

e-WGN

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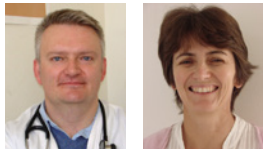
JANUARY 2015

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Brigita Smolović, PhD

Message from the Editors of e-WGN



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In this issue you will find many articles of interest. Our two scientific articles both address viral co-infections. Patients with Hepatitis B and C co-infection and patients with HIV and Hepatitis B or C co-infection have significantly higher morbidity and mortality than those with mono-infection.

The excellent article by Dr. Liu from Taiwan addresses Hepatitis C and Hepatitis B co-infection, which is a major health concern in Southeast Asia. Optimal treatment strategies remain to be developed and the role of new direct-acting antiviral drugs will be important in future clinical trials.

Drs. Spearman and Sonderup from South Africa have written a timely article about HIV infection which is a major health concern in sub-Saharan Africa; in fact they call this the global epicenter as 70% of those infected worldwide live here (even though this is only 11% of the world population). Their article addresses co-infection of HIV with either Hepa-

titis B or Hepatitis C. Here co-infection with Hepatitis B is more common than Hepatitis C. They review treatment strategies and stress the need for affordable and accurate diagnostic tests and availability of affordable and effective therapies.

These two articles will be of great interest to anyone interested in global health—the messages are important to all of us.

Also of interest is an article related to the WGO Global Guideline on common gastrointestinal (GI) symptoms in the community including heartburn, abdominal pain/ discomfort, bloating, and constipation, which was developed in 2013 by a joint committee consisting of GI experts, primary care physicians, and representatives of the International Pharmaceutical Federation (FIP). The World Congress of Pharmacy and Pharmaceutical Sciences, held 30 August – 4 September 2014 in Bangkok, Thailand, provided an opportunity for review of the guidelines with WGO members, and the summary article is very relevant to patient care as well as to

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the topic of self-medication. We thank the colleagues who participated in this collaborative review session.

Finally, you will find wonderful updates from many highly successful meetings including the UEGW in Vienna, and the 20th United Russia Gastroenterology Week in Moscow.

We wish you and your families and friends all the best for a healthy and happy New Year.



World Digestive Health Day 2015

WGO ANNOUNCES THE 2015 WDHD THEME!

The 2015 WDHD theme is “Heartburn: A Global Perspective”. The 2015 campaign will seek to increase general public awareness of the prevention, diagnosis and management of heartburn.

Stay tuned as additional information and materials are made available via the WGO website shortly!

Outcomes and Treatments of Dual Chronic Hepatitis B and C



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ABSTRACT

Dual infection with hepatitis C virus (HCV) and hepatitis B virus (HBV) infection is not rare in either virus endemic areas. In patients dually infected with both viruses, the disease outcomes are usually more severe than those with HBV or HCV mono-infection. For dually infected patients with active hepatitis C, combined pegylated interferon alfa plus ribavirin therapy was effective. During post-treatment follow-up, the HCV response was sustained in 97% of patients. Moreover, the long-term outcomes including the development of HCC and liver-related mortality were improved. However, the optimal treatment strategies for dually infected patients with active hepatitis B or established cirrhosis remain unknown. Finally, the role of new direct-acting antiviral (DAA)-based therapy for the treatment of patients with dual HCV/ HBV infection also remains to be explored in future clinical trials.

Introduction

Usually, patients have chronic hepatitis C virus (HCV) or hepatitis B virus (HBV) mono-infection. However, in areas or countries where hepatitis B virus (HBV) infection is endemic or among subjects at risk of parenteral viral transmission, it is not uncom-

mon to encounter patients infected with both hepatitis B and C viruses¹⁻³. Previous studies already clarified the following issues regarding dual HCV/ HBV infection. First of all, in patients co-infected with hepatitis C and B, the disease manifestations are usually more severe than those with mono-infection⁴⁻⁷. Furthermore, it is important to select the priority virus to be treated in patients with dual chronic hepatitis C/B by chronologically monitoring the viral activity of either one. In dually infected patients with active hepatitis C, pegylated interferon (Peg-IFN) alfa plus ribavirin (RBV) was effective to achieve HCV RNA sustained virologic response (SVR)⁸; and the durability of HCV SVR was maintained in 97% during post-treatment 5-year follow-up study⁹. Moreover, using Peg-IFN-based therapy, HBsAg seroclearance was documented in 5.4% of dually infected patients per year. Finally, apart from the short-term control of viral infection, a population-based study has demonstrated that the use of Peg-IFN plus RBV combination therapy significantly reduced the risk of hepatocellular carcinoma (HCC) development, liver-related mortality, and all-cause mortality¹⁰.

Clinical outcomes of dual chronic hepatitis C and B are usually worse

Several hospital or community-based studies demonstrated that in patients co-infected with chronic hepatitis C and B, the disease outcomes are usually worse than those with either chronic HCV or HBV infection¹⁻⁷. Patients with HCV/ HBV co-infection may exhibit various fluctuating virological profiles; basically HCV and HBV can alternate their dominance during long-term follow-up. In Italy, a longitudinal follow-up study revealed the patterns and dynamics of virological dominance in these cases¹¹. Of 103 untreated HBV/ HCV coinfecting patients, active infection with HBV and HCV was revealed in 24 (23%) cases, inactive infection of both viruses was seen in 15 (15%) cases, active HBV and inactive HCV infection was seen in 15 (15%) cases, and active HCV and inactive HBV infection was found in 49 (48%) cases. During one year follow-up, fluctuation of HBV and/ or HCV viremia levels was documented in 32 subjects (31%). Based on these findings, careful evaluation of serum HBV DNA and HCV RNA levels is essential before the diagnosis of the viral dominance which will influence the therapeutic strategies in the co-infected patients.

Determine the dominant virus(es) to be treated

Active hepatitis C is found in at least 50% of dually infected patients¹¹. Moreover, HCV can be successfully eradicated in at least 50% of patients with chronic HCV mono-infection using combination therapy of Peg-

IFN and RBV worldwide³. Therefore, HCV seems to be the priority target to be managed in dually infected patients with active hepatitis C.

Treatment of hepatitis C in dual HCV/HBV patients with active hepatitis C by Peg-IFN and ribavirin:

In the treatment of patients with HCV mono-infection, Peg-IFN in combination with RBV remains the standard of care in many Asian Pacific countries. Our multicenter trial data demonstrated the efficacy of treatment of dually infected patients through Peg-IFN plus RBV⁸: for genotype 1 infection, HCV SVR rate was 72.2% in dually infected patients and was 77.3% in mono-infected patients; for genotype 2/3 infections, SVR rate was 82.8% in dually infected patients and 84.0% in mono-infected patients.

Durability of HCV responses post-treatment

Hepatitis C virus may reappear in 0.9–10% of chronic hepatitis C mono-infected patients achieving initial HCV SVR. To clarify this issue, the durability of HCV SVR in the dually infected patients was investigated by a 5-year follow-up study⁹. Our results revealed that after a median follow-up of 4.6 ± 1.0 years, only 6 (2.6%) of the 232 patients achieving SVR developed HCV RNA reappearance. Our data suggested that the HCV SVR was durable in dually infected patients receiving Peg-IFN alfa and ribavirin combination therapy.

Clearance of HBsA and HBV reactivation

HBsAg clearance at 6 months after end of therapy was found in 18 (11.2%) of the 161 dually infected patients. During 5-year post-treatment follow-up, the rate of HBsAg seroclearance was 5.4% per year, reaching 30% at the end of follow-up^{9,12}.

Potential risk for reactivation of HBV DNA during or after treatment of chronic hepatitis C is a major clinical concern for in HCV/HBV dually infected patients². In our treatment cohort of 76 patients with pre-treatment serum HBV DNA <200 IU/mL, reappearance of HBV DNA was found in 47 (61.8%) patients⁹. Therefore these patients should be monitored regularly and prompt anti-HBV therapy should be implemented if clinically indicated.

Improvement of long-term outcomes post-treatment

Whether Peg-IFN and ribavirin combination therapy could reduce the risk of HCC or improve survival in HCV/ HBV dually infected patients was evaluated in a large population-based cohort from Taiwan¹⁰. We examined the risk of HCC, mortality, and adverse events in 1,096 treated and 17,562 untreated HCV/HBV dually infected patients. After adjustment, combination therapy significantly reduced the risk of HCC (hazard ratio [HR] 0.75, 95% confidence interval [95%CI] 0.58–0.96), liver-related mortality (HR 0.45, 95% CI 0.35–0.57), and all-cause mortality (HR 0.39, 95%CI 0.32–0.48). Nevertheless, the underlying HBV infection was still a risk factor for HCC and mortality after treatment. Our data demonstrated that combination therapy in addition to control of HCV activity in the short-term, also decreased the risk of developing HCC and improved survival in HCV/HBV dually infected patients¹⁰.

Summary and future directions

HCV and HBV co-infection is not uncommon in areas endemic for HBV infection and among subjects at risk of parenteral transmission. Thorough serological and virological examinations are required to determine the viral dominance as well as to determine the optimal antiviral regimen before the

start of anti-viral therapy. For dually infected patients with active hepatitis C, genotype-dependent treatment recommendations for single chronic hepatitis C can be applied^{13–15}. However, for dually infected patients with active hepatitis B or with established cirrhosis, the optimal regimens await further studies. The clinical application of new DAA-based triple therapy in this population also remains to be clarified.

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HIV/HBV and HIV/HCV Co-infection in Sub-Saharan Africa: Transmission, Disease Outcomes, and Treatment Options



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Introduction

Liver disease, particularly in the post antiretroviral era of HIV/AIDS, has emerged as a major cause of morbidity and mortality in Hepatitis B (HBV) or Hepatitis C (HCV) co-infected patients¹⁻⁴.

Sub-Saharan Africa, an epicenter of HIV infection, comprises 11% of the global population, but 70% of those infected with HIV. This translates to 24 million HIV infected individuals in a region that is simultaneously highly endemic for hepatitis B with an estimated >8% population prevalence or some 65 million people. The population prevalence data for hepatitis C is limited for most sub-Saharan African regions, however it is estimated that almost 30 million are infected. In contrast to developed countries, HBV co-infection outnumbers HCV co-infection in sub-Saharan Africa and probably reflects the low prevalence of injecting drug use (IDU). Rates of co-infection with hepatitis B of up to 36% are reported with the highest rates recorded in West and Southern sub-Saharan Africa⁵.

Transmission and acquisition of HIV, Hepatitis B and Hepatitis C in sub-Saharan Africa

In sub-Saharan Africa, HIV and HBV transmission occurs mostly independent of each other with HBV infections usually occurring via horizontal transmission before the age of 5 and HIV heterosexually acquired during adulthood. However, HIV and hepatitis B may share routes of acquisition in neonates as a result of perinatal mother-to-child transmission. Maternal HIV infection increases mother-to-child transmission up to 2.5 fold as HIV promotes Hepatitis B replication and HIV/HBV co-infected mothers are more likely to be HBeAg positive and are thus potentially more infectious leading to increased perinatal transmission risk⁶.

As opposed to IDU, the predominant mode of HCV transmission in sub-Saharan Africa is thought to be iatrogenic via inadequate screening of blood products or the reuse of syringes in health care facilities. Although HIV is thought to increase the risk of vertical HCV transmission

2.8 fold, studies suggest low rates of <5% vertical HCV transmission in sub-Saharan Africa^{7,8}.

Hepatitis B and Hepatitis C genotype distribution

Genotypes A, D and E are the predominant hepatitis B genotypes in Africa. Genotype A accounts for up to 90% of HBV infections in southern, eastern and central Africa with genotype E occurring in West Africa. Genotype D occurs mainly in North Africa⁹. Genotype A predisposes to chronicity with an elevated risk of hepatocellular carcinoma, but is also more responsive to alpha-interferon treatment. Genotype D is associated with reduced response rates to alpha-interferon and with acute infection, is associated with an increased risk of fulminant hepatitis.

Hepatitis C Genotypes 1, 2, 4 and 5 have endemic origins in Africa. Hepatitis C Genotypes 1 and 2 occur throughout Africa with Genotype 4 occurring in Egypt and parts of Central Africa. Genotype 5 occurs in Southern Africa and less commonly, in some parts of Central Africa.

Outcomes of HIV/HBV and HIV/HCV co-infection

HIV promotes chronicity of infection, liver fibrosis and increases the risk of hepatocellular carcinoma in both chronic hepatitis B and C, particularly in the clinical setting of low CD4 counts¹⁻⁴.

HIV co-infection augments the risk of reactivation or sero-reversion of hepatitis B. In adult-acquired hepatitis B infection, concurrently acquired or existing HIV infection increases

the risk of fulminant hepatitis. Occult hepatitis B is also more prevalent in HIV infected people and HCC occurs at a younger age and is more aggressive^{10,11}.

HIV/HBV co-infected individuals have higher HBV DNA levels and liver-related mortality from chronic hepatitis B was increased in the pre-HAART era (RR of liver death 17.7 in co-infected compared to mono-infected individuals)¹².

Liver-related mortality is twice as high for chronic hepatitis B co-infected as for chronic hepatitis C co-infected individuals. A CD4 count of <200 cells/mm³ is associated with a 16.2 fold increase in risk of liver-related death compared to a CD4 count of >350 cells/mm³¹³. Additionally, a potential association with adverse HIV outcomes in HBV co-infected individuals was demonstrated in the SMART study where HIV associated immune deficiency was enhanced by active HBV replication¹⁴. Also, an HBeAg positive status has demonstrated an association with a slower virological response to HAART, compared to an HBeAg negative status¹⁵. However, no long-term effect on clinical HIV outcome has been demonstrated in co-infection.

Management of HIV/Hepatitis B and HIV/Hepatitis C co-infection

Ideally, all HIV positive patients must be screened for HBsAg and hepatitis C antibody using existing HIV diagnostic infrastructures. However, there is limited infrastructure for molecular virology in sub-Saharan Africa and screening tests are costly. In order to correctly diagnose and manage HIV co-infections, there is a need for affordable, sensitive and specific point-of-care testing for HIV, HBV and HCV. Here, the need for WHO pre-qualified diagnostic tests to be approved and available is crucial.

Advocacy for the screening of mothers for HIV, hepatitis B and hepatitis C with initiation of appropriate anti-retroviral therapy, mother-to-child prevention therapy together with a birth dose of HBV vaccination, would significantly assist in decreasing the neonatal and infant transmission of HIV and HBV.

A meta-analysis of 550 HIV/HBV co-infected patients confirmed that Tenofovir suppresses HBV to undetectable levels in the majority of HBV/HIV co-infected patients with the proportion fully suppressed continuing to increase with time on treatment. Prior treatment with Lamivudine or Emtricitabine does not alter the efficacy of Tenofovir treatment¹⁶. The fixed dose combination once daily therapy of Lamivudine or Emtricitabine, Tenofovir and Efavirenz is easy to administer and benefits adherence, an essential factor for viral suppression. The immune reconstitution syndrome, following the initiation of HAART, can lead to potentially life-threatening flares of hepatitis B, especially in individuals with low CD4 counts. Cirrhosis risk in HBV co-infected individuals virally suppressed on Tenofovir-based HAART is low¹⁷.

Peg-Interferon and Ribavirin treatment can be considered in HIV/HCV patients with CD4 counts of >500 cells/mm³, however, given the need for intensive monitoring, risk of adverse effects, cost and lack of availability, it is not appropriate for many regions in sub-Saharan Africa. The new era of all oral Direct-Acting Antiviral (DAA) therapy for hepatitis C is the ideal for sub-Saharan Africa. Pan-genotypic combination DAA therapy with high efficacy requiring a minimum of diagnostics and monitoring, would allow for simpler management of co-infected patients without the requisite need for complex diagnostics. The PHOTON-1

study has demonstrated efficacy for Sofosbuvir, a pan-genotypic NS5B polymerase inhibitor plus Ribavirin given for 12-24 weeks to HCV genotype 1-3 co-infected patients, all of whom were on stable HAART therapy. Sustained virological response (SVR) rates ranged from 76-94%¹⁸. Improved efficacy approaching 100% SVR rates has been demonstrated with other pan-genotypic DAAs such as the NS5A inhibitor, Daclatasvir in combination with Sofosbuvir. The challenge will be the accessibility and affordability of these therapies.

The phenomenal success in upscaling HAART in sub-Saharan Africa has provided the model as to how this can be achieved and access to therapies for hepatitis C should follow similar principles.

Conclusion

Liver disease due to chronic hepatitis B and C is a significant cause of morbidity and mortality in HIV infected individuals. Early diagnosis of co-infections, initiation of HAART at CD4 counts ≥ 350 cells/mm³ and the effective treatment of hepatitis C are essential to prevent liver disease.

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G20 Done. Brisbane Gets Ready for G15!

The world spotlight was on Brisbane, Australia this month with the G20 Leaders Summit. In September 2015, world leaders of a different kind will be gathering in the same city. You're invited to join them by booking your seat for Gastro 2015.

Professor Jim Toouli, President of the World Gastroenterology Organisation (WGO) said he hoped the recent focus on Brisbane would inspire delegates to experience the host city of the G20 through Gastro 2015.

"This major international gastroenterology conference will be held at the Brisbane Convention and Exhibition Centre, the same venue as the G20, from 28 September – 2 October, 2015. Delegates will have the opportunity to learn, collaborate and enjoy the unique cultural experiences Brisbane has to offer," he added.

"We'll do more than have a 'chin-wag' and there will be plenty of time to relax with a XXXX beer, enjoy our beaches, explore the natural wonders

gastro

AGW-WGO International Congress **2015**



of the Great Barrier Reef or cuddle koalas. Like the G20 leaders, we'd encourage all delegates to experience an Aussie BBQ and finish it off with a pav!" said Jim.

Gastro 2015 will also be providing much food for thought by some key speakers:

- **Professor Sir Ian Gilmore**, Professor of Medicine, University of Liverpool, UK. A leading advocate in public health issues, he is President of the British Society of Gastroenterology, Leader in

training for Gastroenterology, and Chair of the UK's Alcohol Health Alliance.

- **Professor Jack Di Palma**, Professor of Medicine, University of South Alabama College of Medicine and Director of the USA Digestive Health Center. He is a major contributor to endoscopic practices and training.
- **Professor Chris Mulder**, VU University Medical Centre, the Netherlands. He is a renowned specialist with major contributions to GI oncology, with a special interest in celiac disease, short bowel disorders, Zenker's Diverticuli, Crohn's Disease and the effect of gluten free diets.
- **Professor Eamonn Quigley**, Houston Methodist Hospital and Weill Cornell Medical College, US. He is Past President of both the WGO and American College of Gastroenterology and currently Chairs the WGOF and is a leader in probiotics research and irritable bowel disorders.
- **Dr. Nageshwar Reddy**, India, is the World Endoscopy Organisation Chairman and Chairman of the biggest gastroenterology hospital in the world – the Asian Institute of Gastroenterology. Dr.

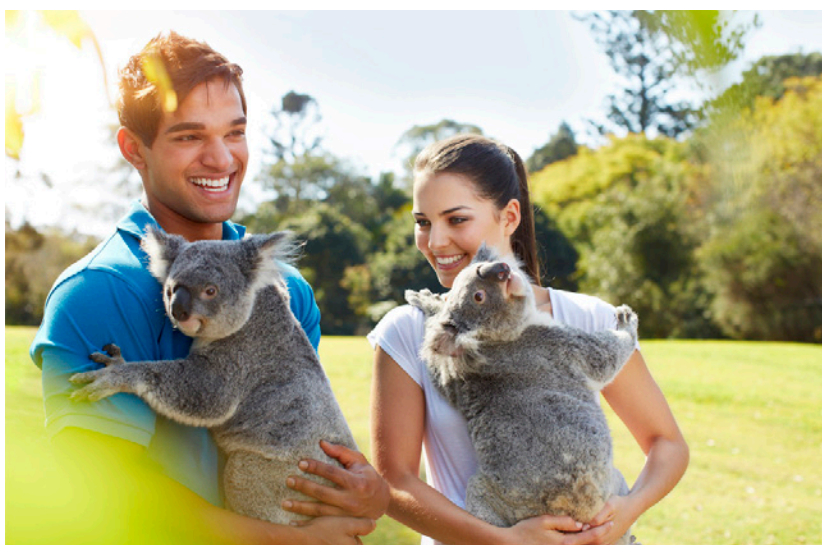


Image courtesy of Brisbane Marketing.

Reddy received the WGO's highest honour - the Master of WGO Award in 2013.

- **Dr. Roque Saenz**, Chile, is Chief of Gastroenterology at Universidad del Desarrollo (University for Development) in Santiago and a leader in endoscopic training and interventional ERCP.
- **Dr. Jean-Christophe Saurin** is Secretary General of the French Society of Gastroenterology. He boasts formidable contributions, including capsule, therapeutic and diagnostic endoscopy and molecular biology of colorectal cancer.
- **Professor Jaw-Town Lin** is Professor Emeritus, National Taiwan University and Chair Professor, Fu Jen Catholic University, Taipei. He is a notable researcher in *H pylori* and gastric cancers.

For the first time, Gastro 2015 combines the Gastroenterological Society of Australia's (GESA) highly successful annual conference - Australian Gastroenterology Week - with the WGO International Congress.

"Registrations for Gastro 2015 open in December and we encourage delegates to register early so they can start planning to make the most of their Brisbane and Australian experience," said Jim.

"We recognise that travel distances to Australia can be great, however in turn, we will be doing our best to ensure your trip will be rewarding and memorable," he added.

To learn more, visit:
www.gastro2015.com

For further information please contact:

Maria Padua: mariapadua@bigpond.com or +61 2 9554 8057

Jeanne LaBash-Lewis: jeanne@growingdaily.com.au or +61 2 9126 9223



Image courtesy of Brisbane Marketing.



Brisbane Queensland, Australia | 28 September - 2 October 2015

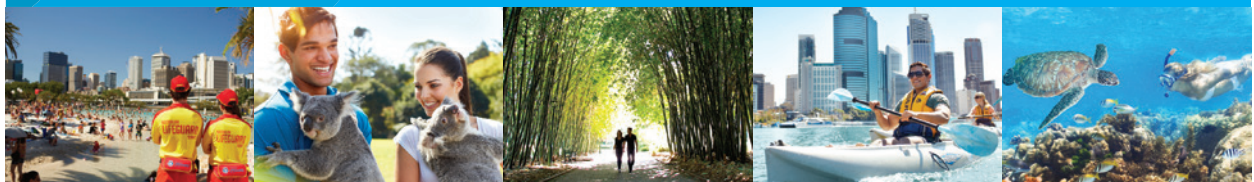
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Summary of our World Digestive Health Day Event, “Human Gut Microbiota in Health & Disease”



Brigita Smolović, PhD

Associate Professor
Gastroenterohepatologist, Faculty of Medicine
Podgorica; Clinical Center of Montenegro
Podgorica, Montenegro

The Gastroenterohepatology Association of Montenegro celebrated World Digestive Health Day 2014 on 26 September. The theme was “Human Gut Microbiota in Health & Disease.”

The symposium was held in Podgorica, the capital of Montenegro and featured two lectures.

Lectures were given by Associate Professor Brigita Smolović (Faculty of Medicine in Podgorica) on “The Gut Microbiota in Health & Disease” and Professor Dr. Srdjan Djuranovic (Faculty of Medicine in Belgrade) on “The Gut Microbiota - View of the Future.” The event was attended by doctors and pharmacists alike, totaling about 120 people. The gastroenterologists in attendance actively participated in the discussion. They are committed

to continuing work on the education of doctors in their community on the importance of maintaining a healthy microbiota.

The conference was attended by representatives of the medical journal “*MEDICAL*.” A report from the meeting with pictures was published in the October issue of the journal.

Two main areas of interest were the microbiota and probiotics.

Microbiota:

It was pointed out that the intestinal microbiota has long been a neglected area, but recently more and more attention is paid to macrobiotic host:

Microbiota is very important for the functioning of the health and



maintenance. The mere colonization of the intestinal microbiota begins at birth, and species colonization depends on the mode of delivery, whether vaginal or cesarean section. After that, breastfeeding is very important for the colonization of microbiota; this is important today because the number of women who breastfeed is declining, and many are not aware of how breastfeeding reduces the risk of atopic dermatitis and allergies in later life.

The functions of gastrointestinal microbiota are divided into metabolic, protective, and trophic.

It is very important to maintain a balance that is essential to health and to prevent dysbiosis, the condition in which the number of bad bacteria overcomes the number of friendly bacteria.

There are many factors that lead to dysbiosis; most commonly affected by antibiotics, modified food, stress, as well as specific therapy (chemo and radiotherapy). Symptoms are diarrhea, bad breath, indigestion, being in a “bad mood,” and sleep disorders



Attendees at the Montenegrin World Digestive Health Day Event.



Associate Professor Brigita Smolović (Faculty of Medicine in Podgorica).

Probiotics:

Probiotics are live microorganisms that contribute to improving health.

The mechanism of action of probiotic bacteria includes three main elements. The first element is the impact on the intestinal bacteria and establishing a good balance. The second element is immuno-regulation by regulating levels of cytokines and interleukins (proinflammatory substances that are found not only in the digestive tract, but also in the whole organism). The third element is the increase in mucus production;

increased opportunities to have a protective layer of mucous membranes in the digestive tract is very important in all parts of the digestive tract.

There are more possible indications for the use of probiotics: acute viral gastroenteritis, antibiotic-associated diarrhea, irritable colon, pouchitis, and traveler's diarrhea. Antibiotic-associated diarrhea can occur during, and sometimes more than two months after the administration of antibiotics. Almost all antibiotics influence this phenomenon, especially those that work on anaerobes. The difference in the mode of administration of antibiotics has virtually the same risk; whether used orally or parentally. There are two factors that can be considered upon the occurrence of antibiotic-induced diarrhea: a factor of antibiotics and the host.

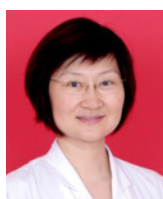
Nine randomized studies found that those who took probiotics have significantly less antibiotic-induced diarrhea compared to those taking a placebo, but a lot of study is needed in order to form a clear recommendation for their use in combination with antibiotics.

In the conclusion of the symposium we were told that probiotic preparations will not be able to cure all, but we are sure that some of these indications will be like space in the future, which will of course be the subject of research and thinking. And we really like that probiotics will be the drugs of the 21st century, because microbiology and antibiotics were major in medicine of the 20th century. The future has already begun!!



Professor Dr. Srdjan Djuranovic (Faculty of Medicine in Belgrade).

Gut Microbiota is Booming in GI Congress of China



Ye Chen, MD, PhD

Vice Chairman of the Youth Committee of CSG
Division of Gastroenterology
Nanfang Hospital of Southern Medical University
Guangzhou, China



Yunsheng Yang, Professor and MD

President of the Chinese Society of Gastroenterology (CSG)
Chinese PLA General Hospital
Beijing, China



The opening of CGC 2014 on November 1st in Chongqing, China.

The Congress of Gastroenterology China 2014 (CGC 2014) was hosted by the Chinese Society of Gastroenterology (CSG) in Chongqing, China from October 31 to November 2. Over 5,000 participants attended the meeting. During this annual national event, the CSG Committee of Gut Microbiota organized a special symposium to cover the important research, progress, and perspective on gut microbiota. Twenty speakers from China presented lectures on current highlight topics, such as the bioinformatics for gut microbiota, fermentation of gut microbiota, gut microbiota in gastrointestinal (GI) diseases, the effects of diets, drugs and

probiotics on gut microbiota composition, and fecal microbiota transplantation (FMT) for inflammatory bowel disease (IBD) and constipation, FMT safety and standardization, etc.

Professor Yunsheng Yang, President of the CSG, gave a keynote speech about the strategy and perspective of gut microbiota research in translation and practice. Dr. El-Omar, editor in chief for *Gut*, introduced the essential abstracts about microbiota from the United European Gastroenterology Week (UEGW) 2014. Dr. Magnus Simrén, Sweden, spoke about intestinal microbiota in irritable bowel syndrome (IBS). The attendees participated in the exciting discussions.



A variety of methods have been used as tools for studying gut microbiota. Bacterial cultures have a limited role in gut microbiota research. Though the 16srRNA sequencing has been widely used for gut microbiota, the exploration of next-generation sequencing technology and the metagenomics was concerned and discussed. Meanwhile, gut fermentation (GT) technology was introduced. As shown in *in vitro* models, GT can be used for further investigations on gut microbiota. FMT has also been seriously concerned and fiercely debated; this traditional Chinese medicine, which can be traced back about 3,000 years, has regained its new vitality. Dr. Yunsheng Yang's team in Beijing, Dr. Faming Zhang from Nanjing and Dr. Yongzhan Nie from Xi'an, reported their results of FMT treatment on refractory IBD and intractable constipation. They also introduced their experiences of donor screening procedure, stressed FMT safety, and disagreed with Home-FMT without medical monitoring. Through these introductions and group discussions, most of the participants agreed that FMT treatment is generally safe and effective for *Clostridium difficile* infection (CDI), it may have potential risks (e.g., undetectable/occult pathogen infections) and undetermined long-term effects. They considered

that “Home-FMT treatment” is not mature enough to be extensively promoted. Experts have arrived at agreements that: objective/effective assessment systems and the accepted guidelines remain to be determined, and it is essential to further determine and improve the standardized procedures for diagnosis and treatment of gut dysbiosis. Clinical trials on FMT treatment should investigate efficacy and safety. In the future it will be important to establish international/domestic criteria for indications for FMT and recruitment and testing of healthy donors.



Participants listening to a lecture at CGC 2014.



Distinguished Guests and Speakers at CGC 2014.

Global Efforts to Advance Gastroenterology Earns Henry Cohen, MD, FACG the 2014 ACG International Leadership Award

Described by a colleague as a tour de force in Latin America in the development of various educational programs for training junior faculty, ACG is proud to honor Dr. Henry Cohen with the 2014 ACG International Leadership Award. As an educator and researcher, Dr. Cohen has more than 250 presentations, lectures, papers or books presented or published in more than 30 countries throughout Latin America, North America, Europe, Asia, the Middle East, and Africa. Presently, Dr. Cohen is Professor and Chair of the department of gastroenterology at the University of Uruguay in Montevideo and is responsible for the training of all gastroenterologists in the country as well as providing direction for all educational and research activities in the nation. Continuing the work of his predecessor, Elbio Zeballos, Dr. Cohen has advanced the development of all aspects of modern gastroenterology in Uruguay and the promulgation of an evidence-based and scientific approach to the practice.

In addition to distinguishing himself as a leader in advancing practice in his country, Dr. Cohen has had even greater influence throughout Latin America and beyond. Among his leadership roles, Dr. Cohen has served as President of the Uruguayan Society of Gastroenterology, promoting engagement of Uruguayan gastroenterology with the rest of the world. Emerging as a true leader of, and advocate for, gastroenterology throughout Latin America, Dr. Cohen has also served as Secretary General of the Inter-American Society of Gastroenterology

(AIGE), helping to initiate scholarships for trainees, and the World Gastroenterology Organisation (WGO), serving as President of the WGO from 2011-2013. His efforts with the WGO have showcased a number of WGO Training Centers and Train the Trainers (TTT) programs, in both English and Spanish, throughout Latin America. In fact, Latin America has hosted more Training Centers and presented more TTTs than any other region in the world. Other leadership roles include President of the Governing Board of Hospital de Clínicas (National University Hospital) and President of the Fundación Manuel Quintela (Foundation related to Hospital de Clínicas). He was also awarded master of American Gastroenterology in 2010, having been nominated by the Interamerican Association of Gastro-

enterology (AIGE), just one of many awards he has earned.

Dr. Cohen has also served in leadership roles with the College having served as a member of the International Affairs Committee and Associate Editor of *The American Journal of Gastroenterology*. Additionally, he has been instrumental creating close ties between the College and the WGO that has led to ACG hosting the 2017 World Congress of Gastroenterology in association with the 2017 ACG Annual Scientific Meeting and Postgraduate Course.

Dr. Cohen is married to Débora and has two children.

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ACG Immediate Past President, Dr. Harry E. Sarles, Jr. with Dr. Henry Cohen, WGO Past President and Chair of Nominations.



Educational Programs

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

Irritable Bowel Syndrome (IBS): What is it, what causes it and can I do anything about it? A Web-Based Educational Program for the General Public

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

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

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

**[Click Here to Begin
Viewing the Webcast!](#)**



This webcast was created thanks to an unrestricted educational grant from

Taiwan Digestive Diseases Week 2014

The Gastroenterological Society of Taiwan

Taiwan Digestive Diseases Week (TDDW) has become a major regional congress. A record 1,825 delegates attended the 7th edition of this popular annual event, which was co-hosted by the Gastroenterological Society of Taiwan (GEST) with 10 other digestive disease related societies and associations, at Kaohsiung from 3–5 October 2014.

The comprehensive program encompassed basic research, translational medicine, and clinical practice in diverse fields of hepato-biliary and gastrointestinal (GI) medicine, with a strong emphasis on viral hepatitis and digestive malignancies. Leading local and regional luminaries and eminent international experts, including World Gastroenterology Organisation (WGO) President, Professor James Toouli, reviewed the epidemiology and pathogenesis of digestive diseases, took stock of current management, and assessed the implications of the latest research for clinical practice.

Hepatocellular Carcinoma

Hepatocellular carcinoma (HCC) is the leading cause of cancer mortality in Asia. Professor Hashem B. El-Serag, Baylor College of Medicine,

Houston, Texas, USA, highlighted the etiologic role of Hepatitis B and C viruses (HBV, HCV). HBV is endemic in Asia and primary prevention includes vaccination and antiviral therapy, while secondary prevention focuses on surveillance. Landmark research by Professor Masao Omata, Japan, proved that viral clearance reduces fibrosis and HCC, and antiviral therapy with pegylated interferon (PEG/IFN) plus ribavirin is highly effective in Asians. Potent new all-oral combinations that clear HCV in almost all patients promise to dramatically reduce the incidence of HCC. Professor Chia-Yen Dai, GEST Vice-Secretary General, emphasized that despite effective combination therapy, clinicians should individualize management to optimize patient outcomes. Due to late diagnosis and intervention, many Asian patients have advanced HCC. Professors Kwang-Hyub Han and Jinsil Seong, Yonsei University College of Medicine, Seoul, Korea, along with Professor Masafumi Ikeda, National Cancer Center Hospital East, Kashiwa, Japan, shared expert perspectives on non-curative therapies including transcatheter arterial chemoembolization, sorafenib, and chemoradiotherapy. The poor prognosis of HCC despite



TDDW Registration.

TDDW 2104 Co-hosting Organizations

- Gastroenterological Society of Taiwan
- Digestive Endoscopy Society of Taiwan
- Taiwan Association for the Study of the Liver
- Taiwan Surgical Society of Gastroenterology
- Taiwan Society of Pediatric Gastroenterology, Hepatology and Nutrition
- Taiwan Liver Cancer Association
- Taiwan Pancreas Society
- Taiwan Society of Coloproctology
- Chinese Oncology Society
- Taiwan Association of Medical Screening
- Taiwan Association for the Study of Small Intestinal Diseases





Refresh Time. (Harbor Side, 1F, Kaohsiung Exhibition Center).

established interventions reflects the high rates of metastasis and recurrence. Professor Jessica Zucman-Rossi, INSERM, France, and Dr. Anuradha Budhu, National Cancer Institute, Bethesda, Maryland, USA, explained how high-throughput technologies such as exome sequencing and metabolomics are revealing the genetic pathways of carcinogenesis and identifying new biomarkers and therapeutic targets.

Helicobacter Pylori and Gastric Cancer Prevention

The GEST press conference focused on preventing gastric cancer through



Professor Hashem B. El-Serag, Baylor College of Medicine, Houston, Texas, USA.

eradicating *Helicobacter pylori*. Japan and Taiwan have implemented national health insurance funded eradication programs. Professor Emeritus Kentaro Sugano, Jichi Medical University, Japan, reported that more than 1 million Japanese per year are being treated, with declining expenditure on treating peptic ulcers indicating that a sharp decline in the incidence of gastric cancer is anticipated. In Taiwan, patients treated for *H. pylori* had lower incidence of gastric atrophy and reduced rates of gastric cancer than controls. Based on this success, the International Agency for Research on Cancer invited Dr. Yi-Chia Lee, National Taiwan University Hospital, Taiwan, to its 2013 consensus meeting, and has incorporated the Taiwan experience into its global disease management report.

Horizons in Hepatitis B and C

Although HBV is the principal cause of HCC in Asia, the threat of HCV-associated HCC cannot be ignored. Professor Kazuhiko Koike, University of Tokyo, Japan, drew attention to the very high incidence of HCC in Japanese patients with chronic HCV (CHC); nearly 90% with HCV-associated cirrhosis develop HCC after 15 years, with inflammation, genetic predisposition, metabolism, gender, and age influencing rates of carcinogenesis. Professor Wan-Long Chuang, Kaohsiung Medical University Hospital, Taiwan, reviewed studies in which triple antiviral therapies with simeprevir and sofosbuvir added to PEG/IFN plus ribavirin have increased response rates in CHC. New US guidelines endorse these triple therapies as standard of care; however, direct antivirals are expensive and not widely available in Asia, where PEG/IFN plus ribavirin remains the routine treatment and has a higher response rate than in non-Asian patients. Looking to the future, Dr. Donald M. Jensen, University of Chicago Medical Center,



Professor Wan-Long Chuang, Kaohsiung Medical University Hospital, Taiwan.

Illinois, USA, envisioned a new era in HCV therapy with all-oral interferon-free combinations administered for 12 weeks or less with negligible side effects and cure rates exceeding 90%.

Associate Professor Sang Hoon Ahn, Yonsei University College of Medicine, Seoul, Korea, Professor Man-Fung Yuen, University of Hong Kong, and Professor Yun-Fan Liaw, Chang Gung Memorial Hospital, Taipei, Taiwan, assessed current HBV therapies and advocated for the need for an individualized approach to achieve optimal outcomes. Response rates can be improved by patient selection, extended therapy, and early discontinuation based on HBV surface antigen kinetics. Nucleot(s) ide analogues are better tolerated than PEG/IFN, but must be used carefully, especially in patients of reproductive age. Liver failure due to hepatic decompensation following HBV reactivation is common in HBV endemic regions and has a high mortality. Prognostic scoring systems can help to predict which patients' antiviral therapy will benefit most. CHB pa-



WGO President James Toouli and GEST President Jaw-Town Lin at the TDDW Opening Ceremony.

tients with acute hepatic flares due to immunosuppression have higher rates of hepatic decompensation and mortality and need immediate antiviral therapy. However, flares characteristic of more effective immune clearance are often associated with remission, and observation to evaluate the need for antiviral therapy is advisable, provided there is no danger of decompensation. Professor Masashi Mizokami, National Center for Global Health and Medicine, Ichikawa, Japan, described how genome-wide association studies are accelerating transitional research by identifying genetic markers of drug response in patients with CHC, CHB, and related HCC.

How GEST Contributes to the Work of WGO

At the Opening Ceremony, Professor James Toouli, WGO President, joined Professor Jaw-Town Lin, GEST President, and reminded the audience of the sterling work WGO does in pursuit of its mission to promote digestive health worldwide. This includes Training Centers and Train the Trainers workshops, Guidelines, World Digestive Health Day, and the World Congress of Gastroenterology. "GEST is glad to be recognized as a national WGO affiliate, and welcomes the opportunity to be actively involved in international academic and educational endeavors," said Professor Chun-Jen Liu, GEST Secretary General. In 2015, Taipei will host a WGO Train the Trainers workshop from 13 to 16 April, and the Asian Pacific Digestive Week from 3 to 6 December.



20th Anniversary United Russian Gastroenterology Week



Vladimir Ivashkin, MD, PhD

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



Arkady Sheptulin, MD, PhD

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

Russian Gastroenterological Association

On October 6-8, 2014, Moscow hosted the 20th Anniversary United Russian Gastroenterology Week. It attracted more than 4,000 participants from various medical specialties (gastroenterologists, endoscopists, physicians, surgeons, pediatricians, and others) from Russia, the Commonwealth of Independent States (CIS), and other countries.

The event featured 35 plenary and sectional sessions devoted to current problems in the field of gastroenterology. For instance, much attention was given to resistant forms of gastroesophageal reflux disease (GERD) and factors contributing to its occurrence. Another topic of discussion was the importance of intraesophageal pH-impedance monitoring in determining the causes of refractoriness and in choosing a further treatment strategy.



Russian Gastroenterology Week Registration.

Special emphasis was placed on the need for early detection of patients with Barrett's esophagus and subsequent clinical observation in order to prevent the development of esophageal adenocarcinoma. Specialists also demonstrated advanced endoscopic techniques in the diagnosis and treatment of GERD complicated by Barrett's esophagus (e.g. photodynamic therapy and endoscopic resection).

The pathogenetic and clinical aspects of the *Helicobacter pylori* (HP) infection were widely discussed at the event, as well. Participants in the event were shown the role of patient screening using the non-invasive GastroPanel test system play in identifying forms of atrophic chronic gastritis. Another focus was on the importance of early eradication of HP to prevent gastric cancer, as well as on properly choosing first and second line therapies and possible measures for improving the effectiveness of eradication. Much attention was paid to the risk factors of erosive and ulcerative lesions in the stomach and duodenum during nonsteroidal anti-inflammatory drugs (NSAIDs) therapy, as well as the need to administer proton pump inhibitors in a timely manner to patients who have an increased risk of NSAID-gastropathy.

Another prominent topic of discussion was the pathogenesis and clinical aspects of inflammatory bowel diseases. Participants were shown the effectiveness of anti TNF α agents (such as infliximab, adalimumab, and others) in active Crohn's disease and ulcerative colitis. In a large percentage of cases, such drugs may serve as an alternative to surgical treatment. Another presentation showed the



Russian Gastroenterology Week Plenary Session.

modern possibilities of identifying small intestine disease via endoscopic diagnosis, evidence that the small intestine is ceasing to be a “black box” in gastroenterology. According to the presentation, a capsule endoscopy can locate the source of occult GI bleeding) and identify lesion areas with impressive accuracy in Crohn’s disease. Moreover the combined (oral and transanal) use of double balloon enteroscopy has made it possible to examine virtually 100% of the small intestine and perform a biopsy for histological verification of the observed abnormalities.

Many presentations were devoted to functional bowel disease. New data were presented on the pathogenetic factors of irritable bowel syndrome (IBS), including genetic predisposition; increased levels of proinflammatory cytokines and anti-inflammatory cytokines reduction; the reduction of tight junction proteins, which leads to increased permeability in the intestinal mucosa; and variation in the composition of intestinal microbiota. It was shown that there is a high frequency of a combination of IBS, functional dyspepsia (FD), and GERD presumably caused by common pathophysiologic mechanisms in these diseases. Specialists revealed

at the event that muscle relaxants are effective in treating pain in some patients with IBS, and prokinetic drugs therapy are effective in gastric motility disorders in some patients with FD.

Much attention was given to fatty liver and nonalcoholic steatohepatitis (NASH) as a hepatic manifestation of metabolic syndrome, which are now considered the main causes for increases in liver transaminases activity in many patients. Experts at the event demonstrated the possibilities afforded by the elastometry (Fibroscan), which has a high degree of sensitivity and specificity in assessing the sever-

ity of liver fibrosis. Also shown were examples of successful treatment for viral Hepatitis C: A combination of new drugs from the group of interferons, protease inhibitors, and nucleoside analogs can significantly improve the rate of elimination of the virus.

The pathogenetic and clinical aspects of diseases of the pancreas were widely covered during the event, as well. Experts demonstrated the feasibility of endosonography for diagnosing pancreatic and papillary tumors, as well as how to effectively use endoscopic techniques in the treatment of patients with chronic pancreatitis (pancreatic duct stenting, endoscopic extraction of stones from the pancreatic ducts, drainage of pancreatic cysts). The audience’s attention was drawn to the importance of properly using enzymatic drugs for exocrine pancreatic insufficiency treatment and the use of high dosages in particular.

Thirty-six clinical symposiums and workshops were held on the most important aspects of the pathogenesis, diagnosis, and treatment of gastrointestinal diseases. Five master class lectures were offered, among them “Stomach Cancer in Russia - a Problem in Need of Attention,” “Poly-



Russian Gastroenterology Week Neurogastroenterology and Motility Section.

morbidity and its Consequences,” and “Biosimilars: Prospects and Threats.”

The 20th Anniversary Russian Gastroenterology Week featured a poster exhibition and award ceremony to honor the best presentation. It was a presentation of E. Chernova (Moscow) “A combination of collagenous colitis and *Clostridium difficile*-associated diarrhea in an old patient”

In the course of the symposiums and plenary sessions, the participants discussed guidelines for diagnosing and treating gastroesophageal reflux disease, chronic pancreatitis, and exocrine pancreatic insufficiency. Treatment algorithms for patients with abdominal pain were also addressed.

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

The scientific program, full of interesting and valuable presentations, lectures, and brilliant clinical demonstrations, enabled the participants to tap deeper into the latest developments in the study of the etiology and pathogenesis of many gastrointestinal diseases. Most importantly, it gave attendees the tools to significantly improve their diagnosis and treatment methods.



Russian Gastroenterology Week Exhibition.



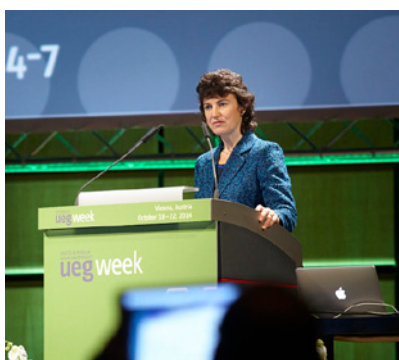
Award Ceremony of Clinical Case Competition at Russian Gastroenterology Week.

European Finest at UEG Week Vienna 2014



Joost PH Drenth, MD, PhD

UEG Chair National Societies Committee
Radboud University Nijmegen Medical Center
Department of Gastroenterology and Hepatology
Nijmegen, The Netherlands



UEG Research Prize Recipient 2014, Rebecca Fitzgerald.

This year Vienna hosted one of the biggest European events in Gastroenterology, the United European Gastroenterology Week (UEG Week). 13,000 delegates from 118 countries assembled to witness the newest developments in the field of gastroenterology and hepatology. The excitement was palpable and the progress in some therapeutic areas has been breathtaking. The UEG Week was in its 22nd year and held at the Austria Center Vienna, Austria, from October 18-22, 2014.

The Opening Plenary Session at UEG Week Vienna 2014 honored those who have contributed most to the advance of gastrointestinal diseases. Rebecca Fitzgerald from the Medical Research Council, Cancer Cell Unit Cambridge (UK) was this year's recipient of the UEG Research Prize 2014 for her pioneering work in

early detection methods for esophageal cancer. She devised a particularly ingenious tool that allows non-endoscopic sampling of esophageal cells and allows for screening of esophageal cancer. She has driven this project from conception and brought it into routine clinical practice.

Professor Manns, from Hannover, Germany, highlighted the enormous advances in the field of hepatitis C. Only a few years ago cure from hepatitis C was only possible in a subset of patients against a huge cost in terms of side effects. Manns mentioned a few of the pivotal clinical trials that have been published in the last two years. These trials represent a watershed in the field in that a short course of oral treatment is able to cure almost all patients, a perspective that was unthinkable a few years ago.

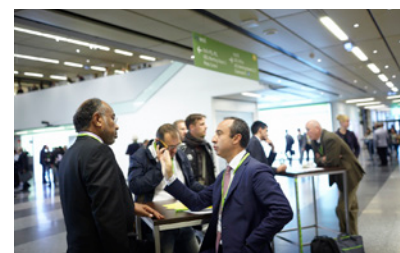
An interesting development was the entry of the tandem talk that literally bridges clinical and basic research. Silvio Danese, from Italy, and Simon Travis, from the UK, were going from bench to bedside and back in minutes in order to see which new treatment strategies need to be developed to benefit patients with inflammatory bowel disease.

One of the highlights at UEG Week 2014 was the publication of a major pan-European survey into the burden of gastrointestinal (GI) disorders and the delivery of care.

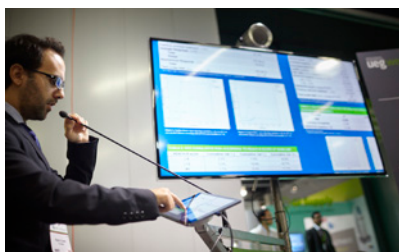
Until recently the changing trends in many important GI and liver diseases and inequalities in the provision of healthcare services in Europe had not been mapped previously. The survey, aptly termed the "White Book," had been commissioned by UEG, and it highlights major differences between countries in terms of both the risk of developing GI disorders and their long-term health outcomes. This book will serve as an entry point for efforts to minimize differences in healthcare outcomes for patients between Eastern and Western nations.

The UEG Week is all about networking and meet and greet. Young gastroenterologists who have formed a Young GI Network conceived the idea of creating a Young GI Lounge at UEG Week in Vienna. For many participants this was the meeting spot at this year's congress and a very lively space. Young gastroenterologists could sign up for a tour with a seasoned gastroenterologist. This was a very popular event and helped young participants to discover UEG Week at its fullest while getting acquainted with their peers. This is certainly an innovation that will see further development in 2015.

This year's congress saw the introduction of E-poster terminals and the highly interactive Posters in the Spotlight gallery with poster terminal



Networking at UEG.



E-Poster Terminal at UEG.

platforms for Poster Champ Sessions. This gave selected poster presenters additional exposure as they could present their E-poster in the E-terminal. The AGA National Scholar/UEG Rising Star exchange took place in the E-Poster Lounge and past Rising Stars such as Tom Henning Karlsen from Norway used the iPad interface to present their recent research on large E-terminals.

A great feature that attracts many (young) gastroenterologists to UEG Week is that there is a wealth of awards and grants to go for. The presenter from the best abstract from each country received the “National Scholar Award.” In addition UEG Week keeps its presenters sharp as the chairmen of each session may award the best presenter with an “Oral Free Paper Prize” and a “Certificate of Excellence.”

One of the most prestigious awards is the “Rising Star Award” and in Vienna eight excellent researchers were given this distinction. These young researchers have published well in reputable journals and have developed scientific independence. This initiative enables “Rising Star Awardees” to take spot at UEG Week as presenters

of state-of-the-art lectures, chairs of scientific sessions, and develop future roles in UEG. The 2014 Rising Stars awardees were as follows: Marc Ferrante, Belgium; Neil Henderson, UK; Alexander R. Moschen, Austria; Roland Rad, Germany; Pierre-Emmanuel Rautou, France; Michael Scharl, Switzerland; Emmanuel Tsochatzis, Greece; and Jens Marquardt, Germany, whose research is focused on unravelling pathways in hepatocellular carcinoma.

In order to attract the best of the best, UEG awards prizes of € 10,000 to each of the top five abstracts submitted to UEG Week. This year awardees came from The Netherlands, USA, Japan, and Switzerland. Takahisa Matsuda, one of the “Top Abstract” winners from Japan, highlighted his randomized clinical trial on follow-up after colonoscopy during the plenary session. His data on surveillance interval after polypectomy was welcomed in view of the colonoscopy screening programs that have started in Europe.

We hope to see you in Barcelona in 2015 as UEG Week is a must visit event for any professional in Gastroenterology to explore and engage! Find out more, visit www.ueg.eu/week.



UEG Plenary Session.

Train the Trainers: Cape Town, South Africa, August-September, 2014



Tauseef Ali, MD, FACP, FCG

Clinical Assistant Professor of Medicine
University of Oklahoma
Oklahoma, USA

When I received my acceptance letter to attend the 2014 Train the Trainers Workshop in Cape Town, South Africa, I had no idea what I was stumbling into. Without a doubt, this was the most exciting, pleasant, and educational experience of my professional life. I would like to thank WGO and the American College of Gastroenterology (ACG) for facilitating the workshop and providing me the opportunity to attend this exciting event. This unique and one of a kind workshop left an ever lasting impression on me. I have tried to summarize my experience in the next few paragraphs, but I am pretty sure words cannot do any justice to describe this fabulous experience.

I am a faculty member at the University of Oklahoma, USA and a practicing physician at Saint Anthony

Hospital, Oklahoma where I also serve as the director of the Crohn's and Colitis Program. I am involved in teaching medical students, residents and gastroenterology fellows. I was nominated by my parent organization, the ACG, to attend this workshop.

After our arrival at the beautiful city of Cape Town, we were housed in a very beautiful hotel, surrounded by breathtaking vineyards in the suburbs of Durbanville. The workshop started with a dinner reception where all the attendees from about 50 different countries and faculty members of the workshop got the chance to introduce themselves and some of us began journeys of everlasting friendships.

The four-day workshop was divided into different modules and break-out sessions. In the adult education module on the first day we learned



Venue: Protea Hotel-Durbanville.

that adult learning is most successful when the learner is actively involved. Another very important take home message was that adult learning is more effective when the relationship fosters mutual respect and is encouraging and supportive. Other topics, such as setting up learning objectives and conducting effective group discussions, were also part of this educational module. There was also a hands-on procedural teaching module where we were taught effective methods of teaching gastroenterology procedures to trainees and providing feedback to their performance. The next day modules consisted of evidence-based medicine, critical appraisal, publications, and a breakout session on preparing an abstract for presentation. The third day consisted of modules like presentations and trial designs. Modules on the last day were assessment and appraisal and credentialing. All these modules and break-out sessions were great learning experiences. The break out sessions and team work gave a unique opportunity to learn about different health care systems from around the world



Touring Table Mountain and Robben Island during Sunset.



Tauseef Ali at the Pizza Master Chef Team-building Event.



Pizza-making Outdoors.

and how gastroenterologists practice in different countries.

The workshop was not only full of educational learning, it also provided ample time to all the members to network and some great friendships started there. It was like a “big family under one roof” experience. There were additional exciting programs, such as a team building event, a cultural night program, and a city tour to keep the environment entertaining and interactive.

I certainly came back home with new knowledge and educational experience that will really help me implement important changes in my clinical practice. I would recommend this workshop to every gastroenterology physician who wants to foster his or her educational, teaching and leadership experience. This is indeed a once in a lifetime experience.

Thank you ACG and WGO!

You can find the complete story of the WGO Train the Trainers Workshop 2014 learning modules at <https://storify.com/ibdtweets/world-gastroenterology-train-the-trainers-workshop> and also at twitter with hashtag #wgott14.



Cultural Night.

FIP-WGO Joint Session: Coping with Common Gastrointestinal Symptoms in the Community



Varocha Mahachai, MD, FRCPC, FACG, AGAF

Department of Medicine
Division of Gastroenterology
Chulalongkorn University Hospital
Bangkok, Thailand



Bangkok 2014 Federation of International Pharmacy (FIP) World Congress.

The session was organized by the International Pharmaceutical Federation (FIP) at the World Congress of Pharmacy and Pharmaceutical Sciences, held 30 August – 4 September 2014 in Bangkok, Thailand. It represented a unique opportunity for WGO, representing gastroenterologists throughout the world, to engage directly with pharmacists on the approach to the management of common gastrointestinal symptoms.

The WGO Global Guideline on common gastrointestinal (GI) symptoms in the community (<http://www.worldgastroenterology.org/Common-Symptoms>) was presented by the President of the Gastroenterological Association of Thailand, Professor Varocha Mahachai from Chulalongkorn University and Bangkok Medical Center on behalf of WGO. The WGO Global Guideline on the management of common GI symptoms, including heartburn, abdominal pain/ discomfort, bloating, and

constipation, was developed in 2013 by a joint committee consisting of GI experts, primary care physicians, and representatives of FIP. The main objective was to provide a unique and globally useful guideline that can help in the management in common GI symptoms in the community. The guideline is unique in featuring four levels of care in a cascade approach, starting from self-care, and then the pharmacists' role, before moving on to the roles of primary care doctors and, finally, specialists.

The majority of patients in the community present with symptoms rather than diagnosed conditions. The WGO Global Guidelines have been developed to provide resource-sensitive recommendations, rather than focusing on the gold standard of diagnosis and treatment. Most patients are troubled, but not disabled, by these



A Resource Sensitive Solution

GI symptoms and they tend to seek relief using self-care, over-the-counter (OTC) medications. Functional GI disorders (FGID) are common and comprise a large proportion of GI practice. When symptoms are mild patients tend to self-medicate, but they should consult a physician if they fail to improve. The approach to other common GI symptoms, including abdominal pain, bloating and constipation, was further discussed. It is important to recognize those alarm features that should prompt consultation with a physician. This was followed by a presentation by Eugene



Self-care in the 21st Century: Reflux and Heartburn as a Self-care Model. Speakers (from left to right): Varocha Mahachai, MD, Gerald Dziekan, MD, John Chave, MA, John Alfred Bell, AM, Charles Pollack, MD, PhD.

Lutz (USA), a member of the executive committee of the FIP community pharmacy section (CPS), who further discussed the “impact of guidelines in pharmacy practice,” emphasizing the role of community pharmacists in the treatment of common GI symptoms. The application of daily pharmacy practice was presented by Paul Sinclair (CPS, Australia) using a couple of case studies.

Reflux and heartburn as a self-care model was another topic of discussion as a part of an industry sponsored satellite symposium on self-care in the 21st century. Different issues of self-care were discussed by experts in the field, including the role of pharmacists, a health care economic perspective, with reflux/ heartburn used as a self-care model. In dealing with heartburn, which is the hallmark of gastroesophageal reflux disease (GERD), it is important to recognize the alarm symptoms which should

prompt further investigations. Treatment includes lifestyle modification and acid reducing agents. The use of prokinetic agents has been limited by their unproven efficacy and side effects. As far as self-care is concerned in heartburn/GERD, the relief of symptoms is the main goal. In the presence of alarm features, self-treatment should be avoided and patients should be referred to GI specialists for further investigation.

There is increasing public interest in self-medication for common GI symptoms with OTC medications which have become readily available. The WGO Global Guideline was developed with a joint effort among GI specialists, primary care experts, and FIP representatives to guide in the management of common GI symptoms, including: heartburn, abdominal pain/ discomfort, bloating and constipation. The guideline provides diagnostic and treatment cascades,

with resource-sensitive recommendations mainly focusing on self-care to the role of pharmacists in the utilization of the OTC medications. Pharmacists could serve as frontline healthcare professionals in self-care, recognizing problems and providing consultations related to therapy (such as drug side-effects, drug interactions, and timely referrals to primary care providers or GI specialists). The main concerns of the self-care approach using OTC medications are the possibilities of misdiagnosis or under-treatment of the underlying conditions, although it is unlikely as they are of mild severity. It is important to identify patients with a high likelihood of a serious condition in the presence of alarm features and failed therapy so that they can be referred for proper investigation and management.



WGO Calendar of Events

WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

WGO Train the Trainers Workshop

When: April 13-16, 2015

Location: Taipei, Taiwan

Organizers: The Gastroenterological Society of Taiwan and World Gastroenterology Organisation

Email: ttt@worldgastroenterology.org

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

Gastro 2015 AGW-WGO International Congress

When: September 28-October 2, 2015

Location: Brisbane, Queensland, Australia

Organizers: Gastroenterological Society of Australia and World Gastroenterology Organisation

Website: www.gastro2015.com

Gastro 2016 EGHS-WGO International Congress

When: November 17-19, 2016

Location: Abu Dhabi, United Arab Emirates

Organizers: Emirates Gastroenterology & Hepatology Society and World Gastroenterology Organisation

Email: info@worldgastroenterology.org

Gastro 2017 ACG-WGO World Congress of Gastroenterology

When: October 13-18, 2017

Location: Orlando, Florida, USA

Organizers: American College of Gastroenterology and World Gastroenterology Organisation

Email: info@worldgastroenterology.org

CALENDAR OF EVENTS

FEBRUARY 2015

Canadian Digestive Diseases Week

When: February 27-March 2, 2015

Address: 405 Spray Avenue, Banff, Alberta, Canada

Organizer: Canadian Association of Gastroenterology

Telephone: 905 829 2504

Fax: 905 829 0242

Email: CDDW@cag-acg.org

Website: <http://www.cag-acg.org>

MARCH 2015

7th AMAGE Congress

When: March 3-5, 2015

Location: Cairo, Egypt

Organizers: African Middle East Association of Gastroenterology (AMAGE) and the Egyptian Society for the Study of Hepatic and GI Diseases

Email: ibrahimfarouk@araborganizers.org

21st National Congress of Digestive Diseases

When: March 25-28, 2015

Location: Bologna, Italy

Organizer: Italian Federation of Societies of Digestive Diseases (FISMAD)

Website: <http://www.fismad.it/>

APRIL 2015

4th Annual Gastroenterology & Hepatology Conference (EGHC 2015)

When: April 2-4, 2015

Location: Dubai World Trade Center, United Arab Emirates

Organizer: The Emirates Gastroenterology & Hepatology Society (EGHS)

Registration E-mail: pco@eghc2015.com

Website: <http://eghc2015.com>

31st Annual Congress

When: April 2-5, 2015

Location: Serina Hotel, Islamabad, Pakistan

Organizer: Pakistan Society of Gastroenterology & GI Endoscopy

Website: <http://www.psg.org.pk/>

JUNE 2015

Salzburg Conference

When: June 18-20, 2015

Location: Salzburg, Austria

Address: To be determined

Organizers: Austrian Society of Gastroenterology & Hepatology

Telephone: +43 1 5366342

Fax: +43 1 536 6361

E-mail: oeggh@media.co.at

Website: <http://www.oeggh.at>

SEPTEMBER 2015

Congress of Gastroenterology China (CGC)

When: September 4-6, 2015

Location: Tianjing, China

Organizer: Chinese Society of Gastroenterology (CSG)

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

OCTOBER 2015**JDDW 2015 – Japan Digestive Disease Week 2015****When:** October 8-11, 2015**Location:** Tokyo, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/jddw2015/en/index.html>**ACG 2015 Annual Scientific Meeting & Postgraduate Course****When:** October 16-21, 2015**Location:** Hawaii Convention Center, Honolulu, HI, USA**Organizer:** American College of Gastroenterology (ACG)**Website:** <http://www.gi.org/>**United European Gastroenterology Week (UEGW)****When:** October 24-28, 2015**Location:** Fira de Barcelona, Barcelona, Spain**Organizer:** United European Gastroenterology (UEG)**E-mail:** office@ueg.eu**Website:** www.ueg.eu/week**DECEMBER 2015****APDW 2015****When:** December 3-6, 2015**Location:** Taipei International Convention Center**Address:** No. 1, Section 5, Xinyi Rd, Taipei, Taiwan**Organizer:** The Gastroenterological Society of Taiwan**Website:** <http://www.apdw2015.org>**NOVEMBER 2016****JDDW 2016 – Japan Digestive Disease Week 2016****When:** November 3-6, 2016**Location:** Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**OCTOBER 2017****JDDW 2017 – Japan Digestive Disease Week 2017****When:** October 12-15, 2017**Location:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**WGO MEMBER SOCIETIES
SUBMIT YOUR EVENT**

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