose distress goes unappreciated and whose symptoms are incorrectly evaluated and managed.

The goal of the WDHD 2012 advocacy and public health awareness campaign, "From Heartburn to Constipation", therefore, is to help health care providers and sufferers alike to understand the symptoms associated with these common GI conditions and the means with which they can be properly and effectively managed.

Through a multi-faceted approach, the WDHD 2012 campaign will endeavor to inform health care providers – among them physicians, pharmacists and allied health professionals – and the community at large of the

prevalence and pathogenesis of these symptoms and to present an evidence-based and patient-centered approach to their evaluation and management. This will involve, in the first instance, an appreciation of the global prevalence and impact of these symptoms; an approach that will ensure that any recommendations which are developed will be relevant and applicable worldwide. This WDHD campaign will seek to encourage dialogue on these GI issues and facilitate interactions between the sufferer and the range of health care professionals (from pharmacist to physician) involved in their management. In doing so this will address such issues as: when these symptoms can be self managed, when over-the-counter remedies are appropriate and when to seek the advice and care of a physician.

What can you do?

Begin planning your World Digestive Health Day event today! Do you have an opportunity at an upcoming meeting or symposium to discuss common GI symptoms in your community?

Plan a public forum - write a press release - submit information on this year's theme to your local newspaper; begin informing your country that these common symptoms should not always be ignored, and communication with physicians, pharmacists, and other health care professionals is important!



2011 World Digestive Health Day A Year in Review

WDHD 2011 STEERING COMMITTEE MEMBERS:

- Dr. Robert Steffen, University of Zurich, Switzerland (chair)
- Dr. Henry J. Binder, Yale University, USA
- Dr. Santanu Chatterjee, Wellesley Medicentre, Kolkata, India
- Dr. Herbert L. DuPont, University of Texas School of Public Health and Baylor College of Medicine, Houston, USA
- Dr. Michael Farthing, University of Sussex, United Kingdom
- Dr. Yasmine Motarjemi, Nyon, Switzerland
- Dr. Bernard Levin, 2007-2011 Chairman, WGO Foundation, USA (*ex officio*)

Each year on May 29 the World Gastroenterology Organisation (WGO) holds a World Digestive Health Day (WDHD) to raise awareness about a particular digestive disease. The theme for 2011 was *Enteric Infections: Prevention and Management; Clean Food, Clean Water, Clean Environment*. The public health campaign which involves WGO's 110 national societies and 50,000-plus physicians and health care providers is promoted throughout the world. WGO, together with its Foundation, compiles a list of resources, tools, and most importantly, a corresponding Global Guideline and Cascade. This year's Acute Diarrhea Guideline, offered in English, Portuguese, Mandarin, French, Russian and Spanish, provides clinical cascades for

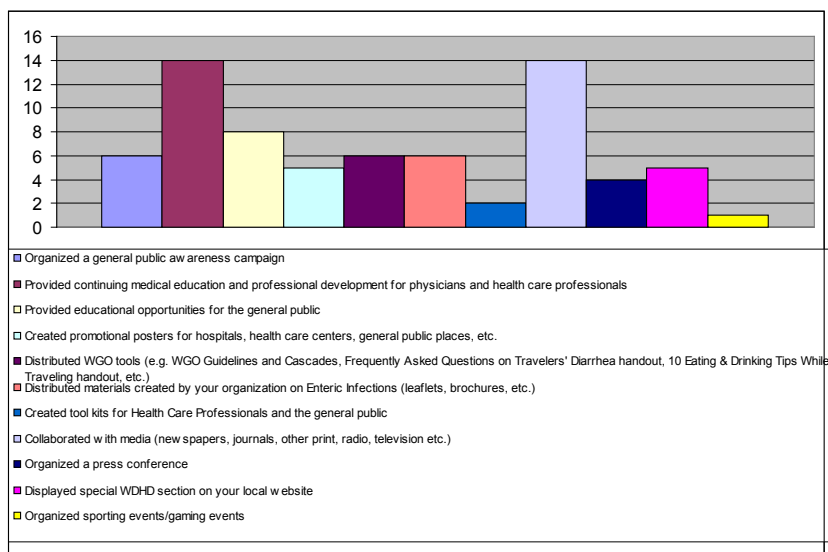
treatment at different resource levels. Other tools included 10 tips on eating and drinking while traveling, frequently asked questions on Travelers' Diarrhea, Research Reviews, and editorials and articles in *e-WGN*, WGO's quarterly e-newsletter, and more.

The WGO could not have been a success without the commitment of the WDHD 2011 Steering Committee. WGO would like to express its sincere gratitude for the dedicated work of these individuals, directed by Dr. Robert Steffen, Switzerland, WDHD Campaign Director, Emeritus Professor, Division of Epidemiology and Prevention of Communicable Diseases, University of Zurich, Switzerland.

THE WDHD 2011 SURVEY HIGHLIGHTS

As one of the final pieces to the campaign this year, the WGO conducted a 10 question survey to ensure a good understanding of what took place in each country, the number of attendees, who WGO member societies worked closely with, and what themes many of you would like to see in the future. We would like to share a few of the highlights and results in hopes that the ideas of your fellow colleagues may help create your own ideas for WDHD 2012.

The most popular events held during the year were professional development activities for physicians and health care professionals alike. Of all the events that were held, 20% of participating organizations organized an awareness campaign for the general public. Other very popular events were general educational opportunities for the public, displaying promotional posters at hospitals, health care centers and general public places, and the dissemination of WGO tools and guidelines.



Summary of how participation societies and organizations celebrated WDHD 2011

GLOBAL EVENTS AND THE COUNTRIES THAT PARTICIPATED IN THEM

Information on World Digestive Health Day 2011 was shared during various WGO meetings that took place around the world, including India, Brazil, Argentina, USA, Sweden and Turkey. A special supplement was created and distributed not only during the 2011 Digestive Diseases Week (DDW) in Chicago, USA, but also electronically to WGO's full membership. [Click here to download your own copy.](#)

Over 20 member societies took part in WDHD 2011 by hosting events throughout the year, which led to another successful campaign year. Various events focusing on acute diarrhea, clean water, and sanitation, included public campaigns, courses and lectures on treatments, national meetings, press conferences, creating a country's own Clean Water Day or celebrating World Digestive Health Day, publications and much more. Throughout the year in e-WGN, many events that have taken place have been highlighted. To read about events taking place in India, Spain, Pakistan and Chile, download the [June issue of e-WGN](#) now. For event summaries from Ireland, Iran, Ukraine and Uruguay, download the [September issue of e-WGN](#) now. To learn about the Potable Water System Project in the Philippines, download the WDHD supplement listed above. Two more successful WDHD's are highlighted below:

In Mexico:

On May 13th, WDHD was celebrated with a clinical symposium on *Enteric Infections: Clean Water, Clean Food, Clean Environment*, sponsored by the WGO Mexico Training Center, Mexican Association of Gastroenterology, INNSZ & Danone Health Affairs. Professor Henry Cohen, WGO, Uruguay, Professor Christine Surawicz, University of Washington, Seattle and Professor Francisco Guarner, Hospital



A panel of experts discusses enteric infections during a clinical symposium in Mexico Vall' de Hebron, Barcelona and several local investigators participated with lectures on epidemiology, prevention and treatment of water and food-borne infections, traveler's diarrhea and the role of human microbiota in health and disease. Six-hundred GIs gastroenterologists, internists and GPs attended this important symposium.

In Malaysia:

This year Malaysia celebrated its third World Digestive Health Day which consisted of an official ceremony on May 29, preceded by a five-day series of presentations in local communities. The Healthy Tummies Advisory Board (HTAB) collaborated with three other



VVIP: Dr. Jiloris J.F. Dony, Head Sector of Tuberculosis and Leprosy Disease Control Division, Ministry of Health, Malaysia

expert organizations with common aims of promoting good digestive health: Nutrition Month Malaysia by the Nutrition Society Malaysia, Malaysian Dietitians' Association, and the Malaysian Association for the Study of Obesity. Event highlights included the ceremony being officiated by Dr. Jiloris J.F. Dony, Sector Head of TB & Leprosy Disease Control Division, representing Deputy Minister of Health,

YB Datuk Rosnah bt Hj Abdul Rashid Shirlin; An experiential journey to educate the members of the public on digestive system; and a digestive health guidebook were launched, "Healthy Tummy Healthy Life." A media Question and Answer session took place which was well attended by 10 key media representatives.

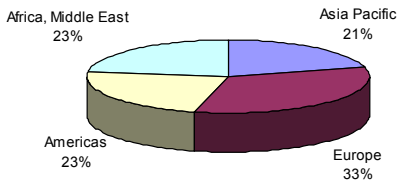


Gastro nurses giving educational advice, surveys on colon cancer screening awareness and common digestive problems, and Distribution of Healthy Tummy Healthy Life Digestive Health Guidebook

The countries that participated in this year's WDHD included:

Austria
Belarus
Canada
Chile
China
El Salvador
Finland
Guatemala
India
Ireland
Iran
Latvia
Malaysia
Mexico
Mongolia
Pakistan
Singapore
Philippines
Spain
South Africa
United Kingdom
Ukraine
United Arab Emirates
United States of America
Uruguay
Venezuela

WDHD has an undeniable global reach; activities for this year's campaign had a regional distribution of:



COLLABORATIONS BETWEEN COUNTRIES AND SOCIETIES

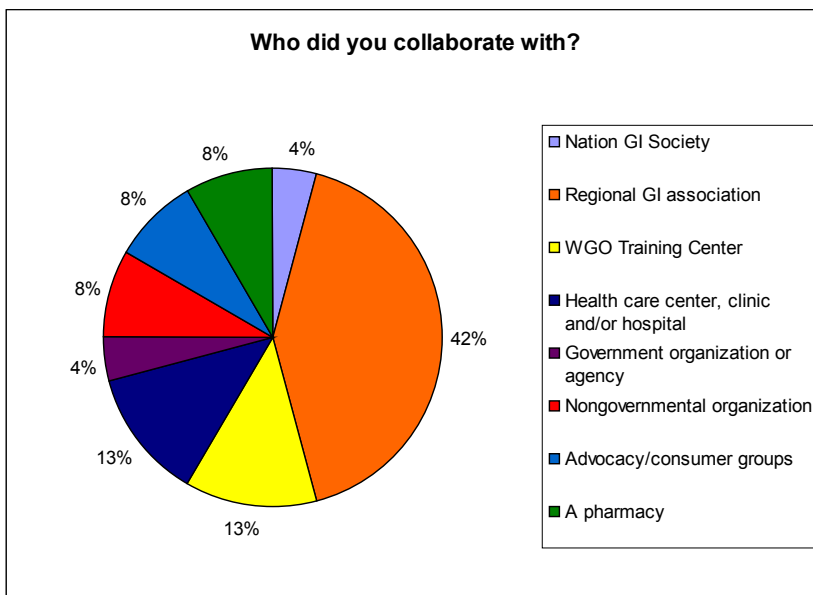
WDHD presents a unique opportunity for local, national and regional societies to collaborate with one another and with other organizations and industry. 42% of participating societies joined forces with a nongovernmental organization, 13% collaborated with a WGO training center and an additional 13% worked in partnership with a health care center, clinic and/or a hospital. 8% of the survey respondents reported that they formed a partnership with a pharmacy.

For a more details look at the collaborations formed by those participating in WDHD 2011, please refer to the following summary:

IDEAS FOR THE FUTURE

WGO and the Foundation aspire to make the WDHD campaign increasingly more impactful and broader in reach and scope. Participants of the survey had the opportunity to suggest to the WGO what theme or ideas they would like to see in the future. Suggestions included celiac disease, obesity and the liver, Hepatitis C, and rare gastrointestinal and liver diseases.

As the 2011 WDHD Campaign comes to a close and the 2012 Campaign begins, the WGO is pleased knowing how many individuals – both health care related and the general public – have benefited throughout the year thanks to the efforts of all those who participated. The organizations' meetings, public events, media participation and more have helped spread the word not only about enteric infections, but the entire World Digestive Health Day Campaign. It is the hope of WGO that global education and knowledge about digestive diseases continue to expand from year to year.



Gastro-Antalya 2011: A Successful Regional Meeting Between the WGO and the TSG



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Hepatology Institute, Chief
University of Ankara, Professor of Gastroenterology
Department of Gastroenterology
University of Ankara Medical School, Turkey



Eamonn M M Quigley, MD, FRCP, FACP, FACC, FRCPI

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The first ever regional meeting of the World Gastroenterology Organisation (WGO) was successfully organized between November 16 and 20 in Antalya, Turkey. The meeting, Gastro-Antalya 2011, was put together through a true collaboration between the host society, the Turkish Society of Gastroenterology (TSG), and WGO. One of the main driving forces in organizing a meeting outside of the traditional quadrennial World Congresses of Gastroenterology was the unique geographical and socio-cultural ties between Turkey and a number of areas that have, in the past, rarely



Some of the members of the Organisation Committee of the Gastro-Antalya meeting (left to right): Professors Cihan Yurdaydin, TSG, Sabahattin Kaymakoğlu, TSG, Eamonn Quigley, WGO, Ömer Özütemiz, TSG, Filiz Akyüz, TSG, and Sedat Boyacıoğlu, TSG

experienced international gastroenterology, such as Central Asian countries. The success of the meeting is likely to motivate the WGO leadership to consider such collaborations with prominent national societies throughout the world in the years to come.

Gastro-Antalya 2011 was a true partnership which, on the one hand, sought to preserve the unique features and personality of the annual Turkish Gastroenterology Week, but, on the other, wished to add an additional, regional dimension highlighting issues in digestive disorders in the Middle and Near East, Central Asia, Russia, the former Soviet republics and the Balkans.

In terms of its design, the meeting followed a fairly traditional format consisting of a one day post-graduate course, followed by a 2½ day core scientific meeting featuring the presentation of original work in the form of both oral and poster presentations, as well as 11 educational symposia covering all the major issues in clinical gastroenterology, gastrointestinal endoscopy and hepatology. WGO's presence was evident from the inclusion of symposia on two key aspects

of WGO's programmatic repertoire: "Gastrointestinal Infectious Diseases", based on the 2011 theme for World Digestive Health Day (WDHD), "Enteric Infections: Prevention and Management; and the "WGO Symposium on Training and Education", reflecting the key goals of this global organization. Most significantly, Gastro-Antalya 2011 marked the transition of the WGO presidency from Richard Kozarek, USA, to Henry Cohen, Uruguay.

The high point of the joint regional meeting was without doubt the WGO Postgraduate Course and the manner in which the postgraduate course was presented. The entire course was based on real-life cases selected to illustrate important clinical challenges and generate interactive discussions.



Professor Henry Cohen is honored as the incoming 2011-2013 WGO President during the Gala Dinner



Professor Henry Cohen giving his speech, upon becoming the 2011-2013 WGO President

In separate sessions, un-doctored cases illustrative of diagnostic and/or therapeutic dilemmas in esophageal disease, inflammatory bowel disease, viral hepatitis, complications of cirrhosis, and irritable bowel syndrome and functional gastrointestinal disorders were presented “warts and all” to panels comprising of national, regional and international experts. Each case featured relevant laboratory, endoscopic, radiologic, pathologic or manometric findings and generated considerable debate, and, understandably some controversy. As the day progressed, audience participation grew, and, by the end, was in full flow. As all of the cases were presented by either Turkish, Russian or Egyptian faculty, the panel and the audience had an opportunity to appreciate the spectrum of disease in the region (thus the special focus on hepatitis and the inclusion of cases of delta hepatitis and hepatitis E), as well as how diagnostic and therapeutic strategies may vary according to local resources and expertise. This postgraduate course illustrated how one based on this format, if carefully, prepared, skillfully presented, and deftly chaired, can prove to be an outstanding and most memorable educational experience. Along the way, we were reminded of the challenges that adenocarcinoma in the context of achalasia, corrosive esophageal strictures, steroid refractory ulcerative colitis (complicated by superimposed cytomegalo-virus infection), acute-on-chronic liver disease and “functional” heartburn - to mention just some examples of the several excellent cases - may present and how they may be logically and optimally addressed.

Thirty invited international faculty participated alongside Turkish and regional faculty in the symposia and were featured each day in the main meeting program. These topics were carefully selected to highlight issues considered to be of importance in

the region: hepatocellular cancer, functional gastrointestinal disorders, variceal bleeding, colon cancer, biliary tract disorders, regional trends in IBD, GI infectious diseases, esophagus and reflux, obesity and NAFLD,



The panel of speakers at the Esophagus session during the WGO Postgraduate Course (from left to right) Professors Selçuk Dişibeyaz, Philip Katz, Eamonn Quigley, Roman Kuvae, Ömer Özütemiz, and John Karagiannis

non-variceal bleeding, endoscopic ultrasonography and mesenchymal stem cells in gastroenterology. Sessions featuring the very best original work from Turkey, as well as the region and the rest of the world, were interspersed between these educational symposia.

Was the meeting a success? The meeting was a success in terms of the number and diversity of participants: over 1,020 attendees from 38 different countries, ranging from Algeria to Indonesia, from Russia to Nigeria who, between them, represented virtually all of the countries in the region. Given the economic turmoil



An overview photo of the IBD session during the WGO Postgraduate Course

that affects the globe and the political uncertainties that afflict so many nations in the region, this was a truly outstanding turnout. However, the meeting was also a success in terms of its mission and educational impact. Ultimately, this can be assessed only through the impact it has on an individual attendee's practice and on patient care. However, if quality of lectures, degree of interaction, and depth of questioning are anything to go by, then, on this count, the meeting was a great success. This is also supported by the spontaneous expression of many Turkish attendees of how much they “enjoyed” the postgraduate course and how much they “appreciated” the quality of speakers in the WGO-organized symposia. Finally, one should not forget the opportunity for gastroenterologists from diverse geographical, economic and cultural backgrounds to share problems and solutions in a most conducive environment, facilitated by the warmth of the Turkish welcome and the generosity of Turkish fellowship.

What did this meeting teach us? It is evident, for example, that colon cancer is no longer the preserve of the West and is rapidly emerging as a leading cause of cancer and cancer-related mortality in Asia, the Near East and the Middle East. These shifts in prevalence can be, in some small part, explained by the emergence of inflammatory bowel disease globally (the focus of another symposium) but may be, to a considerable extent, related to another even greater global epidemic: obesity. In a symposium on obesity and NAFLD we were reminded of the dimensions of the phenomenon, on its toll on the individual and society, and of the disappointing results of dietary and pharmacological strategies, to date. In contrast, with innovative and less invasive new surgical approaches, there may be a glimpse of hope for those overweight people who

cannot lose weight. In an era when we have been lulled into the belief that gastrointestinal infectious diseases are a thing of the past, it was most appropriate that we should be reminded of the continuing burden of enteric pathogens and other GI infections. Indeed, not only are infectious diarrheas still the leading causes of infant mortality world-wide, but certain enteric pathogens are a source of considerable personal and societal distress in the developed world. Witness the impact of *Clostridium difficile* on hospitals and health care facilities in the West, compounded by the emergence of resistant and virulent strains and by the ability of this bacterium to precipitate relapse of inflammatory bowel disease. The contrast between Western and non-Western experiences with a given disease entity was placed in sharp focus by a presentation on the

global impact of *Helicobacter pylori*; a fading memory in the West but whose prevalence still exceeds 80% in many non-Western countries where gastric cancer is still a major issue.

Education and training sit firmly at the core of WGO's mission; a special symposium addressed core topics in this area: trial design, the use and abuse of evidence-based medicine, publication, guideline generation and the impact of a WGO training center.

Overall this first regional meeting co-organized by the TSG and the WGO indicated that such meetings provide a unique opportunity to explore what is similar and what is different in disease prevalence, diagnosis and management in various corners of our world; from such interactions we all have much to learn.



The Iraq Initiative



Syed Saeed Bokhari, MD, FACC

Advisor for Communications and Public Relations
Imamia Medics International
Digestive Diseases Consultants/ Center for Digestive Health
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Imamia Medics International (IMI) introduced the "Iraq Initiative" in July, 2009. Several medical specialists were sent to Iraq to assess needs and develop programs to help Iraqis with their health care needs. Dr. Syed Saeed Bokhari (USA) was one of the delegates evaluating the gastroenterological facilities in Karbala, Najaf and Hilla in Southern Iraq. While the GI Units in Najaf and Hilla were relatively well appointed, the GI Unit in Karbala was poorly equipped, lacked endoscopic accessories and had no infection control protocols. Most procedures were being done with inadequate or no sedation and non-existent post procedure recovery. It was rather disturbing to see such a substandard facility and primitive conditions in a major department of Imam Hussain Teaching Hospital attached to The University of Karbala.

Some of the health care challenges faced by Iraqis in general include the following:

- 1) Organizational infrastructure
- 2) Quality control parameters
- 3) Modernization of facilities
- 4) Updating the educational curriculum
- 5) Data collection
- 6) Preventive health care
- 7) Non-availability of equipment and pharmaceuticals
- 8) Inadequate nursing care

These challenges seemed to manifold worse in the Karbala GI Unit. With the objectives to improve and enhance quality, a proposal to adopt this unit was approved by IMI. A five year development plan was suggested to purchase new endoscopes and the accessories, develop Quality Improvement policies, refurbish physical facilities, promote infection control mechanisms and develop sedation protocols. Additionally, education and hands-on training for physicians and nurses was suggested.



Renovated GI center in Najaf, Iraq, 2011

A second visit to Iraq was undertaken in May 2010. Dr. Fayez Sandouk (Syria), Dr. Makki Fayadh (UAE) and Dr. Altaf Baqir Naqvi (Pakistan) joined Dr. Bokhari on this trip. Although some improvements based on our previous recommendations were noted, a lot of work was still needed. Many meetings with persons of authority in the Iraqi Health Estab-

lishment and other civil administrators were undertaken. These meetings proved to be extremely useful to further our objectives. During all of our visits, continuing educational opportunities were also provided by participating in seminars, lectures, patient consultations, endoscopic hands-on training and interactions



Dr. Bokhari teaching ERCP in Najaf, 2009

with medical students.

During the third IMI visit to Iraq in April, 2011 by Dr. Sandouk and Dr. Bokhari, very significant improvements in the infrastructure were noted. The Najaf and Karbala Units had been completely renovated. Karbala GI Unit had purchased new Pentax-HD endoscopes, GE C-Arm, X-ray capable operating table, ultrasonic scope cleaners and new scope cabinets. The Najaf GI unit had added Spy-Glass Cholangioscopy equipment, Argon Plasma Coagulation, 24HR Ambulatory PH monitor and Esophageal Manometry to their facility. Very significantly, an anesthesiologist for sedation was present in the endoscopy suites. A new awareness for infection control was noticeable, and post procedure recovery was in place. Before our trip to Iraq, Dr. Sandouk had invited physicians and nurses from the Karbala Unit to visit his endoscopy center in Damascus for



IMI delegates at Imam Hussain Hospital Karbala, Iraq, 2009



The new scope storage room in Karbala GI center, 2011

training and education, which greatly enhanced their skills. During all of these visits, numerous endoscopic accessories brought from the USA have been donated, thereby greatly improving diagnostic and therapeutic capabilities of the Iraqi endoscopists.

Now that the infrastructure appears to be in place, we need to work on development of protocols, policies and quality improvement activities. Several Guidelines by The American Society for Gastrointestinal Endoscopy (ASGE), The American College of Gastroenterology (ACG) and the World Gastroenterology Organisation (WGO) have been provided to the Karbala GI Unit. It is our hope that these documents will be translated into Arabic so that they become accessible to all those needing them. Continuing educational opportunities with National and International GI Societies need to be encouraged. Finally, the local GI Societies need to form liaisons with their counterparts overseas.

Such remarkable changes taking place in Iraqi GI would not have been possible without the dedication of so many who volunteered their time, resources and talents for this project. Despite all odds, the Iraqi people are extremely resilient and very capable and receptive to positive changes taking place in their health care system. Only some thirty odd years ago, Iraq took pride in having one of the best health care facilities in the region. However, wars, embargoes, corruption, and inept policies devastated a very efficient and modern health care system bringing it to the brink of disaster. The remarkable zeal and fortitude of the Iraqis is a guarantee for growth and promises even more improvements in the future. We are very fortunate to have been partners with our Iraqi counterparts in witnessing this improvement and have a firm commitment to a truly remarkable change taking place.

We would like to acknowledge the help of Cook Medical, Boston Scientific, US Endoscopy and Olympus for donating endoscopic accessories and Riverside Medical Center, Kankakee, Illinois, USA for partly funding the mission in 2009. Lastly we would like to thank Dr Fayez Sandouk for his unrelenting enthusiasm, dedication and leadership in making this project meet its objectives.

About IMI

Imamia Medics International (IMI) is a global medical professional organization incorporated in the United States in 1994 and accredited by the United Nations Department of Public Information in 2000. IMI also holds Special Consultative Status with the United Nations Economic and Social Council (ECOSOC), granted in 2006. IMI's activities range from professional educational programs, community based clinics, vaccination programs, maternal and child care programs, health missions, disaster relief operations and international health policy work at the UN and similar agencies.



APDW 2011: A Major Scientific Gathering of the Digestive Community

Contributed by: APDW 2011 Congress Secretariat



Participants at APDW 2011 register for the meeting, 1-4 October, in Singapore

The Asian Pacific Digestive Week (APDW) 2011 was held from 1–4 October in Singapore at Suntec Singapore International Convention and Exhibition Centre. This year's conference attracted more than 2,400 participants with a record high number of 877 abstract submissions. Over 200 faculty from the region and

beyond were invited to share their valuable insights and knowledge.

There were a total of 777 accepted posters and the poster presentation was held across three days of the conference. Participants could tour around the poster area, interacting with the poster presenters while having coffee and tea breaks.

1 Oct 2011, Pre-Conference Day

Four concurrent sessions were held in Suntec Singapore and the National University Hospital:

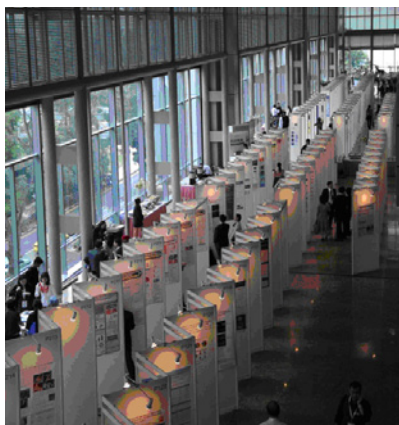
- (1) The APDW Postgraduate Course, which featured 4 major topics of discussion covering Upper GI, Liver, Pancreatobiliary and Lower GI, saw an attendance of 135 participants.
- (2) The World Endoscopy Organization (WEO) Postgraduate Endoscopy Course provided a comprehensive full-day session with more than 10 international speakers presenting on a wide ar-

ray of endoscopy related topics.

- (3) The half-day Nursing Workshop focused on the latest trends in endoscopy procedures, and attendees also had the opportunity to interact with the speakers who were expert nurses.
- (4) One of the major highlights during APDW 2011 was the Hands-On Workshop in Therapeutic Endoscopy with Animal Models, held in the Advanced Surgical Training Centre (ASTC), National University Hospital. This workshop was a first amongst all APDW's held and was successfully led by Dr. Bhavesh Doshi and Dr. Asim Shabbir. Simultaneous stations were set up ranging from Symbionix endoscopic simulators, animal tissue models and Live Animal models, which enabled attendees to experience real case scenarios.

2 October 2011, Conference Day 1

The first day of the conference started off with the plenary session – JGHF Okuda Lecture by Professor Masashi Mizokami from the National Center for Global Health and Medicine, Ichikawa. He spoke on Optimizing Treatment for Chronic Hepatitis C – Incorporating Pharmacogenetics into Clinical Practice. State of Art lectures and concurrent symposia sessions were held throughout the day. A/ Professor Ramnik Xavier from Boston presented on Genetics, Biology and Microbiome in Inflammatory Bowel Disease; Professor Hisao Tajiri spoke



A total of 777 posters were accepted and exhibited



Delegates listening attentively to the presentation of Prof. Masashi Mizokami during the JGHF Okuda Lecture

on Endoscopy Imaging – Past, Present, Future; the session on Irritable Bowel Syndrome – An Insight into the Future saw Professor Nicholas Talley share his views and insights.

Held concurrently with main sessions was the Live Endoscopy Workshop. This workshop featured a world-class cast of experts in their respective fields to demonstrate practical points in the performance of endoscopic imaging and therapeutic endoscopy. Advanced and mid-level procedures were demonstrated, moderated by a panel of regional experts. The Live Endoscopy Workshop was one of the most well received sessions in the conference and many participants provided positive feedback on the cases presented.

The Opening Ceremony and Welcome Reception took place in the evening. The Minister for Health, Singapore, Mr. Kim-Yong Gan, officiated the conference and this was followed by a tour around the exhibition area accompanied by Presidents of the organizing associations.

3 October 2011, Conference Day 2

Day 2 of the conference began with the plenary session – JGHF Marshall & Warren Lecture, delivered by Professor Francis Chan from Hong Kong. He talked about Anti-platelet Therapy and Managing Ulcer Risk. Dr. Manoj Sharma who spoke for the JGHF Emerging Leadership Lecture touched on Chronic Hepatitis B Infection and Normal ALT: Treat or Not to Treat?



During the opening ceremony of APDW 2011. (From left) Dr. Christopher Khor, President of GESS and Vice President of APDW 2011; A/Prof. Choon-Jin Ooi, Co-President of APDW 2011; Prof. Eng-Kiong Teo, President of APDW 2011; Prof. Khean-Lee Goh, President of APAGE; Prof. William Chao, President of APSDE; Mr. Kim-Yong Gan, Minister for Health of Singapore; Prof. Kwong-Ming Fock, President of APDWF; Prof. Chung-Mau Lo, Past President of ISDS; A/Prof. Seng-Gee Lim, President of APASL 2013.

In the evening, all faculty were invited to the Faculty Dinner sponsored by Pentax. The organizing committee hosted nearly 200 faculty at 1-Altitude, the highest rooftop bar in the world. Before dinner began, all guests enjoyed the drinks and the breathtaking panoramic view while networking with friends and colleagues.

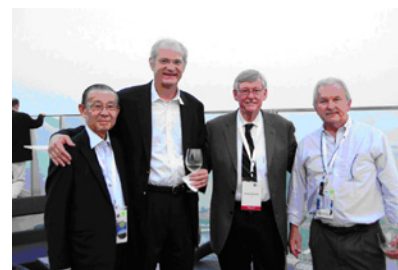
4 October 2011, Conference Day 3

The plenary lecture on Day 3 of the conference was presented by the Seah Cheng Siang Memorial Oration, featuring Professor Wan-Cheng Chow who shared on Coping with the Evolving Epidemiology of Liver Diseases in Asia: From Viral Hepatitis to NAFLD – the Outcome of Our

Socioeconomic Success?

During the JGHF Emerging Leadership Lecture 2, Dr. Ping-I Hsu from Taiwan shared his findings on A New Look at Antiplatelet Agent-Related Peptic Ulcer: An Update of Prevention and Treatment. The President of APDW 2011, Professor Eng-Kiong Teo, chaired the session and announced the winner of the Young Investigator Award (YIA) – Dr. Lee-Guan Lim from Singapore.

The organizing committee would like to express their greatest appreciation to all sponsors and exhibitors who provided tremendous support to APDW 2011, and not forgetting the participants from all over the globe, for making the conference a major success.



Gathering on the rooftop bar of 1-Altitude. (From left) Prof. William Chao (Hong Kong SAR), Dr. Robert Hawes (Charleston), Dr. Richard Kozarek (Seattle) and Dr. Glen Lehman (Indianapolis)

The Latest News in WGO Global Guidelines and Cascades



A Resource Sensitive Solution

The WGO Guidelines Committee is pleased to announce an exciting end to 2011, and an eventful 2012 to come. Many of the WGO Global Guidelines and Cascades have recently been updated, and are ready to be released.

Probiotics

The first update released just weeks ago is the Probiotics-Prebiotics

Download the Probiotics-Prebiotics Guideline now!

Guideline, chaired by Professor Francisco Guarner, Spain. This guideline features two important tables: Evidence-based pediatric indications for probiotics and prebiotics in gastroenterology and Evidence-based adult indications for probiotics and prebiotics in gastroenterology, and includes opinions and representation from Pakistan, Israel, South Africa, Austria, Canada, India, Turkey, South Korea, France, The Netherlands, along with outside experts from Uruguay, Argentina, Canada, Ireland, the USA and Poland.

Obesity

The Obesity Guideline is set to be released very shortly, and will now have an entirely new chapter focusing on the elderly. Professors Jim Toouli and Lisbeth Mathus-Vliegen have summarized the state of this art in the work up and treatment of this worldwide growing medical problem which now has become a major issue also in developing countries. Obesity in the elderly is an underestimated problem which deserves better recognition

and appropriate actions. The different treatment options in relation to available resources are summarized to achieve a better care of obese patients around the world.

NASH

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

Celiac Disease

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

Acute Diarrhea

The Acute Diarrhea Guideline, led by Professor Michael Farthing, now fea-

tures specific information on pediatric aspects of acute diarrhea. This aspect has been built by special advisor Dr. Mohammed Abdus Salem of the ICDDR-Bangladesh. The guideline has a cascade for acute, severe, watery diarrhea – cholera-like with severe dehydration. There is also a cascade for acute, mild/moderate, watery diarrhea – with mild/moderate dehydration and, finally, the guideline has a 3rd cascade for acute bloody diarrhea – with mild/moderate dehydration.

WGO is also pleased to announce that the Guideline homepage will soon be available in Mandarin and Russian, so watch future issues of *e-WGN* as well as the new monthly *e-ALERT* for more news and updates on Global Guidelines and Cascades, and visit <http://www.worldgastroenterology.org/global-guidelines.html> to download any of the WGO guidelines for free, in six different languages including Spanish, Portuguese, English, French, Russian and Mandarin.

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

