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Endoscopy: The Future is Wireless, Indeed

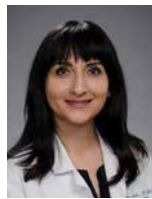
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WGO Guidelines and Cascades — Development process and methodology

Anton LeMair, MD

Pediatric-to-Adult Transition of Care in Inflammatory Bowel Disease: A common and necessary process



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Inflammatory bowel disease (IBD) is a heterogeneous group of diseases that includes both ulcerative colitis (UC) and Crohn's disease (CD). Approximately 30% of CD and 20% of UC patients have disease onset prior to the age of 20 and the incidence of pediatric IBD is rising¹. Similar to other chronic diseases such as cystic fibrosis, children with IBD will eventually require transition to adult care. This requires careful attention, collaboration and coordination to ensure best outcomes for a vulnerable population. The transition of care is a "purposeful planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health care systems"². This should not be mistaken for a transfer of care, which is a single event and a simple "planned movement of patient and their medical records from one provider to another at a distinct point in time"³.

Pediatric versus Adult Healthcare Models in IBD:

The pediatric healthcare model is family-focused and is usually designed to include a multi-disciplinary team. It requires parental or caregiver involvement for knowledge, understanding, guidance and consent^{4,5}. Unlike the pediatric model, the adult healthcare model is one which promotes individualized care and independence^{4,5}. There is also less familiarity of the adult provider on issues related to adolescent growth and development and child-specific psychosocial needs. Despite differences in the healthcare models, there are also overlapping events such as school graduations, moving away from home, financial independence, marriage and pregnancy, which may further impact the timing of transition, there may also be less oversight available by parent or caregiver, as well as economic barriers or access to health care and issues with adherence to treatment.

Differences Between Pediatric and Adult IBD:

Adolescents with IBD are more likely to have more severe complex disease, including more extensive CD or UC involvement, higher risk for perianal disease, and are more likely to require use of biologic agents and immunomodulator therapy, and are at a

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higher risk for steroid dependence^{6,7}. All of these factors suggest more aggressive disease phenotype in pediatric patients. The risk for surgery among adolescents is about 35% within the first five years of time of diagnosis⁷. Adolescents are also more likely to have upper gastrointestinal and extraintestinal manifestations⁷. Nutritional impairment and weight loss occur in nearly 85% of children with IBD⁸, and the highest levels of mental health disorders including depression and anxiety are found among adolescents with IBD compared to other chronic conditions⁹.

The first period of adult life from age 18 to 25 has been described as an unstable period between adolescence and full adulthood, and as with other chronic diseases, this period may be longer in IBD³. The 'emerging adults with IBD' or EAI³ have an increased risk for disease progression and other complications of disease¹⁰, higher economic burden of all-cause total health care costs, highest utilization of emergency services, and poorer adherence to treatment¹¹⁻¹⁴.

Because of these differences, including more severe disease phenotype, need for chronic medications, increased risks for anxiety, depression and other co-morbidities, and increased healthcare costs and poorer adherence, in an effort to improve outcomes, it is imperative for uninterrupted care and management of IBD in these young adults.

Resources for Evaluation of Patient Readiness and Adherence for Transition of Care:

The North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) has published recommendations regarding the transition of patients with childhood onset of IBD to adult care¹⁵. The NASPGHAN recommendations to the pediatric gastroenterologist are to begin the *process of transition* when

the patient enters early to middle adolescence and:

- (1) See the adolescent patient without their parents or caregivers in order to build independence and self-reliance.
- (2) Discuss and introduce the subject and the benefits of a transition to an adult gastroenterologist early on to the patient and family.
- (3) Select an experienced adult gastroenterologist knowledgeable and interested in the unique needs of young adults with IBD.
- (4) Provide all appropriate medical records and summaries to the adult gastroenterologist in advance, to ensure confidence in the patient and family that the pediatric and adult providers are working together. The NASPGHAN Medical Summary Form can be found in Appendix A of the medical position statement¹⁵.

NASPGHAN has also created a 'Healthcare Provider Transitioning Checklist' which can be utilized as early as age 12-14 years, to evaluate the readiness of the adolescents to transitional care [[http://www.naspghan.org/files/documents/pdfs/medical resources/ibd/Checklist_PatientandHealthcareProvider_TransitionfromPedtoAdult.pdf](http://www.naspghan.org/files/documents/pdfs/medical%20resources/ibd/Checklist_PatientandHealthcareProvider_TransitionfromPedtoAdult.pdf)]¹⁵

There are also other clinical instruments available to perform regular assessments of the EAI or young adult's readiness and potential areas for early intervention, to best achieve transition-relevant skills. Although the evaluation of readiness is difficult to measure, tools such as the Transition Readiness Assessment Questionnaire (TRAQ)¹⁶ and the portable medical record called MyHealth Passport for IBD¹⁷ are both available online and be utilized by patients and providers in clinic. The Morisky Adherence Scale¹⁸ is another clinical instrument tool used to identify and intervene early in any potential adherence problems.

And lastly, the PHQ-9 Depression Screening Tool¹⁹ incorporates DSM-IV diagnostic criteria for depression and can be incorporated with the other transition readiness and adherence tools to evaluate all patients prior to transition of care.

Organizing a Transition of Care in IBD:

The key players involved in a transitional care program should always center around the patient. Parents/caregivers, pediatric and adult gastroenterologists, IBD nurse specialists, psychologists or counselors, dietician and pharmacists should all be part of this multidisciplinary team to ensure best delivery of care and improved patient outcomes.

Three goals in the process of transition in IBD were identified by JC Escher: "(1) to get the patient ready for transfer, having attained specific skills and knowledge; (2) to get the parents ready for transfer; (3) to get the adult gastroenterologist ready and well informed at the time of transfer."²⁰

Although there are several suggested timelines for the transition process, it is important to understand that this still requires special attention and tailoring based on the young adult's developmental abilities, which is more based on competency and emotional and cognitive maturity rather than a chronological age alone²¹. In a survey of adult gastroenterologists caring for young adults with IBD, it was reported that young adults need improved education about their medical history and treatment/medications, and pediatric gastroenterologists need better communication with referring adult providers. Lastly, the study concluded that adult providers would benefit from formalized adolescent training⁵. Similar results were described in a UK study²² of adult and pediatric gastroenterologists, which also concluded that pediatric providers were more likely to consider the need for a struc-

tured transition process compared to adult providers (80% versus 47% respectively, $p=0.001$).

Barriers to a Successful Transition of Care Program:

The Social-ecological Model of Adolescent and Young Adult Readiness to Transition (SMART) developed and validated by Schwartz and colleagues^{23,24} have identified seven major inter-related components of patients, parents and providers which impacts transition readiness and potential targets of intervention: patient development, knowledge, skills/efficacy to managing health, beliefs/expectations of the transition process, transition goals, relationships among patients, parents and providers, and psychosocial functioning regarding conditions and emotions related to the transition process; as well as pre-existing factors which are less modifiable but may still influence the transition process including socio-demographics/culture, insurance/access, health status, risks and problems due to complications of disease, and neurocognition/IQ. These components can either be barriers or potential facilitators for a successful transition of care. Clinicians are encouraged to review these components early and regularly.

Achieving the goals of a successful transition of care program may be difficult due to limitations of resources or access to clinics with a structured program, poor readiness or preparation for the young adult to transition, limited communication between the pediatric gastroenterologists to referring adult providers, and suboptimal training in adolescent medicine for adult gastroenterologists^{22,25,26}. Other barriers to the success of a transition includes the reluctance or inability to 'let go' by other key players involved in this process aside from the EAI, such as the parent or pediatric provider. There are also inherent differences in treatment goals and health priorities from patient

and pediatric provider to an adult provider^{3,27}. Sebastian and colleagues²² reported lack of funding, time, support of services, training and too few of patients as the top five obstacles experienced among local pediatric and adult gastroenterologists for ability to deliver transition of care services.

Conclusions:

To date, although a number of transition clinic models currently exists, there is no standardized transition program in IBD. Future data-driven studies are needed to evaluate the tools and strategies currently used to help evaluate early readiness of the young adult, implement improved communication by the pediatric gastroenterologists and provide expansion in training for the adult providers in order to achieve a smooth transition and best outcomes for the EAI.

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Message from the Editors



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Dear readers: we are pleased to present 2 expert point of view articles in this issue. The first Expert Point of View by Dr Anita Afzali from the United States is “Pediatric-to-Adult Transition of Care in Inflammatory Bowel Disease: a common and necessary process”. If you care for patients with IBD you will want to read this as she covers the transition from pediatric to adult care, provides resources for patients and providers, and describes how to make that transition as easy and seamless as possible, including identifying possible barriers. This is very practical and important.

The second Expert Point of View by Dr. Konstantinos Dr. Triantafyllou and Chrysoula Malli from Greece is “Endoscopy: The Future is Wireless, Indeed.” It focuses on current and future uses of wireless technology and is a Sci-Fi tale addressing current and future uses of mini-robots for GI

endoscopy diagnosis and therapy. A must to read article.

One of the many jewels in the WGO crown is the development of the WGO Guidelines and Cascades. These help to inform clinical practice around the world. Read the article by Dr. Anton LeMair to learn more about this process and methodology. You may not be aware of all the topics that have been covered with cascades. Here is a comprehensive list:

- Acute Diarrhea
- Celiac Disease
- Colorectal Cancer Screening
- Common GI Symptoms
- Constipation
- Dysphagia
- Endoscope Disinfection
- Esophageal Varices
- Gastroesophageal Reflux Disease (GERD)

- Helicobacter Pylori in Developing Countries
- Hepatitis B
- Hepatitis C
- Hepatocellular Carcinoma (HCC)
- Inflammatory Bowel Disease (IBD)
- Irritable Bowel Syndrome (IBS)
- NAFLD & NASH
- Obesity
- Radiation Protection in the Endoscopy Suite

Finally, you will enjoy the many meeting updates from around the world.

As always, comments and suggestions are welcome

Chris and Mario.



Endoscopy: The Future is Wireless, Indeed



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Advances in wireless technology offer innovative solutions for diagnostic and –potentially- therapeutic endoscopy. The development of capsule endoscopy allows the investigation of the gastrointestinal tract overcoming the limits of traditional instruments, more comfortably and less stressfully for the patient.

Nowadays, a variety of wireless endoscopes are available for the examination of the small and large bowel, of the lower esophagus, and (if magnetically guided) even of the stomach. However, we have not reached yet the ultimate targets of this technology: mini-robots for pan-endoscopy and interventional endoscopy. The major obstacles to achieving these goals are limited battery power, lack of capsule control and guidance through the digestive tract, accurate localization of the ingested device, enhancement

of image quality, and development of biopsy and drug delivery systems.

Energy, energy, energy: the prerequisite to achieve the aforementioned goals. Today, the deliverable power supply to the capsules is about 25mW and it is estimated that future mini-robots will require more than 550mW to fulfill our expectations. Therefore, we must either increase power supply or develop new technology that requires minimum energy to perform the required tasks.

Many innovative solutions are under investigation *ex-vivo* to overcome the limited battery life of the commercially available capsules. Among them, the wireless power transmission technology that transfers power from a transmitter (outside of the body) to a receiver (within the capsule) in the form of electromagnetic waves based on inductive coupling is the most

promising solution for the delivery of safe, stable, and sufficient energy.¹ While a portable transmitter has recently been developed,² issues such as misalignment between the transmitter and receiver magnetic fields and efficient power transmission through biological tissues need to be solved and successful testing in humans is pending. On the other hand, taking advantage of nanotechnology medicine, new miniature devices incorporated in capsules and new technologies like the field programmable gate array (FPGA) and the application-specific circuit (ASCI) are expected to consume less energy. Indeed, an ASCI based prototype micro-robot has been shown to consume less energy than the commercially available capsules.³

The mobility, localization, and orientation of wireless capsules in the digestive tract are unpredictable and largely undetectable (the latter two), so far. The active locomotion systems under development are divided in those with internal (within the capsule), external, and mixed actuators.⁴ Within the first group, friction force based mechanisms (worm-like, paddle/legged, crawler mobility) predominate; however, high energy requirements, “hostile” shape for the intestine, and capture of the majority of the endoscope space make their use questionable.

The future of the active locomotion of the wireless robot seems to be the magnet. External locomotion actuators take advantage of an

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external magnetic field coupled with a permanent magnet within the capsule to propel the device.⁴ Perhaps a hybrid locomotion system that combines internal and external actuators may eventually prevail.⁵ Currently research focuses on the development of a safe, low power consuming system that will offer proper endoscope velocity and ability to move backward - forwards and to stop under real time control.⁴

Exact localization of the capsule endoscope in the digestive tract is of imperative importance for the accurate localization of the detected lesions and potential therapy application in real-time. The existing capsule route 2-D tracking softwares are inaccurate and their use is limited in clinical practice. Magnetic field strength-based and electromagnetic wave-based methods are currently under investigation to resolve the issue of device localization; the former giving promising results. However, none of these methods can provide information regarding the distance that the robot has traveled from a landmark (e.g. pylorus) to the detected lesion.⁶ A device like OdoCapsule that incorporates a micro-motor system, consisting of three miniature legs, torsion springs, and wheels, promises accurate measurement of the distance from the duodenal bulb to areas with pathological findings.⁷

Another challenge for active capsule endoscopes is to incorporate mechanisms that allow tissue sampling. Several prototypes have been tested *ex vivo*, but their clinical utility is limited by unprecise targeting, difficulty navigating to the target, and obtaining single sample capacity. Recently, the combination of a magnetically actuated soft capsule robot that has abilities for advanced functions (e.g. localized drug delivery) with self-folding microgrippers –which have already been used *in vivo* to obtain biopsy in pig's bile duct- offers the next

“sweet dream” option for accurate active biopsy capsule operation –albeit with many limitations.⁸

The ultimate challenge for the future endoscopy robot is active drug delivery. The major problem to overcome is limited capsule space, where two principal mechanisms should be incorporated: an anchoring system to guide capsule positioning and a drug release mechanism to control the dose and the frequency of the released drug by remote actuation. Researchers have suggested mechanical systems using micro motors embedded in the capsule and a specific “legged” mechanism to attach the wall of the gastrointestinal tract. Magnetically actuated mechanisms have been tested to control the active drug release; however, a lot of work has to be done yet.⁹ Part of this work has been incorporated in two European projects: the NEMO (Nano-based capsule Endoscopy with Molecular imaging and Optical biopsy) and the VECTOR (Versatile Endoscopic Capsule for gastrointestinal TumOr Recognition and therapy) design intending to create new capsules with therapeutic and diagnostic capabilities.¹⁰

Regarding higher image resolution, the closest to our expectations prototype is a low energy ASCII model that supports light and autofluorescence imaging at 24 frames/sec, 400 x 400 (almost double the existing) image resolution, and an efficient image compressing module. The device has successfully been tested in pigs, however attenuation of the signal transmitted through biological tissues has still to be addressed.³

In 1966 the original “*Fantastic Voyage*” movie was released. Today, Guillermo del Toro is in talks to remake the film where the miniaturized scientist will reach and treat the trauma of the scientist's brain. Is the ideal future micro-robot still faraway¹¹ and how long is far? During the last

five years major technological achievements have been accomplished in the field of endoscopic micro-robots, promising that the future of endoscopy is wireless, indeed!

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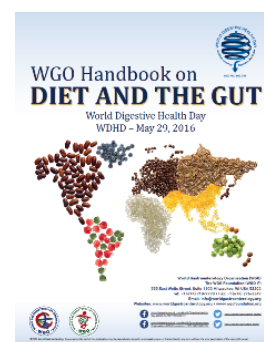
World Digestive Health Day 2016 Diet and the Gut – Your Diet and Gut Health



Have you downloaded your copy of the WGO Handbook on Diet and the Gut?

This publication features thirteen chapters focusing on Diet and the Gut topics from experts around the globe. Learn about topics such as “Celiac Disease”, “Normal Gut Health”, “Carbohydrate Intolerance”, “Eating Disorders and the GI Tract” and many more! Get your copy today by visiting our website at <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources#WGOHandbookDietandtheGut>.

While you are there, don't forget to view and download our additional tools and resources available on the World Digestive Health Day (WDHD) 2016, “Tools and Resources” page at <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources>.



WDHD 2016 Campaign Wrap-Up

WDHD 2016 events have so far been celebrated in over 20 countries, with many events still scheduled to take place this year! WGO thanks each member society, organization, healthcare professional and participant for helping spread the word about the management of diet and gut health.

There is still time to plan your 2016 event around the Diet and the Gut theme! While the official date of WDHD is May 29th, many events take place throughout the year. Past

events include public campaigns, courses and lectures on treatments of the current theme, marathons, walkathons, national meetings, press conferences, television and radio interviews, creating a country's own WDHD Day, publications and much more. For questions regarding WDHD or to officially request a copy of the 2016 WDHD logo for use in promoting this year's WDHD campaign, please email info@worldgastroenterology.org.

For a full list of events planned in celebration of WDHD 2016, please visit <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/wdhd-2016-events--success-stories>. Have you held a 2016 WDHD event that you would like to share on the website or in e-WGN? Please submit your event or activity for review here!

We are pleased to feature the following WDHD 2016 events that have recently taken place!

World Digestive Health Day (WDHD) 2017

We are pleased to announce the World Digestive Health Day theme for 2017 as Inflammatory Bowel Disease! Further details about this campaign will be announced shortly.

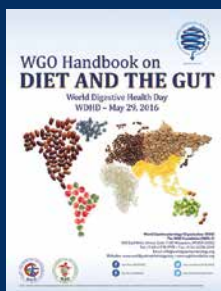
Begin planning your event today! Submit your event by visiting <http://www.worldgastroenterology.org/forms/submit-event.php>. To request a logo or for more information, please email the WGO Secretariat at info@worldgastroenterology.org

Take charge of your diet and gut health today!



DIET AND THE GUT

The WGO Handbook on Diet and the Gut features 13 chapters focused on diet and the gut related topics from experts around the globe!



Download your copy!

Visit our website:
www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources

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World Digestive Health Day Observed at Ziauddin University Hospital in Karachi, Pakistan



Zaigham Abbas, MBBS, FCPS, FRCP, FRCPI, FACP, FACC, AGAF

Professor and Head, Department of Gastroenterology
Ziauddin University Hospital Clifton
Karachi, Pakistan



A section of the audience.



Dr. Javed Yakoob, Dr. Zaigham Abbas, Dr. Khurram Baqai, Dr. Faisal Ziauddin and Dr. Rustam Khan addressing the Seminar.

On the auspicious occasion of World Digestive Health Day, an interactive Continuing Medical Education (CME) seminar was held on 30 May 2016 at Ziauddin University Hospital in Karachi, Pakistan. The subject of the seminar was in accordance with the World Digestive Health Day's slogan of the year, "Your Diet and Gut Health."

Professor Zaigham Abbas, Head of the Department of Gastroenterology at Ziauddin Hospital, welcomed the participants. The first speaker, Dr. Khurram Baqai, gave his talk on natural prebiotics and probiotics in which he explained the history of probiotics and their recent role in gastrointestinal diseases. Dr. Faisal Ziauddin was the next speaker, with a well-versed talk on diet and heartburn. He elaborated in detail the foods to avoid in patients with gastroesophageal reflux disease (GERD) and all the precau-

tionary measures and lifestyle changes to be taken.

Dr. Javed Yakoob explained the very common ailment irritable bowel syndrome (IBS), its specificities, treatment modalities, and the role of diet (particularly FODMAPS) in aggravating the symptoms. Dr. Rustam Khan addressed the dietary aspects of liver diseases and explained the dietary

management of cirrhotic patients. He discussed in detail the taboos prevailing in our society about unnecessary precautions observed in liver disease patients.

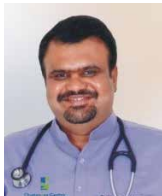
Professor Abbas had his final talk on dietary safeguards in gluten sensitive patients. He explained the differences between celiac and non-celiac gluten sensitivity and how dietary precautions could be of help in preventing long term complications.

After completion of all presentations, there was a panel discussion where all the speakers discussed various dietary measurements to keep the gut healthy. At the end, all the speakers were awarded mementoes by Professor Dr. Kamran Hameed, Dean of Ziauddin University.



A group photo of the faculty.

India Celebrated 3 Days of “Diet and the Gut” Awareness Program from 27-29 May 2016: An account of World Digestive Health Day 29th May 2016



Prashanth B N, MD

Chaitanyaa GastroIntestinal Care & Endoscopy Centre,
Tumkur, Karnataka State
India



Walk-A-Thon to create awareness to the general public on Diet and The Gut

World Digestive Health Day

A three-day program on ‘Diet and the Gut’ was organized by Dr. Prashanth B.N. to create awareness on the importance of having a healthy diet and the gut among the general population and children who will become the future citizens of our country, and also to refresh the knowledge of doctors of Tumkur District. People very often

get carried away by their busy lives and don't find enough time to give attention to their physical and mental health. As a result, many people suffer from chronic diseases and illnesses that sometimes cannot be cured but could have been prevented by education on the food they eat. This is why awareness on “Diet and The Gut” was a very pivotal issue to shed light on.

On 27 May, the first day of the program, an educational event was conducted for around 600 students between the ages of 14-18 of ‘Chet-hana Vidya Mandira’. The students were first given a PowerPoint presentation as a short introduction on ‘Diet and the Gut’ by Dr. Umesh Jalihal, Former Head, Department of Gastroenterology, Ramaiah Medical College, Head of Gastroenterology, Columbia Asia, Yeshwanthapur and Director, Karnataka Gastroenterology Centre, Bangalore. This presentation focused on various issues that are faced by people all around the world. It started with child and adult obesity and how it can be tackled, which later led to information about a healthy diet. Revolving around these concepts, the presentation also included intriguing information about ‘gut microbiota’. The children were amazed to know that there are three hundred times more bacteria in our guts than there are stars in the Milky Way galaxy! Hopefully, it gave them a new insight into eating healthy food.

Later, Dr. Prashanth. B.N, spoke about why World Digestive Health Day is celebrated and also about a few common diseases. He ended his speech by mentioning notable quotes. Hippocrates’ ‘All diseases begin in the gut’; ‘Eat less crap and eat more food’; ‘The food you eat can either be the safest and most powerful form of medicine or the slowest form of poison’. The session ended with a short question and answer round in which the teachers’ and students’ queries and concerns were answered by Drs.



Walk-A-Thon to create awareness to the general public on Diet and The Gut



Panel Discussion to Doctors on Diet and The Gut.

Umesh Jalihal and Prashanth B N.

Dr. G N Prabhakara, President, Indian Medical Association, Karnataka State Branch and Mr. G. Seetharam, Secretary, Sarvodaya Education Society inaugurated the session in presence of Mr. Subba Rao, Mr. Nagaraj Rao, Head Master, Dr. Thyagaraj, President IMA, Tumkur, Dr. Bhusan, Secretary, IMA, Tumkur and Cr Savitha Bharateesha, Chairperson, Area 6, Ladies Circle India. Students and teachers participated enthusiastically during this episode, indicating their inspiration and fascination provided by the program!

2nd Day Event on 28 May 2016: There was an expert panel discussion on "Diet and The Gut" by Dr. Naresh Bhat, Senior Gastroenterologist & Chief of GI Services, Aster CMI Hospital, Bangalore, Dr. Rajkumar P. Wadhwa, Chief Gastroenterologist, Vikram Jyoth Advanced Centre for Hepatobiliary & Pancreatic Disorders, Mysore and Dr. Amit Yelsangikar, Gastroenterologist & GI Oncol-

ogy, Aster CMI Hospital, Bangalore at the Indian Medical Association Auditorium. Dr. Prashanth B N, Consultant Gastrointestinal Interventional Endoscopist, Chaitanyaa Gastro Intestinal Care & Endoscopy Centre, Tumkur highlighted the importance of World Digestive Health Day, its history of how and when it began. The WDHD began as a commemoration of the 45th anniversary of the creation of the World Gastroenterology Organisation (WGO) on 29 May 1958. This was the last day of the First World Congress of Gastroenterology, which took place in Washington, DC, USA. WDHD was inaugurated in 2004 and first held in 2005. He also mentioned the WDHD's aim to raise public awareness of prevention and treatment of common digestive disorders. Each year focuses upon a particular digestive disorder in order to increase general public awareness of prevention and therapy.

After the panel discussion there was good interaction from the local doctors' fraternity, with 85 doctors of Tumkur district participating. Dr. G. N. Prabhakara, President, Indian Medical Association, Karnataka State chapter inaugurated this program in presence of Dr. Thyagaraj, T.V, President, IMA Tumkur and Dr. KPS Bhusan, Secretary, IMA, Tumkur.

3rd Day Event on 29 May 2016: All local newspapers carried the article on Diet and The Gut for awareness to the general public in the local Kannada language.



A TV program by a panel of Doctors on Pragathi TV talking about Diet and The Gut.



Awareness program at Chetnana School

There was also a Walk-A-Thon to celebrate WDHD and to spread awareness to the general public. It started at 07:00 flagged off by His holiness Dr. Sri Sri Veereshananda Saraswathi Swamiji, President, Ramakrishna Vivekananda Ashrama, Tumkur in presence of Mr. S. Naganna, Chief Editor, Prajapragathi newspaper, Tumkur, Dr. B.N. Nirvani Rao, Patron, and Senior surgeon, Tumkur and Dr. G N Prabhakara, President, IMA Karnataka state branch. Despite the rain, 850 people participated!

The final event was a televised program on Pragathi TV at 11:30 by a panel of doctors which included Dr. Rajkumar Wadhwa, Chief Gastroenterologist, Vikram Jyoth, Advanced Center for Hepatobiliary & Pancreatic Disorders, Mysore, Dr. Prashanth B N, Consultant Gastrointestinal Interventional Endoscopist, Chaitanyaa Gastro Intestinal Care & Endoscopy Center, Tumkur and Dr. Lokesh.L.V, Consultant Gastroenterologist, Ramaiah Medical College, Bangalore.

Special thanks to Namitha Smruthi Rajasekhar and Khushii Prashanth M for helping in writing this article.

World Digestive Health Day/Year 2016: Diet and the Gut in Venezuela



Maribel Lizarzabal, MD, PhD

Gastroenterologist and Hepatologist
 Chief Director Gastroenterology Department and Postgraduate Course
 Hospital Universitario de Maracaibo, Venezuela
 WDHD General Coordinator of the 2016 Campaign event in Venezuela

Mildred Fuenmayor, MD

Gastroenterologist
 Member of the Gastroenterology Department
 Hospital Universitario de Maracaibo
 WDHD Co-Coordinator of the 2016 Campaign event in Venezuela

Karla Acero, MD

Gastroenterologist
 Member of the Gastroenterology Department
 Hospital Universitario de Maracaibo
 WDHD Co-Coordinator of the 2016 Campaign event in Venezuela



WDHD Coordinators

In support of the global campaign for World Digestive Health Day 2016 of the World Gastroenterology Organisation (WGO), the Servicio Autónomo Hospital Universitario de Maracaibo (SAHUM), a regional center for gastroenterology, endoscopy, and hepa-



Dr. Maribel Lizarzabal speaking about WDHD 2016 during a radio interview

tology, organized a campaign around the theme “Diet and the Gut.”

A series of activities is being developed throughout the year, thus raising the level of health in our communities. The objectives of these activities are to:

1. Implement an educational plan to expand the general knowledge of diseases of the digestive system in the community (patients and families and/or public), through a medical information campaign in order to achieve awareness and promote public health.
2. Development of a medical education program driven by residents, medical interns, family physicians, and internists.

3. Request support laboratories, audiovisual equipment, billboards, and reproduction of educational material.
4. Develop strategies of release (press, radio, television, and networks).

Part I:

Educational lectures will be held for all patients of SAHUM. Presenters include: Dra. Marines Ruiz, Dra. Mildred Fuenmayor, Alcoholics Anonymous, Dra. Yurali Molina, Lic. Mareydis Daza, Dr. Luis Bermúdez, Dra. Edgardo Mengual, Dra. María Salazar, Lic. Gabriela Ruiz, and Dra. Karla Acero.

Topics covered included:

1. What should you eat to have a healthy bowel?
2. How to have good digestion?
3. The health of your colon and your diet are very important to your health.

Part II:

Preparation of two educational billboards on “Diet and Bowel. A life commitment.”

Part III:

Preparation of educational leaflets about:

1. The health of your colon and your diet are very important to your health.
2. What does it mean to eat healthy?
3. How to have good digestion?

Part IV:

An educational lecture will be issued every four months to doctors.

Topics covered included:

1. Small intestine: value for your health.
2. Consequences of poor intestinal absorption.
3. The importance of the intestines and pancreas for digestion.

Part V:

On Tuesday, 31 May 2016, an educational seminar addressed to the community was presented at the Auditorium of Marcel Roche of the School of Medicine- Maracaibo.

Topics covered included:

1. I have diarrhea, what do I do?
2. How do I know if I have inflammatory bowel disease (IBD)?
3. What tests diagnose IBD?
4. What is the recommended treatment for IBD?
5. Nutritional recommendations for patients with IBD.



Attendees at the WDHD event



Dr. Lizarzabal speaking at the WDHD event

Part VI:

Each Friday from 15 April through 13 May, 75 people participated in the course on healthy food, based on nutrition.

Topics covered included:

1. Healthy eating.
2. Dyspepsia and indigestion - how it affects your health.
3. A healthy intestine strengthens your immune system.
4. Irritable bowel syndrome (diarrhea- constipation), what to do?
5. What should I know about nonalcoholic fatty liver disease (NAFLD)?

PART VII:

A hike focused on "Living with Inflammatory Bowel Disease" took place during the morning of Sunday, 22 May in Maracaibo.

PART VIII:

Interviews on television, radio, and press were also conducted.

PART IX:

On Tuesday, 31 May 2016, an educational talk addressed to the community was presented at the Auditorium of Marcel Roche of the School of Medicine- Maracaibo.

Topics covered included:

1. What do you eat for a healthy gut?
2. The relationship between diet and gut for a healthy life.
3. How to have good digestion.

4. You want to take care of your liver? Watch what you eat.
5. The health of your colon and your diet are very important to your health.
6. Health and disease enter through the mouth.

PART X:

An article will be written for every point of the educational seminar addressed to the community. They will be published in newspapers and/or magazines.

PART XI: World Digestive Health Day/Year 2015 Program

A presentation of the conference along with a summary highlighting WDHD will be developed that covers the following:

1. Importance of good digestion.
2. Small Intestine, value for your health.
3. Consequences of poor intestinal absorption.
4. Intestine and Pancreas, importance for digestion.
5. Intestine and liver: Is there a relationship?
6. Diet and Colon behavior.
7. Nutritional Recommendations for a Healthy Bowel.

WDHD 2016 in India: A report on participation on a nationally televised show



Dr Govind K Makharia, MD, DM, DNB, MNAMS

Professor
Department of Gastroenterology and Human Nutrition
All India Institute of Medical Sciences

On the eve of World Digestive Health Day 2016, I was invited by the national television channel Doordarshan to participate in the show “Good Evening India” on May 28, 2016. The show was telecasted live and it included a phone-in program where viewers could connect. “Good Evening India” is a popular show and has a wide viewership both in the rural and urban part of India.

With the anchor of the show, I discussed with the viewers about the objectives of the WDHD and the theme of the WDHD 2016, ‘Diet and the Gut’. We discussed the importance of diet in keeping the gut healthy. Many viewers asked their health and diet related queries.



Dr. Govind Makharia

World Digestive Health Day in Paraíba: A report of a social action in the northeast of Brazil



Tarciana Costa, PhD

Scientific Director of Gastroenterology Society of Paraíba (2015-2016)
 Titular member of Brazilian Federation of Gastroenterology
 Gastroenterology Society of Paraíba and Universidade Federal da Paraíba (UFPB)
 João Pessoa, Brazil

Food intolerances are responsible for many digestive symptoms, such as bloating, abdominal distension, abdominal pain and diarrhea. In Brazil and other countries in South America, there is a high prevalence of lactose intolerance, and it is estimated that 70% of the adult population has different degrees of it, with typical clinical symptoms such as abdominal pain, flatulence and diarrhea¹. In the pediatric population, allergy to cow's

milk protein (CMPA) should be investigated when the child develops gastrointestinal symptoms when having contact with cow's milk. In Europe, the prevalence of allergy to cow's milk protein in the first year of life is 2% to 3%, and after 6 years, drops to 1%². A Brazilian study found that the incidence of CMPA is 2.2% and the prevalence is 5.7%³. Celiac disease is an inflammatory disease of the small intestine associated with permanent

intolerance to gluten, occurring in genetically susceptible individuals⁴. In the past, it was seen as rare; however, recent population studies have shown prevalence between 1:120 and 1:300 in the general population, both European and North American⁵. In Brazil, studies among blood donors demonstrated prevalence of 1:6816, 1:2737 and 1:2148, suggesting that this is not rare in our country.

The Gastroenterology Society of Paraíba (SGPB), under the management of Prof. Heraldo Rocha, PhD (2015-2016), in partnership with the Brazilian Federation of Gastroenterology (FBG), promoted a social event to celebrate World Digestive Health Day, celebrated every May 29. The event happened on May 30, 2016 in the city of João Pessoa (Paraíba/ Brazil),



Members of SGPB

in the event hall of Tambiá Shopping, located downtown. This site was chosen because it is an area with large flow of people.

This year, the theme chosen by the World Gastroenterology Organisation (WGO) was “Diet and the Gut”. In our event, according to this guideline, we shared information about the most prevalent eating disorders with general public, as well as guidance on how the dietary pattern may be associated with the onset of gastrointestinal symptoms. Some specific subjects were discussed such as celiac disease, non-celiac gluten sensitivity, lactose intolerance, allergy to cow’s milk protein, functional dyspepsia, among other gastroenterological disorders associated with diet.

The event was well received by the attendees. People participated in the discussions and most of them took the opportunity to ask questions on the topic. More than one thousand people attended the event throughout the day and visited the stand. Most of them congratulated SGPB for organizing the event, connecting the medical and academic community with the general population. People of different ages and socio-economic levels were present, strengthening the reach of actions like this. For implementation of the action, SGPB had the support of the Lauro Wanderley University Hospital (EBSERH) - Federal University of Paraíba (UFPB), as well as the support of members of Integrated Gastroen-

terology League of Paraíba (LIG-PB). Present at the event were clinical gastroenterologists, gastropediatricians and resident doctors of gastroenterology from UFPB. We prepared informative printed material with illustrations on the topic discussed, that were handed out during the event.

The Gastroenterology Society of Paraíba believes in the importance of carrying out actions like this, promoting discussions about relevant issues of gastroenterology directly with the population, out of doctors’ offices. In 2015, similar action was promoted based on the theme “Heartburn,” in accordance to the theme suggested by the WGO in that occasion, and had great success among public as well. This year (2016), the scope of the event included the population more broadly, attracting adults and children, arousing curiosity and interest in nutritional care. Thus, the guidelines reached the target public in a subtle and humorous way, conveying scientific knowledge based on evidence from the medical literature to the population at large.

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WGO and OPGE Symposium during the Pan American Digestive Disease Week

WGO is proud to highlight the completion of its symposium at the Pan American Congress, “Simposio OPGE WGO. Simposio World Gastroenterology Organisation,” which was held in partnership with the Pan-American Gastroenterological Association (OPGE) during the Pan American Digestive Disease Week that took place in Cartagena de Indias, Colombia from September 10-13, 2016.

Under the leadership of the Presidents of the partnering organizations, Dr. Luis Carlos Sabbagh (OPGE) and Dr. David Bjorkman (WGO), this symposium featured state of the art lectures in the following areas:

- Treatment of upper GI bleeding, presented by Dr. David Bjorkman (USA);
- Gastroesophageal Reflux Disease (GERD), presented by Dr. Ronnie Fass (USA);
- Probiotics, presented by Dr. Miguel Angel Valdovinos (Mexico);
- Hepatitis C, presented by Dr. Monica Tapias (Colombia);
- WGO President’s Lecture: Optimal GI practice in high and low resource environments, presented by Dr. David Bjorkman (USA); and
- WGO Distinguished Global Lecture: Project ECHO: is it possible to democratize health care?, presented by Dr. Henry Cohen (Uruguay)



Dr. Luis Carlos Sabbagh, Dr. David Bjorkman, Dr. Henry Cohen, Dr. Miguel Angel Valdovinos, Dr. Ronnie Fass

The WGO Distinguished Global Lecture

The WGO believes that it is important to continuously expand the ways in which WGO supports its Member Societies and Regional Affiliate Associations and their activities. The WGO Distinguished Global Lecture is a means by which WGO can even more effectively demonstrate its commitment to participating in and supporting the major annual or biannual meetings of the Regional Affiliate Associations. WGO appreciates the opportunity to partner with its Regional Affiliate Associations and looks forward to more collaborations in the future.



Dr. Henry Cohen

Each year, in conjunction with a WGO Regional Affiliate Association, WGO awards the WGO Distinguished Global Lecture to a physician who has contributed, from a global perspective, to education and training being offered on a regional basis.

WGO was privileged to honor its Past Past President, Dr. Henry Cohen (Uruguay), who was chosen, in collaboration with the OPGE, to deliver the esteemed WGO Distinguished Global Lecture, which was well attended and received. Dr. Cohen has been a leader in the field of gastroenterology for over 30 years and has supported the discipline globally, through education and training at all levels. He has been an active and key figure in the WGO, having contributed to and enhanced many WGO programs and initiatives during his tenure with WGO, including Train the Trainers (TTT) as both a participant and faculty member; chair for two Spanish language TTTs; steering committee member for World Digestive Health Day (WDHD); Training Centers; and Global Guidelines and Cascades.

Dr. Cohen’s lecture entitled, “Project ECHO: is it possible to democratize health care?,” highlighted the positive impact the program has had in Uruguay, which is now a Superhub, and where it is currently ran by the Faculty of Medicine at the University of the Republic.

Project ECHO, which stands for (Extension for Community Healthcare Outcomes), was developed by Prof. Dr. Sanjeev Arora at the University of New Mexico. The project is designed to improve access to health care for disadvantaged populations by linking experts at academic hubs with primary care clinicians in local communities.

To learn more about Project ECHO, how it began in Uruguay, and the program results and benefits, please read Volume 20, Issue 4, January 2016 of e-WGN here: http://www.worldgastroenterology.org/assets/media/ewgn/20_4/index.html#/20/

Hong Kong: 18th Joint Annual Scientific Meeting



Justin C.Y. Wu, MBChB, MD, FRCP (Lond, Edin), FHKAM, FHKCP, AGAF

President
The Hong Kong Society of Gastroenterology
Wanchai, Hong Kong
Organizing Chairperson: Dr. Jodis Ting-Wa Lam

The 18th Joint Annual Scientific Meeting was successfully held on 28 August 2016 and attended by 267 healthcare professionals. The conference is an annual landmark scientific event jointly organized by six societies for gastrointestinal and hepatobiliary diseases in Hong Kong, namely The Hong Kong Society of Gastroenterology, Hong Kong Society of Digestive Endoscopy, Hong Kong Society for Coloproctology, The Hong Kong Association for the Study of Liver Diseases, The Hong Kong Society of Gastrointestinal Motility, and the Hong Kong IBD Society.

There were eight lectures covering hot topics in gastroenterology, hepatology, endoscopy and surgery delivered by renowned speakers. Guest speakers from overseas included Dr.

George Webster (UK) and Dr. Marta Jimenez-Toscano (Spain). Other honorable local speakers included Dr. Kelvin Lam, Professor Wai-Keung Leung, Dr. Raymond Tang, and Dr. Heyson Chan.

The program was stimulating. Some of the exciting topics included treatment of autoimmune liver diseases and management of primary sclerosing cholangitis; update of fecal microbiota transplantation; innovative surgical treatment of rectal cancer; management of serrated adenoma/polyp; recent advances in endoscopic biliary intervention, and biologic therapy in IBD.

Interactive panel discussions were held at the end of each of the three symposia. Delegates participated actively throughout the discussions. This



Faculty of Symposium (from left to right): Dr. Marta Jimenez-Toscano, Prof. Wai-Keung Leung, Dr. Judy Ho and Dr. William Meng



Faculty of Symposium with the Organizing Chairman (from left to right): Dr. Wai-Man Yip, Dr. Raymond Tang, Dr. Heyson Chan, Dr. Jodis Lam and Dr. Aric Hui

year's meeting continued to provide a valuable platform for local and overseas gastrointestinal professionals and experts to exchange knowledge and share experience in different perspectives of GI diseases. It was proven to be an enjoyable and rewarding event.



Faculty of Symposium (from left to right): Dr. Kelvin Lam, Dr. George Webster, Dr. Annie Chan and Dr. Francis Li

Portuguese Society of Gastroenterology's Annual Meeting



Luís Tomé, MD

President of the Semana Digestiva de 2016
Vice-President of the Portuguese Society of Gastroenterology (SPG)
Lisbon, Portugal



Professor Luís Tomé opening the post graduate course

The Portuguese Society for Gastroenterology held its annual meeting in June 2016. The meeting took place in Algarve Convention Center near Albufeira. It was attended by almost 600 delegates from all regions of Portugal but also by doctors from Portuguese-speaking countries.

A post graduate course preceded the meeting. This course discussed innovations that developed recently in several areas of gastroenterology. Several topics related to inflammatory bowel diseases were approached, namely biomarkers or the new drugs recently developed. The best way to monitor drugs with anti TNF capabilities was evaluated.

A discussion about Hepatitis C was also included. The experts discussed the role of ribavirin in this setting. They also evaluated the need for surveillance after viral eradication and the destiny of patients that failed a course of treatment with the new drugs.

We progressed to questions in gastrointestinal motility. Chicago v3.0 was introduced. A discussion about the relationship of gluten intolerance and irritable bowel syndrome was also conducted. Novel concepts of intestinal microbiome were introduced. What is new in Rome 4 ended this chapter.

The last session in the post graduate course was prepared by our colleagues from surgical departments. They showed what actually is interesting for gastroenterologists, namely the possibility of performing a thoracic-laparoscopic esophagectomy. Discussion on the best approach for obesity (bypass, sleeve or switch) was evaluated. The

approach to high risk patients with acute cholecystectomy and robotic digestive surgery ended the first day of our meeting.

The first day of our meeting is traditionally a plenary session. We discussed the very important question of quality in endoscopy and also the sustainability of the Portuguese National Health Service. We also asked our fellow gastroenterologists who published abroad to present eight selected papers that were accepted in renowned peer-reviewed publications.

On Thursday afternoon through the next two days we separated into groups focusing on gastrointestinal tract, endoscopy and liver. Three different rooms concentrated on each of these subjects. We also had oral communications, hands-on sessions in endoscopy, and ultrasound.

Last but not the least we had the presence of several foreign doctors, experts in different fields, who brought the most important theoretical and



Event participants, including Professor Guilherme Macedo, Vice-President of SPG and treasurer of WGO

technical developments to our meeting. Of note were Dr. Jose Miguel Esteban who spoke about Barrett's Esophagus; Dr. Raf Bishops discussed lateral spreading tumors in the colon; and Dr. Helmut Neumann analyzed the new image enhanced endoscopy in the diagnosis of colon polyps.

Traditionally, we invited the President of the Brazilian Federation of Gastroenterology (FBG) to give a lecture at our meeting. We were delighted to hear Dr. Maria do Carmo Friche Passos deliver a very interesting discussion about functional symptoms after enteric infections.



View of some practical courses during Semana Digestiva 2016



View of some practical courses during Semana Digestiva 2016

9th Scientific Conference & Annual General Meeting Of SOGHIN



Mobolaji A Oludara, MBBS, FWACS, FICS Dip Lap Surg (Strasb)

Chairman, Local Organizing Committee
2016 Society for Gastroenterology and Hepatology in Nigeria (SOGHIN) Conference
Lagos, Nigeria



Preconference workshop

The Society for Gastroenterology and Hepatology in Nigeria held its 9th Scientific Conference and Annual General Meeting in Alausa, Ikeja, Lagos, Lagos State from 18-22 July 2016. There was a large turnout in attendance by participants including gastroenterologists, surgeons, pathologists, general practitioners, resident doctors and nurses. Resource persons came from within Nigeria and primarily from South Africa, Europe, North America and India among other countries. Attendees found the Scientific Conference to be robust in content. The Annual General Meeting that followed resulted in elections of new officers.

The local organizing committee (LOC) under the Chairmanship of Dr. Mobolaji Oludara, a Consultant General Surgeon, also included Dr. Mrs. Funke Adeleye, Consultant Gastroenterologist as Secretary. The other members were drawn mainly from the Lagos State University Teaching Hos-

pital, Idi-Araba and the Lagos State University Teaching Hospital, Ikeja.

The Conference theme was “Modern Technology in Gastrointestinal Practice” and sub themes were:

- (i) Basic and Advanced Laparoscopic Surgery.
- (ii) Recent Update in Management of Viral Hepatitis.
- (iii) Radiological Interventions in GI Practice.
- (iv) Advanced Gastrointestinal Endoscopy.
- (v) Molecular Diagnostics in GI Pathology

The preconference workshops took place at the Lagos State University Teaching Hospital, Idi-Araba (LASUTH) and the Lagos State University Teaching Hospital, Ikeja (LUTH) while the main conference was held at the prestigious NECA House, Alausa, Ikeja, Lagos. Also held at Alausa was the Annual Dinner at the magnificent Memorable Gardens. Hotel accommodation for facilitators and guests was mainly at the Protea Select and De Renaissance hotels in Alausa.

A press conference was organized on the first day of the preconference workshop and was attended by the SOGHIN President, supported by the LOC Chairman, Dr. Oludara and Dr. Funmi Lesi (Chairman Scientific Subcommittee), as well as Dr. Onyekwere (Chairman Fundraising Committee). Another press interview

took place after the opening ceremony on Thursday, 21 July.

PRE-CONFERENCE WORKSHOPS (Attendance was 170)

The preconference workshop took place on 18-19 July 2016 at LUTH and LASUTH. Special skills enrichment programs were organized for the resident doctors in gastroenterology, surgery, and pathology. The gastroenterology nurses also had their special training session. The surgical preconference workshop was divided into a basic laparoscopic workshop in LUTH. This was anchored by Drs. Osinowo, Adisa, and Balogun at the LUTH surgical skills laboratory. The attendees had didactic lectures on basic laparoscopic surgery which was followed by dry labs experience and wet labs experience using anaesthetized 40kg pigs. They were able to perform basic procedures of PEG transfer, hand eye coordination, intracorporeal and extracorporeal suturing and later laparoscopic cholecystectomies on the anaesthetized pigs. At LASUTH, laparoscopic surgery was performed by Dr. M. A. Oludara. Facilitators included the conference guest lecturer Professor Fiemu Nwariakwu and Dr. Talwar (from Manipal Hospital, India). Laparoscopic cholecystectomies were performed.



Best of EASL postgraduate training



His Excellency General Yakubu Gowon Rtd. Former Nigerian leader - Chairman of the opening ceremony

Training in upper and lower gastrointestinal endoscopy was done at the WGO Lagos University Teaching Hospital (LUTH) under the supervision of local and international faculty staff including Professor's Patrick Okolo and Sandie Thomson. The pathology preconference workshop, which was held at the White House in the department of anatomical pathology in LUTH, was well attended.

WELCOME COCKTAIL.

The welcome cocktail took place in the evening of Wednesday, 20 July at the Foyer space of the Main Hall of the NECA House. It was an opportunity for participants to network among themselves while enjoying the ambience of the magnificent NECA House.

BEST OF EASL POSTGRADUATE TRAINING

(Attendance was 245)

This also took place at the NECA House on Wednesday 20 July and was well attended. The facilitators were

Professors Sandie Thomson, Reid Ally, and Damon Bizos. from the Gastroenterology Foundation of South Africa as well as Professors Mark Thurz and Frank Tacke from the European Association for the Study of the Liver (EASL).

MAIN CONFERENCE

(Attendance was 192)

The main conference took place on 21-22 July 2016 at the NECA House. Events went on simultaneously in the Main Hall, the Osunkeye Hall, the Abuja Hall as well as the Bauchi Hall, which hosted the exhibitions. The opening ceremony had a large attendance. The Chairman of the opening ceremony was His Excellency, General Yakubu Gowon, Former Head of State, and Hepatitis Goodwill Ambassador in Nigeria. He was supported by the representative of His Excellency, Governor of Lagos State, Mr. Akin Ambode -- the Special Adviser to the Governor on Health, Dr. Olufemi Onanuga. Also in attendance was the representative of the Honorable Commissioner for Health, Lagos State Dr. Jide Idris -- Chief Medical Director of LASUTH, Professor David Wale Oke.

A welcome address by the LOC Chairman was followed by an address by the national President of SOGHIN, Professor Musa Borodo. The Chairman of the event, in his opening remarks called upon SOGHIN to join him also in the fight against hepatitis at the grassroots



Scientific session in progress

level. The guest lecture was delivered by Professor Fiemu Nwariaku of the University of Texas Southwestern Medical Center. The Topic was "The impact of newer technologies in the management of diseases of the gastrointestinal tract." The event was rounded out with goodwill messages from the guests of honor and thereafter a tour of the exhibition grounds by the Chairman. In all, six symposia and three scientific sessions of oral abstract presentation were held over two days. Most of the presentations touched on state-of-the-art procedures and updates in knowledge in various disciplines and specialties in gastroenterology and hepatology, especially radiologic interventions and various forms of Hepatectomies apart from a robust Hepatitis forum. Participant turnout was unprecedented.

ANNUAL DINNER.

The Annual Dinner took place at the Memorable Gardens in Alausa, Ikeja. The evening was made entertaining by the performance of a stand-up comedian.

ANNUAL GENERAL MEETING.

The Conference concluded with an annual general meeting also in the main Hall of NECA House. Ekiti State was announced as the venue of the next SOGHIN meeting in 2017.



Participants at SOGHIN 2016

Inauguration of the WGO Blantyre Training Center – May 2016



Melita Gordon, BA, BM, BCh, MA, MRCP, DTM&H, MD

Director, Blantyre Training Centre
Professor and Honorary Consultant in Gastroenterology, University of Liverpool
Group Leader, Malawi-Liverpool-Wellcome Trust Clinical Research Programme (MLW) & University of Malawi College of Medicine



Carolyn O'Leary, BSc (Hons), MPH

Programme Support Officer
Wellcome Trust Liverpool Glasgow Centre for Global Health Research
University of Liverpool



Delegates attend the inauguration event at the Blantyre Training Center

Hospital (supported by NHS Greater Glasgow and Clyde). The hub and spoke hospitals work together to train Malawian medical staff with international support.

The main driver for developing endoscopy services in Malawi has been the high level of pathology requiring therapeutic endoscopic intervention; most notably esophageal varices and esophageal squamous cell carcinomas. At the Training Center, endoscopists and nurses are trained in multi-layered training sessions with hands-on patient training, and the use of models for skills sessions. In addition, the Training Center has recently developed a foundation course for trainees without endoscopy experience, allowing registrars and clinical officers to gain a basic understanding of the role of upper gastrointestinal (GI) endoscopy in the diagnosis and management of common upper GI disorders, how to prepare patients for endoscopy, and how to recognize and manage endoscopic complications.

Events on the inauguration day started with a tour of QECH and CoM, led by Prof. Melita Gordon, director of the Training Center. Following this, Dr. Henry Mwandumba introduced the official event, which included speeches from each collaborator. Prof. David Bjorkman from WGO and Dr. Andrew Veitch from

The Blantyre Endoscopy Training Center was officially inaugurated as a WGO Training Center on 10 May 2016. The Blantyre Training Center, based at Queen Elizabeth Central Hospital (QECH), is a collaboration between the World Gastroenterology Organisation (WGO), British Society of Gastroenterology (BSG), the Joint Advisory Group on GI Endoscopy (JAG), and the local partners QECH, the University of Malawi College of

Medicine (CoM) and the Malawi Ministry of Health (MoH). The inauguration event was followed by a three day training course for Malawian endoscopists and nurses, with international faculty also attending to assist training.

The Training Center has aimed to achieve a sustainable endoscopy training program within the country. The unit was established as a training hub in 2008 and has trained several local endoscopists to become effective local trainers. The network within Malawi has expanded since 2008 and now operates as a hub and spoke system, with QECH Blantyre (supported by the University of Liverpool and the Royal Liverpool and Broadgreen University Hospitals NHS Trust) as the hub and three district hospitals acting as spokes; Kamuzu Central Hospital, Lilongwe (supported by Blackpool Teaching Hospitals NHS Trust); Zomba Central Hospital (supported by South Devon Healthcare NHS Foundation Trust) and Mzuzu Central



Delegates receive certificates following the first courses at the Blantyre Training Center



Endoscopists, nurses and local and international faculty at the Blantyre Training Centre

BSG spoke at the event, as did Dr. Mwapatsa Mipando, CoM Principal, Dr. Andrew Gonani, QECH Director, Anstead Kankwatira, QECH endoscopy trainer, and Rose Malamba, QECH nurse trainer. Following a buffet lunch, the Training Centre was officially opened and a plaque was unveiled by Dr. Mipando. Local newspaper journalists and television cameras were invited to the event, and the inauguration was subsequently featured on local television news.

The goals of the new Training Centre are:

- To promote the highest standards in training in gastroenterology, hepatology, oncology, endoscopy and digestive surgery in Malawi and surrounding Central Africa regional centers.
- To train local endoscopists and nurses to provide a high quality endoscopy service.
- To partner in developing a curriculum for training, particularly among CoM graduates, based on current science, ethical principles and relevance to local and regional health care needs.
- To expose trainees to the most current knowledge in gastroenterology.

- To foster interactions between international, local and regional experts in the field of gastroenterology.
- To promulgate best practice guidelines in the prevention, detection, and management of digestive disorders.

Following the inauguration day, international and local faculty and local endoscopy and nurse trainees attended three days of training at the Training Center. Courses included hands-on training, practical sessions on Eurologator use and scope cleaning (for nurses) and small group teaching sessions on upper GI bleeding, esophageal cancer, schistosomiasis and peptic ulcer disease (for endoscopists).

Direct Observation of Procedural Skills (DOPS) was completed for both endoscopists (formative DOPS) and nurses. The data from these forms will also be incorporated into the overall evaluation of endoscopy training in Malawi which is ongoing.

Following the end of the courses on Friday 13th May a graduation ceremony and certificate presentation were made at the Training Center by Prof. Gordon and Dr. Veitch. Richard Nyahoda and Margaret Honde (both from Mzuzu Central Hospital) made speeches on behalf of the endoscopists and nurses respectively.

The center aims to move forward and host two course sessions per year (with several training courses being held simultaneously as per previous sessions), with funding provided by BSG.



Mr. Mwapatsa Mipando officially opens the Blantyre Training Centre

Japan: Meeting Report on The 5th International Forum



Mamoru Watanabe, MD, PhD

Vice President (Research and Industry-University Alliance)
Professor and Chairman, Department of Gastroenterology and Hepatology
Director, Advanced Clinical Center for IBD
Tokyo Medical and Dental University
Tokyo, Japan



5th International Forum

I was honored to host the 102nd General Meeting of the Japanese Society of Gastroenterology (JSGE), which was held from April 21 to 23, 2016 in Tokyo, Japan. More than 6,500 gastroenterologists, the highest number in the history of the general meetings of JSGE, attended the congress.

The general meetings of JSGE literally have a 102-year history and is the most authoritative annual congress for Japanese gastroenterologists. The main theme of the congress was set to “A New Horizon in Gastroenterology led by Clinical Science”, which represented our resolution that basic research conducted by clinicians is most important to further improve gastroenterology that has been achieved in the last 100 years and to conquer intrac-

table diseases in the coming 100 years. The congress featured 10 symposia 10 panel discussions, 10 workshops, 74 oral presentation sessions, and 300 poster presentations to cover various fields of gastroenterology including inflammatory bowel disease (IBD), liver diseases, endoscopy, pancreatic diseases, biliary diseases, and cancers. We reviewed the current status of clinical and basic research in those fields and discussed future directions of gastroenterology.

We also held the 5th International Forum as a part of the 102nd General Meeting of JSGE. The purpose of this international forum is to provide an opportunity for young researchers in the field of gastroenterology to learn and discuss the latest basic science

and clinical research conducted by outstanding international and domestic researchers. This was a two-day forum held on April 21 and 22. The theme of the first day was “A New Era in Basic and Clinical Research in Inflammatory Bowel Disease”. We invited world-renowned speakers in those fields from overseas for the first day sessions:

- Prof. Stefan Schreiber from University Hospital Schleswig-Holstein, Kiel, Germany;
- Prof. Averil Ma from University of California, San Francisco, USA;
- Prof. Julian Panes from Hospital Clinic de Barcelona, Spain;
- Prof. Remo Panaccione from University of Calgary, Canada;
- Prof. Stephan B. Hanauer from Northwestern University Feinberg School of Medicine, Chicago, USA;
- Prof. Dong Soo Han from Hanyang University Guri Hospital, Seoul, Korea;
- Prof. Siew C. Ng from the Chinese University of Hong Kong, Hong Kong; and
- Prof. Daniel K. Podolsky from University of Texas Southwestern Medical Center, Dallas, USA

For the second day sessions, the theme was “Precancerous Lesions and Conditions of the Gastrointestinal Tract”. World-renowned speakers included:

- Prof. Ernst Johan Kuipers from Erasmus MC University Medical Center Rotterdam, The Netherlands;
- Prof. Shuji Ogino from Harvard Medical School, Boston, USA;
- Prof. Ceu Figueiredo from the University of Porto, Portugal;
- Prof. Mario Dinis-Ribeiro from Portuguese Oncology Institute of Porto, Portugal;



Presidential speech in the 102th general meeting of the Japanese Society of Gastroenterology

- Prof. Dong Wan Seo from Asan Medical Center University of Ulsan, Seoul, Korea.

In addition to these international researchers, 15 outstanding Japanese researchers also presented their research. In the first part, the recent advance in pathogenesis, novel diagnostic modalities, new as well as future therapies of IBD was presented and discussed. Topics in the second part included molecular mechanisms of cancer development, early detection, prevention, and treatment of various gastrointestinal cancers. More than 100 young researchers attended

this forum. There was active discussion. In the poster presentations, 22 young investigators presented their research and discussed with the top-class scientists who were invited to this forum. I believe that this forum stimulated those young researchers and motivated them to succeed in the world.

It should be noted that this forum incorporated the United European Gastroenterology (UEG) rising star lectures. This was the first collaborative session between JGA and UEG, and represented a strong partnership between the two societies. Dr. Ingrid Ordas from Hospital Clinic de Barcelona, Spain and Dr. Trevor A Graham from Queen Mary University of London, UK were awarded as the UEG rising stars. Dr. Ordas spoke about the use of MRI in the management of Crohn's disease and Dr. Graham spoke about the clonal evolution of cancer in the human colon. I hope that these two young researchers will become a strong bridge between Japan and Europe in the field of gastroenterology.

The meeting was surely successful and I believe that through this congress, we could make a great milestone for young researchers in the field of gastroenterology. I hope that they will conduct research to reveal pathogenesis of gastrointestinal diseases and develop novel diagnostic approaches and therapeutic interventions.



Endo Live Roma



Guido Costamagna, MD

Course Director
Head, Digestive Endoscopy Unit
Fondazione Policlinico Universitario A. Gemelli
Catholic University, Rome, Italy

The 2016 edition of the International Workshop on GI Endoscopy “Endo Live Roma” which took place on May 11-13 was once again a huge success in many aspects:

- 575 attendees (including 75 nurses) from 42 countries worldwide
- 44 members of faculty
- 118 industry representatives
- 30 industry partners
- more than 40 live cases carried out in 3 days (all patients who underwent procedures during the live demonstrations were discharged without any complications).

The 3-day live demonstration marathon presented the most recent techniques of diagnostic and therapeutic

digestive endoscopy spaced out by state-of-the-art lectures, a live debate on “GERD and the difficult patient”, a mini-symposium on “Endotherapy of morbid obesity and diabetes”, a tandem lecture on “EUS-guided therapies” and satellite symposiums for the industry offering the audience demonstrations and detailed explanations on new techniques and endoscopic devices. The first day was exclusively dedicated to “Colonoscopy and Colorectal Endoscopic Resections” to emphasize critical aspects related to colonoscopy and update the audience on recent developments in the identification, evaluation and treatment of colorectal neoplastic lesions.



Auditorium of Catholic University

Worldwide experts and rising stars of the GI Endoscopy firmament were again part of the faculty of this new edition of the workshop. They contributed with their knowledge and inventiveness to make the live endoscopy sessions remarkable, instructive and stimulating, focusing on the real hot-topics of GI Endoscopy, including: ERCP, peroral cholangioscopy and pancreatoscopy, endoluminal radiotherapy and treatment of pancreatic cysts, management of gastrointestinal bleeding, Endoscopic Mucosal Resection and Submucosal Dissection, radiofrequency ablation of Barrett’s Esophagus, Peroral Endoscopic Myotomy (POEM) for the management of achalasia, endoscopic cricopharyngeal myotomy for Zenker diverticulum, diagnostic and therapeutic device assisted enteroscopy, confocal endomicroscopy, and the most recent innovations in diagnostic and interventional endoscopic ultrasound.

In addition to the technical aspects, a methodological presentation was made, for all the live cases presented, of the decision-making prior, during and after the procedure on the diagnosis and treatment of the cases considered in close cooperation with the latest technical innovations and solutions provided the biomedical industries.



Plenary discussion with the experts on the patients treated



Exhibition area



Live demonstration with Prof. Guido Costamagna and Prof. Gregory B. Haber

This year's edition proved once again that the educational value of this event is central, enriched by a close interaction between the moderators, experts and the public during the live cases. In addition, the opportunity to meet face to face with international experts during the breaks, promoting the discussion of clinical

cases along with the exchange of experiences and knowledge, is definitely one of the most important aspects of Endo Live Roma.

Save the date for 2017: May 17th, 18th, and 19th! For more information, visit www.endoliveroma.it.



British Society of Gastroenterology 2016 Annual Scientific Meeting Report



Jayne Eaden, MBChB, MD, FRCP

British Society of Gastroenterology Senior Secretary and Program Committee Chair
United Kingdom

The annual meeting was held in Liverpool at the Echo Arena from 20-23 June 2016. The conference attracted a record number of delegates with 2,199 attendees. 97% of delegates rated the meeting and program content as being very good / good and many stated it was the best BSG they had attended! Although there is a drive to make all meetings paperless, the majority of delegates appreciated having the conference newspaper, the “Delegates Digest”, which included all the program sessions along with special features on prize winners and section highlights. There were other firsts at the conference including hot food, new prizes for the best abstracts, Twitter for novices sessions, screens displaying live Twitter feeds, a free power-pack for every delegate, and interactive mapping, messaging and delegate finder on the conference app.

The meeting commenced with a very well-attended post-graduate education day with a state-of-the-art lecture on the microbiome, cutting-edge updates in many areas of gastroenterology and interactive sessions on managing endoscopic complications throughout the day. This was followed by the trainee sections’ novel symposium on “Gastroenterology in War Zones”.

Tuesday began with free paper sessions followed by the BSG Plenary. This saw Prof. Michael Camilleri deliver the Sir Arthur Hurst lecture on ‘advances in the management of

chronic constipation and diarrhea’, the Sir Francis Avery-Jones research medal lecture from Dr. Ye Oo and the New Perspectives lecture from Prof. Jane Dacre, President of the Royal College of Physicians, on ‘interesting times’. The highest ranking conference abstract was also showcased and the inaugural BSG Lifetime Achievement Award was presented to a very popular and well deserved recipient: Prof. Chandu Bardhan. That evening also saw the popular conference party organized by our trainee section in the Albert Dock featuring ‘The Cheatles’.

The conference held several parallel symposia on all aspects of gastrointestinal and liver disease. There was a good balance of basic and clinical science symposia, state-of-the-art lectures and clinical updates throughout the week. Many sections of the BSG had collaborated to provide twelve joint symposia enhancing shared learning with many sessions being interactive. Live endoscopy was reintroduced at the conference with Wednesday seeing a full day of live links from Aintree. The sessions focused on “getting the basics right” and were particularly popular with delegates. The Thursday Scientific Translational Master Class looked at the gut neuroendocrine system in detail and Core also featured strongly having two sessions in the main program in addition to their patient symposium. Live Twitter feeds were



Professor Subrata Ghosh presenting the highest ranking abstract during the BSG plenary session.

displayed on screens around the venue and thanks go to the ‘BSG Twitterati’ for keeping those screens fun, dynamic and insightful!

Almost 800 abstracts were submitted with an acceptance rate of 71%. From Tuesday through Thursday there were lunchtime poster judging rounds conducted by BSG committee members. Each and every poster was judged so authors got the chance to showcase their research and obtain feedback from experts in their field. There were also abstracts of distinction, exhibition posters and video presenters had tablets to show their videos to interested delegates.

Some sessions at the conference were extremely popular and delegates were turned away. Room sizes will be scrutinized for the next conference but if BSG members missed any presentations at the conference they are now available on BSGtv which can be accessed on the BSG website (www.bsg.org.uk). Planning is already in progress for our next conference which will be held in Manchester from 19-22 June 2017. Put the date in your calendar now!

I enjoyed the process of chairing the scientific program committee enormously and thank all those involved in contributing to BSG 2016.



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WGO Guidelines and Cascades — Development process and methodology

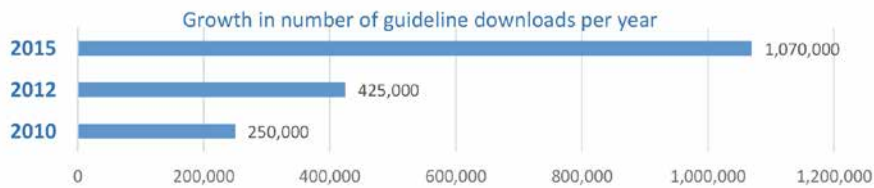


Anton LeMair, MD
 WGO Guidelines Project
 Amsterdam, The Netherlands

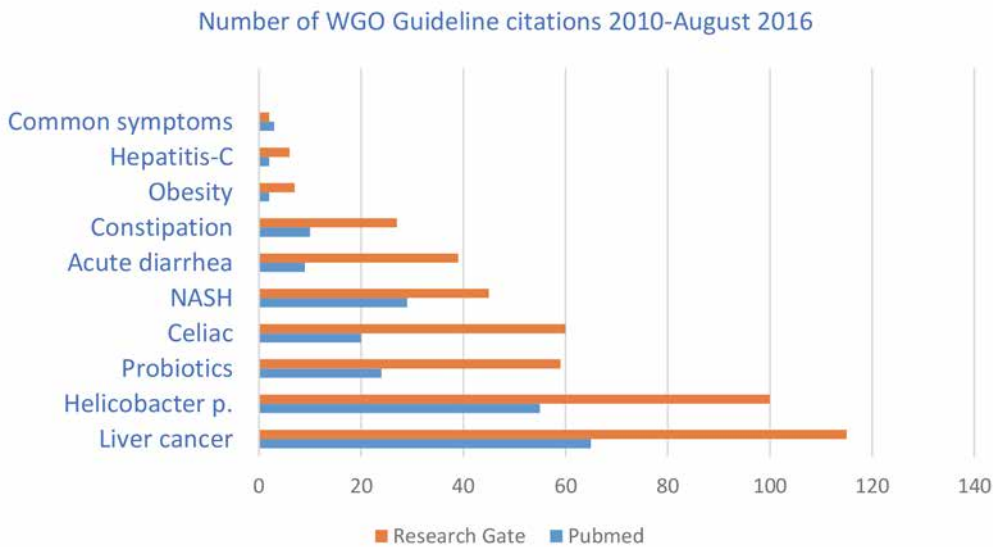


A Resource Sensitive Solution

For more than a decade, WGO has a Guidelines Development program publishing more than 25 titles. Year after year the WGO Guideline download and page-view statistics show a very strong growth and have now reached and topped 1 million downloads per annum while attracting over 50% of the overall traffic to all WGO website-sections.



The citation of WGO Guidelines and Cascades is another indication of the (relative) impact of our guidelines – the graph below is an indication of the number of citations of some our guideline topics as provided by ResearchGate and Pubmed.



Altogether, user input, the number of downloads and page-views, the percentage of WGO guidelines with Cascades (83% now, 64% in 2012), and the decreasing ‘age’ of our guidelines with Cascades indicate that the WGO Guidelines group is delivering good and effective results based on a stable process that works.

One article specifically states that “*The WGO (...) developed resource-cognizant cascades (...) outline management of GI diseases based on resource-level, which can be equally if not more effective than training centers as they can be applied universally*” (1)

With its program, WGO guidelines aim to close the gap between scientific progress and medical practice. Measuring the

impact of our guidelines and implementation of our practice recommendations would be very useful and although a full systematic impact study is not currently within our reach, the newly installed (and future) user questionnaires and surveys, will provide critical information to improve our Guideline Development program and methods further.

With limited budgets it is quite a challenge to do what we do and it is only because of our very active guideline Review teams – all working pro-bono – that we are able to produce Cascade based guidelines. Our aim is that Review Teams always include gastroenterologists practicing in Asia, Africa and Latin America, and that they are chaired by an expert on the topic and a GI specialist from a Low/Middle Income Country. In this way can we make sure that what we write has relevance outside the ‘West’.

The primary target group are health professionals worldwide, and our guidelines should also be available and understandable to other interested parties, including patients, funders, and policy makers. Our Guideline Development chairs and Review Teams include world leading experts and we are happy to refer to leading society guidelines if we review gold standards for diagnosis and treatment.

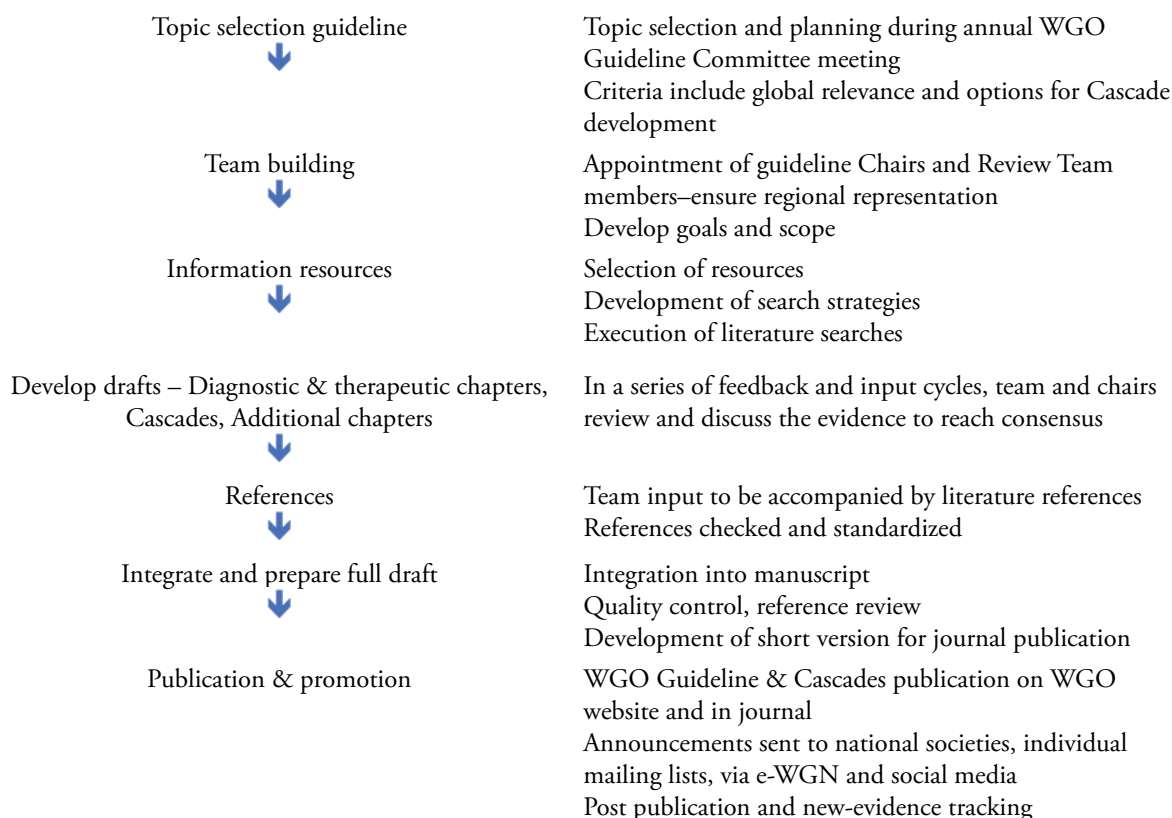
All WGO Guidelines are translated into 6 different languages to facilitate uptake globally – to publish in English only severely limits accessibility of our guidelines. Our website statistics clearly shows this. New guidelines and updates are promoted by email and newsletter announcements reaching over 50,000 individual members of the more than 100 national GI societies and 4 regional associations of gastroenterology represented by WGO.

Guideline Development work process

Review Teams and a guideline Chair and Co-chair are appointed to develop each WGO Guideline. Team members are invited experts representing all the regions that make up the diversity among the membership of WGO and the guideline’s target readership. Guideline Chairs head the Review Teams and together they play a crucial role in evaluating the evidence, writing the guideline, and developing the Cascades.

The key element in the development of our guidelines is a series of expert feedback cycles during which the manuscript develops from the first draft version to a version which includes the highest level of evidence and consensus among the guideline Review Team members. Before publication, the WGO Guideline Committee members and the WGO leadership can review and comment on the newly developed or updated guidelines.

Principle Guideline Development steps



The systematic approach to literature research, team formation, review of evidence and knowledge, and a balanced regional involvement and participation of local health care experts are essential to the guideline-making process and the quality of the resulting clinical practice guidelines.

The following WGO Guidelines goals and quality levels are actively monitored during the development and update processes.

- Transparent and traceable ‘translation’ of professional and scientific knowledge into clinical practice statements, and an independent and unbiased editorial process.
- Delivery of clear and concise clinical practice guidelines.
- Development of Cascades of resource sensitive alternatives for diagnosis and management to maximize global applicability and impact on health care and health policy.
- Publishing of Guidelines developed by a global team of clinically active, leading content experts.

Evidence – what we do and what we do not do

Each guideline must include an evidence summary from the key medical articles and existing (gold standard) guidelines, if available and if current.

Evidence is collected and selected by searching Medline/Pubmed, EMBASE, and other sources if applicable and relevant, such as the Cochrane library, Cinahl, and the guideline Clearinghouse databases.

So-called ‘Level 1’ Evidence is collected from the databases (Level 1 evidence is generally defined as a systematic review of Level 2 evidence which includes groups of randomized controlled studies for intervention and diagnostic accuracy, and prospective cohort studies for prognosis and etiology, and other evidence-based practice guidelines). The Review Team will be kept up to date with all current and new evidence through the Evidence Alert update services based on monthly high level evidence searches in EMBASE/Medline.

The evidence is assessed and recommendations are formulated by expert consensus, and include references to relevant sources: published articles and other (‘gold-standard’) guidelines.

We do not perform our own Systematic Reviews (which would require the gathering of relevant randomized controlled trials (RCTs) with carefully designed inclusion and exclusion protocols), or new evidence analysis (requiring and then building strictly structured evidence tables from where to start the synthesis and then the recommendations and grading).

Instead, we identify the best available evidence from a variety of sources including existing systematic reviews and guidelines from the most authoritative and influential societies and we then try to summarize this in a new way taking account of available resources – that is to say, we built Cascades – as a Global society we believe guidelines must not be resource-blind but instead sensitive to available resources and local culture and circumstances.

WGO Guidelines’ evidence base

Gathering evidence is a paramount concern, however very often there is very little evidence, if any, about diagnostic and treatment options that take account of limited resources and other ‘Cascade’ factors. After all, when trials are designed they tend to compare new treatment options with existing options (more often against placebo) rather than older solutions or solutions based on locally available materials or resources. There is another aspect here also. Whilst we collect the evidence we leave it to the team to process this as they see fit. We do not work with extraction tables for them to build evidence base elements: chances are a member from, for instance, China would look at this differently than a member from the US – both would know the gold standard – what they would look for is evidence (and ideas) how other approaches might work for them, given their experience and knowledge and available resources. We are really practicing a sort of ‘Comparative Gastroenterology’ here.

We identify published ‘gold standards’ – it is extremely important but it is the easy part and usually it means citing the relevant parts of an existing guideline from one of the top societies or perhaps a Cochrane review. Often, one or more gold standard guideline authors are also on the Review Team for our WGO Guideline and we are happy to refer to these leading society guidelines if we talk about a gold standard for diagnosis and treatment.

To have world experts supporting our approach is a great honor and not a little encouraging.

For our Cascades, we identify options available to those regions which do not have access to the resources needed when applying the gold standard. Or when other ‘Cascade relevant’ factors influence the usefulness of gold standard recommendations. So we write for areas with fewer or even very few resources, and where global aspect data (prevalence and incidence worldwide if available), and cultural and patient preferences require an alternative approach in diagnosis and management.

During the guideline production process we also send the teams regular evidence updates from Medline/Pubmed and EMBASE of articles that have met our criteria that month. We continue to do this after the 'opening' of the guideline – team members are informed of the most recent developments. A further service – both for our teams and also for colleagues worldwide is our graded evidence service. Searches are done every quarter and results are evaluated so that colleagues have immediate access to key articles and we have built this in as an extra security – guideline team members can raise the 'alarm' if new evidence becomes available that might require us to edit our existing text. We can claim our publication is a 'living document' because we do make (small) adjustments when necessary.

Cascades – powerful tool in WGO Guidelines

There is a real gap between what is known and what is done. The WGO guideline project aims to close this gap.

From the medical scientific literature, we can learn what is known. From experts and their global networks we can learn what is done and then design guidelines that take account of this.

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

The WGO's goal is to make 'global' guidelines and resource limitations matter. A gastroenterologist in, for instance, the Sudan or mainland China or in remote corners in Europe, may not always have easy access to 'the state of the art' tools and technologies assumed by the large international guidelines.

Through the WGO Cascades, each guideline offers different treatment options for diagnosis and treatment depending on the context and resources available within the target region

Challenges & future plans

WGO sees opportunities to invest further in the integration with other WGO activities, such as synchronization with World Digestive Health Day topics – our GERD and Celiac Disease guidelines, the curriculum of the WGO Training Centers and Train the Trainer (TTT) initiatives, spinoffs for pharmaceutical industry public programs, and local and global meeting programs, such as our participation in the scientific program at the GASTRO 2015 and 2016 meetings.

WGO represents over 50,000 gastroenterologists worldwide, and we should activate the membership from countries/regions that benefit from our Cascades, join forces and make the concept stronger in a systematic way.

Our goal for 2017 is to further develop our relationship with our 'Cascade Faculty', i.e. current and past Review Team and WGO Guideline Committee members, and to further investigate what our Guideline users need and how to help optimize implementation of our global WGO Guidelines and Cascades. We invite our users and readers to share with us their views and ideas to improve a diverse regional representation in our Guideline Development Review Teams and their suggestions for a better use of the clinical knowledge and expertise available.

Further reading and references

For more information about what Cascades-based guidelines aim to achieve, please refer to the article by Michael Fried and Justus Krabshuis (2): "Can 'Cascades' make guidelines global?" and articles by Benjamin Anderson from Washington about his resource based approach to breast cancer (3,4)000 breast cancer deaths around the world in 2002, 221,000 (54% and by Sidney Winawer from the Memorial Sloan-Kettering Cancer Center in New York about Cascades for colon cancer screening (5).

1. Perl D, Leddin D, Bizos D, Veitch A, N'Dow J, Bush-Goddard S, et al. Endoscopic capacity in West Africa. *Afr Health Sci.* 2016 Mar;16(1):329–38.
2. Fried M, Krabshuis J. Can "Cascades" make guidelines global? *J Eval Clin Pract.* 2008 Oct;14(5):874–9.
3. Anderson BO, Jakesz R. Breast cancer issues in developing countries: an overview of the Breast Health Global Initiative. *World J Surg.* 2008 Dec;32(12):2578–85.
4. Anderson BO, Shyyan R, Eniu A, Smith RA, Yip C-H, Bese NS, et al. Breast cancer in limited-resource countries: an overview of the Breast Health Global Initiative 2005 guidelines. *Breast J.* 2006 Feb;12 Suppl 1:S3–15.
5. Winawer SJ, Krabshuis J, Lambert R, O'Brien M, Fried M, World Gastroenterology Organization Guidelines Committee. Cascade colorectal cancer screening guidelines: a global conceptual model. *J Clin Gastroenterol.* 2011 Apr;45(4):297–300.



Calendar of Events

WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

World Congress of Gastroenterology (WCOG) at ACG 2017

When: 13-18 October 2017
Location: Orlando, Florida, USA
Organizers: American College of Gastroenterology and World Gastroenterology Organisation
E-mail: info@worldgastroenterology.org

WGO Member Societies Submit Your Event

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

CALENDAR OF EVENTS

DECEMBER 2016

9th Hepatology and Gastroenterology Post Graduate Course

When: 8-9 December 2016
Location: Cairo Conrad Hotel
Address: 1191 Nile Corniche, Cairo, Cairo Governorate 11221, Egypt
Organizer: Prof. Ibrahim Mostafa
E-mail: ibrahimmostafa@egyptgastro-hep.com
Website: www.egyptgastrohep.com

ISGCON 2016: 57th Annual Conference of Indian Society of Gastroenterology

When: 15-18 December 2016
Location: Hotel Pullman New Delhi
Address: Aerocity Hospitality District, IGI Airport New Delhi, 110037 New Delhi, India
Organizers: Indian Society of Gastroenterology (ISG) and Indian National Association for Study of the Liver (INASL)
E-mail: isgcon2016@gmail.com
Website: <http://www.isgcon-2016.com/>

JANUARY 2017

Innovations in Gastroenterology

When: 4-6 January 2017
Location: Hilton Hotel
Address: Ha-Yarkon St 205, Tel Aviv-Yafo, 6340506, Israel
Organizer: Israel Gastroenterology Association
Website: <http://www.comtecmed.com/gastro/2017/>

FEBRUARY 2017

24th Annual Convention and Scientific Seminar of Bangladesh Gastroenterology Society

When: 10-12 February 2017
Location: Bangabandhu International Conference Center (BICC)
Address: Agargaon, Shere-E-Bangla Nagar, Dhaka-1207, Bangladesh
Organizer: Bangladesh Gastroenterology Society
Phone: +880 1819221115
Fax: +880 255165070
Website: <http://bgs-bd.org>

15th SGA Annual Meeting

When: 11-12 February 2017
Location: Jeddah Hilton
Address: Corniche Road, Al-Shate'a, Jeddah 21362, Saudi Arabia
Organizer: Saudi Gastroenterology Association (SGA)
Phone: +966 5 644126 e+011
E-mail: sga@saudigastro.com
Website: www.saudigastro.net

MARCH 2017

Canadian Digestive Diseases Week (CDDW) 2017

When: 3-6 March 2017
Location: Fairmont Banff Springs
Address: 405 Spray Ave, Banff, AB T1L 1J4, Canada
Organizer: Canadian Association of Gastroenterology
Phone: +1 888 780 0007
Fax: +1 905 829 0242
E-mail: cagoffice@cag-acg.org
Website: <https://www.cag-acg.org/cddw/overview>

XX AEG Annual Meeting**When:** 8-10 March 2017**Address:** Madrid 28020, Spain**Organizer:** Asociación Española de Gastroenterología (AEG)**Phone:** +34 91 555 11 19**Fax:** +34 91 555 35 81**E-mail:** [aeg@viajesoasis.com](mailto: aeg@viajesoasis.com)**Website:** www.aegastro.com**MAY 2017****6th Congress of Gastroenterologists and Hepatologists in Bosnia and Herzegovina****When:** 17-20 May 2017**Address:** Sarajevo, Bosnia and Herzegovina**Organizer:** Association of Gastroenterologists and Hepatologists of Bosnia and Herzegovina**Phone:** +387 33 655 346**E-mail:** [gastrobh@promotours.ba](mailto: gastrobh@promotours.ba)**Website:** gastrobh.ba**JUNE 2017****50th ÖGGH Annual Meeting & 28th Postgraduate Course****When:** 8-10 June 2017**Location:** Linz, Design Center**Address:** Europaplatz 1, 4020 Linz, Austria**Organizer:** Austrian Society of Gastroenterology & Hepatology (ÖGGH)**Website:** www.oegggh.at**BSG 2017 Annual Meeting****When:** 19-22 June 2017**Location:** Manchester Central Convention Complex**Address:** Windmill Street, Manchester M2 3GX, UK**Organizer:** British Society of Gastroenterology**JULY 2017****8th Congress of the Africa-Middle East Association of Gastroenterology****When:** 5-9 July 2017**Location:** United Nations Conference Centre**Address:** Addis Ababa, Ethiopia**Organizers:** African Middle East Association of Gastroenterology (AM-AGE) and Ethiopian Gastroenterology Association (EGA)**AUGUST 2017****ASSA SAGES Congress 2017****When:** 5-8 August 2017**Location:** Boardwalk Convention Centre**Address:** Port Elizabeth, South Africa**Organizers:** South African Gastroenterology Society (SAGES) and the Association of Surgeons of South Africa**Phone:** +27 (0)41 374 5654**E-mail:** [assasages@easternsun.co.za](mailto: assasages@easternsun.co.za)**Website:** <http://www.assasages.co.za/>**SEPTEMBER 2017****Congreso Argentino de Gastroenterología y Endoscopia Digestiva (Argentine Congress of Gastroenterology and Digestive Endoscopy)****When:** 7-9 September 2017**Location:** City Center Rosario, Centro de Convenciones**Address:** Bv. Oroño y Avda. Circunvalación, Rosario, Santa Fe 3000, Argentina**Organizers:** Federación Argentina de Gastroenterología (FAGE), Sociedad Argentina de Gastroenterología (SAGE), and Federación Argentina de Asociaciones de Endoscopia Digestiva (FAAED)**Phone:** +54 351 4290468**Fax:** +54 351 4290468**E-mail:** [info@fage.org.ar](mailto: info@fage.org.ar)**Website:** www.fage.org.ar**OCTOBER 2017****JDDW 2017 - Japan Digestive Disease Week 2017****When:** 12-15 October 2017**Location:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**NOVEMBER 2018****JDDW 2018 - Japan Digestive Disease Week 2018****When:** 1-4 November 2018**Location:** Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**Congreso de las Asociaciones Colombianas del Aparato Digestivo (Colombian Congress of Digestive Diseases)****When:** 2-5 November 2017**Location:** Ágora Bogotá Centro de Convenciones**Address:** Carrera 37 No. 24-67, Bogotá, Colombia**Organizer:** Asociación Colombiana De Gastroenterología**Phone:** +57 6168315**Fax:** +57 6162376**NOVEMBER 2019****JDDW 2019 - Japan Digestive Disease Week 2019****When:** 21-24 November 2019**Location:** Kobe, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>

THE WORLD OF GI MEETS IN ORLANDO for the **WORLD CONGRESS of GASTROENTEROLOGY** @ACG 2017



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