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Inflammatory Bowel Disease (IBD):
Navigating Evolving Therapies in an
Evolving Disease

Charles Bernstein, MD



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EGHS-WGO International Congress!

Dr. Maryam Al Khatry
Prof. James Toouli

Colorectal dysplasia in patients with inflammatory bowel diseases



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The increased incidence of colorectal cancer (CRC) among patients with inflammatory bowel disease (IBD) drives the quest for an optimal dysplasia surveillance program. Risk factors for CRC in patients with IBD include the presence of extensive or pancolitis, longer duration of disease, concomitant diagnosis of primary sclerosing cholangitis, family history of CRC, young age at the time of diagnosis and most importantly a personal history of dysplasia¹.

The optimal surveillance strategy in IBD patients is controversial. The incidence of dysplasia in IBD patients appears to be lower² than had been previously reported³. Initial surveillance guidelines recommended annual or biennial colonoscopy with biopsy or resection of suspicious lesions and 4-quadrant random biopsies every 10 centimeters⁴ based upon the belief that dysplasia was mostly invisible⁵. A central limitation of this strategy was that at least 33 biopsies were required to achieve 90% sensitivity for dysplasia detection⁶. Furthermore, with the advent of high-definition white light endoscopy (WLE), most dysplasia in IBD patients became endoscopically detectable⁸. Excellent bowel preparations with split-dosing bowel purgatives additionally improved the visibility of dysplastic lesions. As a result, the utility of random colon biopsies was debated given the low yield of these biopsies and the rarity of invisible dysplasia⁷. Nevertheless, it appears that random biopsies can still identify dysplasia that is invisible even with high-definition WLE^{8,9} and approximately 1.5% of patients with dysplasia would be missed if random biopsies were abandoned⁹.

Recently, the introduction of chromoendoscopy (CE) has revolutionized the surveillance of IBD patients. During CE, a topical dye is sprayed on the colonic mucosa

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with the aim of accentuating surface abnormalities. The two most commonly used dyes are methylene blue and indigo carmine. Methylene blue is an absorptive stain which colors normal tissue blue, while inflamed or dysplastic tissue has variable or absent absorption. Indigo carmine is a contrast stain, which highlights mucosal topography and accentuates contours of dysplastic lesions.

Most studies^{9,10,11} have demonstrated the superiority of CE over WLE in detection of dysplasia in IBD patients, although the retrospective study by Mooiweer and colleagues found that WLE-targeted biopsies had a higher yield of neoplasia compared to CE¹². The American Society of Gastrointestinal Endoscopy and several international society guidelines advocate for CE with targeted biopsies as the preferred surveillance strategy^{9,11,13}. Although there is a strong recommendation for CE when using standard-definition scopes, there is only a conditional recommendation for its application when using high-definition scopes⁹. No specific recommendations have been made regarding random biopsies in patients who undergo high-definition colonoscopy or WLE plus CE. These methods presumably obviate the need for random biopsies.

Logistics of CE must be taken into consideration, such as cost, training requirements, quality metrics, CPT coding and staff training. Compared to random biopsies, CE has the potential for cost-savings¹⁴ by collecting fewer specimens. Additionally, patients without evidence of dysplasia during this very sensitive exam can theoretically lengthen the interval between their colonoscopies, thus decreasing the total number of lifetime colonoscopies and associated costs per person, and overall. Conversely, CE increases the length of each procedure on average,¹⁵ and may alternatively create additional costs due to the

increased number of colonoscopies and colectomies in patients in whom dysplasia is detected.

The long-term benefits of these surveillance strategies are important considerations when comparing different modalities. Although most studies have shown that CE may unmask more dysplasia in patients, data regarding the long-term benefits of chromoendoscopy over WLE is sparse. The outcome of dysplasia detected by CE is unknown, which yields uncertainty in the management of these patients. In the longitudinal study by Marion et al., no cancer was found among colon specimens resected for dysplasia that had been identified during CE exams¹⁰. A negative CE exam has been suggested to be the best predictor of a dysplasia-free outcome¹⁰, although larger, longitudinal studies are needed to confirm this benefit.

Regardless of the surveillance method, guidelines suggest that complete endoscopic resection of dysplasia, if possible, with biopsies of the surrounding mucosa to exclude the presence of dysplasia be performed¹¹. Surveillance colonoscopy after complete resection of dysplasia is recommended, rather than colectomy. Unresectable lesions, high-grade dysplasia found only on random biopsy, or multifocal low-grade dysplasia still may be indications for proctocolectomy. Patients with confirmed invisible dysplasia should be referred to an endoscopist with expertise in IBD surveillance.

Patients and physicians should be aware of the limitations of dysplasia surveillance in IBD patients. While the presence of inflammation, limited bowel preparation, bowel strictures and pseudopolyposis may limit the effectiveness of these techniques for every gastroenterologist, the skill level of each gastroenterologist in detecting and adequately removing identified lesions varies widely. Other

universal limitations include the reality that some endoscopists may not follow the guidelines in practice, and certainly some patients may not follow recommendations after detection of dysplasia. This permits several potential gaps in follow-up and allows for variable adherence by both patient and endoscopist.

Dysplasia surveillance has advanced significantly with the advent of high-definition WLE and CE, but more studies are needed to address the necessity of CE during high-definition exams. While CE offers enhanced visualization of mucosa and a higher yield for dysplasia detection, additional studies are needed to evaluate the practicality of this modality in busy clinical settings, the natural history of dysplasia found only with CE, and the potential for increased burden of proctocolectomies in patients with dysplasia. One should always remember that while the immediate aim of surveillance is to detect dysplasia, the most important goal is to prevent colorectal cancer morbidity and mortality while avoiding unnecessary colectomy.

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Message from the Editors

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It is a new year, and the new focus for the WGO for 2017 is inflammatory bowel disease. Please read Dr Charles Bernstein's editorial and overview of the plans for IBD education around the world in his article titled: "Inflammatory Bowel Disease (IBD): Navigating Evolving Therapies in an Evolving Disease."

And on a related note, in this issue, Drs Haleh Vaziri and Chioma Ihunnah have written an excellent expert point of view article: "Colorectal dysplasia in patients with inflammatory bowel diseases." We know they have an increased incident of CRC and this article is timely pupates on best methods for surveillance, with discussion of limitations and implications.

Let's not forget 2016 and its focus: please check out these great resources on diet and the gut on the [WGO's WDHD 2016 website](#).

There is a report on the World Gastroenterology Organisation (WGO) along with the Emirates Gastroenterology & Hepatology Society (EGHS) Congress which took place 17-19 November 2016 in Abu Dhabi, United Arab Emirates with attendance by over 1500 delegates from 80 countries. WGO global guidelines were highlighted during the Scientific Program at Gastro 2016, including: [H. pylori](#), [GERD](#), [IBS](#) and [IBD guidelines](#).

Finally, while meeting summaries from around the world are in this issue, we were especially interested and affected by the article on IBS in Jordan, which also includes their refugee population.

As always, feedback and comments to us are welcome. We hope you find this issue as informative as we have.

Chris and Mario.



A Celebration of Gastro 2016: EGHS-WGO International Congress!



Dr. Maryam Al Khatry

President EGHS
Co-chair Steering Committee



Prof. James Touli

WGO Past President
Co-chair Steering Committee



Demonstration area at Gastro 2016



Registration at Gastro 2016



Prof. Naima Amrani, WGO Secretary General, Prof. James Touli, WGO Past President and Chair of Nominations, Dr. Mouza AlSharhan, President, Emirates Medical Association, Dr. Maryam Al Khatry, EGHS President, Prof. David Bjorkman, WGO President, Dr. Yousif Al Sarkal, UAE MOH Assistant Undersecretary for Hospitals Sector, Abdulla Bin Souqat, Executive Director, Sheikh Hamdan Bin Rashid Al Maktoum Award for Medical Sciences, Prof. Ibrahim Mostafa, Director, WGO Cairo Training Center, Prof. Cihan Yurdaydin, WGO President-Elect and Chair of the WGO Foundation

The World Gastroenterology Organisation (WGO) along with the Emirates Gastroenterology & Hepatology Society (EGHS) were honored to have been part of this outstanding Congress which took place 17-19 November 2016 in Abu Dhabi, United Arab Emirates. In addition to the World

Congress of Gastroenterology held every two years, the WGO is collaborating with its member societies to host joint meetings in between World Congresses.

This is the first time in the history of WGO that a joint congress has been held with one of the Arab

Middle Eastern member societies. The congress was timed to coincide with the annual meeting of the EGHS, emphasizing the growing scope and demand for our specialty in the UAE and the region. We wish to thank the members of the Steering Committee, International Program Committee, Local Host Committee and the Local Scientific Committee for their contributions in making this a truly remarkable and successful congress.

For those of you who attended, we trust that you found Gastro 2016 to be a positive educational experience and one that continues to benefit your work and research in the fields of gastroenterology, hepatology, endoscopy, and related disciplines.

We are very pleased to note that the attendance was more than double that of the annual meeting of the EGHS with over 1500 delegates from 80 countries. We were privileged to have provided all who attended with the



WGO President David Bjorkman

most up-to-date information, as well as practical and technological advances delivered by a most esteemed faculty.

The International Program Committee, with representatives from both organizations, developed a robust educational program over three days of scientific events, including symposia, forums, debates, and live broadcasting of a series of endoscopy cases. In addition to the keynote speeches, video presentations as well as oral and poster presentations and panel discussions, Gastro 2016 also included onsite hands-on training sessions.

Major WGO programs such as the WGO Global Guidelines were incorporated throughout the Scientific Program, thus highlighting their relevance to a broad clinical audience.



Attendees at Gastro 2016 presentation



Scientific panel featuring Eamonn Quigley, Makki Fayadh, Asad Dajani and Carolina Olano

The WGO global guidelines presented at Gastro 2016 were:

- [H. pylori guidelines](#)
- [GERD guidelines](#)
- [IBS guidelines](#)
- [IBD guidelines](#)

Presentations also focused on WGO's Education and Training programs, including discussion regarding [Train the Trainers](#) and [Training Centers](#).

Delegates had the opportunity to share their work with colleagues and we are pleased to note that a record number of abstracts were submitted. This work was presented in either oral scientific presentations or as posters.

The Congress was supported by numerous sponsors who assisted in making Gastro 2016 the success that it was. The Congress partners are extremely appreciative of their generous contributions.

The Exhibition Hall, where both WGO and EGHS had booths highlighting their many programs, offered delegates a showcase of products, services, and expertise from sponsors and exhibitors from around the world.

For those who attended we hope that you enjoyed your time in Abu Dhabi and were also able to enjoy some of the local culture that made it a unique destination for Gastro 2016.

Be sure to keep reading *e-WGN* and monitor the WGO website for information on upcoming meet-

ings! We look forward to seeing each one of you at upcoming WGO joint meetings, including the next World Congress of Gastroenterology at ACG 2017, which will take place 13-18 October 2017 in partnership with the American College of Gastroenterology in Orlando, Florida, USA!

Welcome to WDHD 2017 Inflammatory Bowel Disease (IBD): Navigating Evolving Therapies in an Evolving Disease



Charles Bernstein, MD

Chair, WDHD 2017 Campaign
Canada



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

The pathogenesis of IBD is incompletely understood. Genetic and environmental factors such as altered luminal bacteria and enhanced intestinal permeability play a role in the dysregulation of intestinal immunity, leading to gastrointestinal injury. In the absence of knowing definite causes of IBD there are currently several therapies that dampen the aberrant immune response. Some therapies in development are aimed at the gut microbiome. These therapies can range from diet supplements to fecal transplantation. As IBD is increasingly a worldwide disease one challenge will be to determine if therapies proven

to be effective in one population will be comparably effective in another. Another challenge will be to facilitate access to novel expensive therapies in lesser privileged countries.

The World Gastroenterology Organisation (WGO) will raise awareness of IBD through its annual public advocacy and awareness campaign, World Digestive Health Day (WDHD). WDHD is celebrated each year on May 29th with associated activities and initiatives continuing throughout and beyond the campaign year. WDHD will provide gastroenterologists, their patients and the lay public, with an understanding of the latest basic and clinical research in the pathogenesis, investigation and treatment of IBD. This campaign seeks to translate research into clinical practice and facilitate communication between physicians, pharmacists, allied health professionals, healthcare payers and the public. We want to ensure that patients

receive appropriate dietary and lifestyle advice as well as appropriate investigations and treatment, relevant to their condition and circumstances. We want to ensure awareness of the disease and its management is raised in countries where IBD is being increasingly and newly diagnosed.

The WGO's task will be supported by a Steering Committee with a global perspective. The Steering Committee will provide expertise on IBD, guiding the course of the campaign and the development of the educational and training materials, in collaboration with WGO Member Societies, which will define this global initiative and provide the resources to sustain the effort throughout the year.

Through a multi-faceted WDHD 2017 campaign, The WGO seeks to achieve two main goals: firstly, to provide simple messages for the general public in order to assist them in understanding how IBD affects one's daily life and its importance in one's health. Secondly, to develop information for healthcare professionals - both the generalist and the specialist. Multiple informational pieces to include a facts and tips guide on living with IBD for patients and healthcare professionals in multiple languages, an infographic on IBD, a brochure, podcasts, and a WGO Handbook on IBD, will be distributed worldwide. . The WDHD 2017 campaign is titled "Inflammatory Bowel Disease (IBD): Navigating Evolving Therapies in an Evolving Disease". Please join us in ensuring its success.

New Tools and Resources for World Digestive Health Day 2016 - Diet and the Gut!



Listen to Your Gut: Eat Right and Feel Good

To mark World Digestive Health Day 2016, we are pleased to announce the “Listen to Your Gut: Eat Right and Feel Good” WGO campaign, supported by Danone through an educational grant. This campaign aims to raise awareness of the influence of diet on gut health and encourage the improvement of overall wellbeing. Click the image below to view the press release in English, French and Spanish! Please visit the newly redesigned Love Your Tummy Website at <http://loveyourtummy.org/> for more educational materials in support of the campaign.



English



French



Spanish

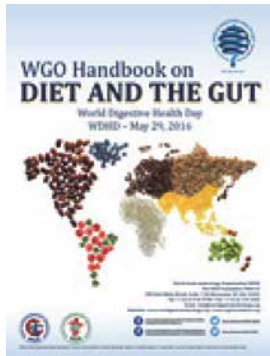


Managing Your Digestive Health - Toolkit

Introducing the “Digestive Health - Toolkit”, available from WGO, supported by Kellogg’s through an educational grant. This guide is suitable for healthcare professionals giving practical advice on managing digestive health. To download this toolkit, please visit: <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources?draftmode#ManagingYourDigestiveToolkitKelloggs>

WDHD 2016 Tools and Resources

WGO has developed tools and resources such as the WGO Handbook on Diet and the Gut, Tips and Fact Sheets and other materials to support the campaign and further spread awareness of the importance of gastrointestinal health.



WGO Handbook on Diet and the Gut is Available for Download!

The WGO Handbook on Diet and the Gut features 13 articles on gastrointestinal topics from the viewpoint of experts from around the globe.

View the handbook as well as the supporting WGO Global Guidelines and more tools and resources in support of this exciting campaign by clicking the button below.

[View Tools and Resources](#)

Don't Miss These Additional Tools and Resources Developed to Celebrate WDHD 2016!

To extend the reach of the campaign, we also enlist the support of our Member Societies and organizational partners. The newest contributions from these organizations include: blogs, videos, Q and A interviews with medical professionals and much more! Information about World Digestive Health Day 2016 tools and resources available in support of the campaign can be found on the WGO website, in the WDHD Tools and Resources section <http://www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2016/tools--resources>.

- ACG Blog Post in honor of World Digestive Health Day 2016
- UEG Video on Childhood Obesity
- Gut Microbiota For Health – Blog Post in honor of World Digestive Health Day 2016



WDHD 2016: RISE Revolution Cycle 2016: A Gum to Bum Revolution!



Catherine Mulvale

Former Executive Director
Canadian Digestive Health Foundation

Every year a team of courageous Canadians get their guts in gear, hop on their bikes and ride up to 165 kms to support the good health of family, friends and communities across the country in the Canadian Digestive Health Foundation's (CDHF's) RISE Revolution Cycle. Bringing together individuals as well as teams of gastroenterologists and residents from Universities across the country, RISE is a fun and exciting event. It not only challenges each rider with an exciting day through a picturesque section of the Blue Mountains but it also serves as a vehicle to raise funds to support the important work done by the CDHF.

2016 Was Our Best Ride Ever!

The 2016 CDHF RISE Revolution

Cycle raised \$75,000. These funds will be used to fulfill the CDHF's mission of empowering people to take control of their digestive health with confidence and optimism.

Our cyclist's traveled from across the country to peddle over spectacular hills and valleys with style, enthusiasm and a whole lot of courage. CDHF President, Dr. Richard Fedorak, along with gastroenterologists and residents from across the country asked hundreds of sponsors to support them.

Their efforts on the bike and fundraising fronts are helping us increase awareness of gastrointestinal disease, empower Canadians to take control of their digestive health with confidence and optimism, and emphasize our dedication to improving quality of life for Canadians.

The Power of Bringing People Together

Early in the fall of 2015, Christina Siamalekas was experiencing severe stomach pain, increasing trips to the washroom and bloody diarrhea. Over the next few weeks her symptoms, and fears, increased. After a colonoscopy, she was diagnosed with ulcerative colitis and admitted to her local hospital. She spent Christmas in a hospital bed and received gifts that included her first infusion of a biologic and a blood transfusion.

At the 2016 CDHF RISE reception, Christina thanked CDHF for giving her the information and providing her with the hope and encouragement she needed to understand and survive the most frightening experience of her life. That is



Top fundraising team from Queen's University



Christina Siamalekas sprints across the finish line

what the foundation does – provide compassionate support and develop critical resources to help patients not only survive but thrive despite living with, or at risk of developing, digestive disease.

In Canada, over 20 million Canadians suffer from digestive disorders every year. The foundation believes this is unnecessary and unacceptable. The foundation helps individuals recognize symptoms they experience, understand digestive diseases

and their treatment options, connect with others who have similar experiences, and find effective ways to manage their digestive health. As the Foundation of the Canadian Association of Gastroenterology, the CDHF works with Canada's leading digestive health experts, physicians, scientists and other health care professionals to develop practical, science-based information that is up to date and unbiased. It is our mission to reduce suffering, improve quality of life and

proactively protect and enhance the digestive health of Canadians.

[Click here](#) to view all of the photos of the 2016 RISE Revolution team.

To see the CDHF RISE Revolution Cycle team in action, visit CDHF's Facebook page at www.FaceBook.com/CDHFdn.



WDHD 2016: Irritable bowel syndrome in Jordan



Waseem T.Y. Hamoudi MD

Consultant Internal Medicine
Consultant Gastroenterology & Hepatology
Head of Internal Medicine Department - Al Bashir Hospital
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Irritable bowel syndrome (IBS) is the most common gastrointestinal disorder diagnosed in clinical practice all over the world. Because there is no biological marker to confirm the diagnosis, IBS has remained a challenge for clinicians and patients alike for decades. Its prevalence is estimated to be between 10% and 15% in Western countries¹ and between 5% and 10% in Asia². In some of those patients, a hidden pathology such as celiac disease, Crohn's disease, or microscopic colitis may still be present and relevant investigations should be carried out when appropriate.

Irritable bowel syndrome is thought to be a major health problem among

the Jordanian people. It is estimated that around 25% of patients referred to GI clinics have symptoms of IBS, but there are no statistical representative data that can confirm those claims.

The US Census Bureau's Population Estimates in 2004 showed that there are more than 100,000 Jordanian people with IBS (extrapolated statistics) with a lifetime risk of irritable bowel syndrome of around 30% of people³. A study that was published in 2006 by Harfoushi showed that around 70% of female patients in the studied specimen had the diagnosis of irritable bowel syndrome, and he explained the high incidence among

females because of social restrictions. Also IBS symptoms was most seen in high income female patients⁴. In another study by Jadalal published in 2007 he found that around 3.23% of patients diagnosed with IBS previously had undiagnosed celiac disease and those numbers are similar to the international data.⁵

Children in Jordan with functional abdominal pain were investigated also, Al Tamimi et al confirmed in a study that was published in 2014 that One of four children between the ages of 11 and 15 years had IBS symptoms and they were predominantly females.⁶

Given the above mentioned figures, it is clear that Jordan has problems with irritable bowel syndrome but it is underestimated and neglected by most of the physicians.

In 2016, celebrating the WGO day of awareness with the topic of irritable bowel syndrome, the Jordanian Society of Gastroenterology and Hepatology seized this occasion to emphasize and highlight the problem of IBS. Three main activities with the topic of irritable bowel syndrome were organized and sponsored by the Jordanian Society of Gastroenterology and Hepatology in association with pharmaceutical companies and under the patronage of the World Gastroenterology Association.

The first event in July was lectures given by gastroenterologists to the internal medicine physicians and family medicine physicians with emphasis on the symptoms of the disease, diagnosis, differential diagnosis of IBS, the importance of celiac disease exclusion and strategies for the treatment of irritable bowel syndrome. Those two lectures had a very good impact



Attendees at the WDHD event in Jordan

on the audience and created much interaction and interest

The second event was with the members of the Jordanian Society of Gastroenterology and Hepatology for establishing a national protocol for prevalence, diagnosis and treatment of IBS. It was planned to implement a nationwide algorithm for diagnosis of IBS based on the latest international consensus and agreements to be endorsed and published by the Jordanian Society of Gastroenterology and Hepatology.

The third activity was a campaign in collaboration with the media, using the national and private television and radio stations explaining to the public the issue of irritable bowel syndrome and the methods that can remediate them. The media event was interactive and had a notable success.

The issue of irritable bowel syndrome in Jordan is underestimated and treated with negligence since it does not constitute a life-threatening condition. The majority of Jordanian physicians neglect it and prescribe symptom relief drugs only, although the patient's life quality is impaired. Those conclusions were taken seriously by the members of the Jordanian Society and an agreement was formulated to continue media campaigns and lectures.

A special mention must be given to the Syrian and Iraqi refugees in Jordan. There are over 1.4 million Syrians who have entered Jordan over the past 4 years with approximately 80% of those refugees currently living in urban areas outside camps. Also there are more than 400,000 Iraqi refugees residing in Amman. Their situation is still obscure although in a report that was published in 2015 the prevalence of IBS was around 2.7% for Syrian refugees while in Iraqi refugees it was 1.3%.⁷



Attendees at the WDHD event in Jordan

The Jordanian Society agreed on a national plan to perform a nationwide statistical analytical study regarding the prevalence of the syndrome to have more representative data. This study will commence at the beginning of 2017 in association with the Jordanian Society of Gastroenterology and Hepatology and sponsored by pharmaceutical companies.

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WDHD 2016: Uruguay observes World Digestive Health Day



Natalie Nabon Dansilio, MD

Gastroenterologist
Assistant in Gastroenterology Department
National Medical School at Hospital de Clínicas, Director Prof.
Henry Cohen
Montevideo, Uruguay

In 2016 in Uruguay, three important events took place celebrating World Digestive Health Day. All of them were held at Gastroenterology Department of the National Medical School, directed by Professor Henry Cohen at Hospital de Clínicas, in Montevideo.

Experts from Argentina, Professors Julio Montero and Eduardo Mauriño, offered four conferences at the high scientific and practical level.

Clinicians, gastroenterologists, nutritionists, nurses and many students in medicine and nutrition careers

joined us in the conferences. The public showed great interest in the featured topics, getting to interact and discuss many important aspects of celiac disease, gluten sensibility and obesity as well.

In fact, the amazing and complex relation between the Diet and the Gut was covered throughout the conferences with main focus on improving medical performance in terms of diagnostic strategies and enhancing patients' quality of health.




American College of Gastroenterology & World Gastroenterology Organisation present the





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WGO Train the Trainers Workshop 2016 Ras Al-Khaimah, UAE



Faculty and Participants of the 2016 Train the Trainers workshop in Ras Al-Khaimah, UAE

The latest WGO Train the Trainers (TTT) workshop took place this past 21-24 November 2016 in Ras Al-Khaimah (RAK), UAE. Organized by the World Gastroenterology Organisation (WGO) and the Emirates Gastroenterology and Hepatology Society (EGHS) this was the 24th Train the Trainers workshop.

Since the inaugural TTT workshop took place in Greece in 2001, over 1000 educators have attended this unique program to hone their skills in adult education. In particular, TTT 2016 Ras Al-Khaimah (RAK) was a thought-provoking and intensive four-day course focused on improving the abilities and educational skills of trainers in the fields of gastroenterology, endoscopy and hepatology. RAK 2016 brought together renowned faculty members from WGO (trainers) and participants (trainees) from different countries and settings around the world, in an enabling environment to improve their potential for teaching.

This interactive workshop, made up of 17 modules, included lectures, small group discussions, and hands-on sessions while creating the opportunity for everybody to engage in an open discussion on many topics related to teaching and training. As a participant in the Ras Al-Khaimah Train the Trainers workshop, Doctor Laith AlRubaiy describes the once-in-a-lifetime experience in his own words.



Professor Damon Bizos leading a hands-on demonstration for one of the TTT workshop breakout groups

Report to the BSG Education Section on the TTT workshop 21-25 November 2016, Ras Al-Khaimah, UAE

Dr Laith Al-Rubaiy from the British Society of Gastroenterology



Thank you to the World Gastroenterology Organisation (WGO) for the opportunity to attend the excellent Train the Trainer (TTT) workshop at Ras Al-Khaimah, UAE.

The WGO TTT workshop team, led by Prof Bizos with a faculty of international experts, had arranged a full four-day program packed with useful seminars on medical education, how to do critical appraisal, using the social media to promote research and network, using simulators to teach clinical skills, etc. Every day, we reviewed what we have learned and applied them in practical hands-on sessions or group activities, all of which were incredibly helpful. The TTT has been running for many years with around 1000 participants across the world. Most of them are now leaders in their societies or their local hospitals. The course was sponsored and hosted by the Emirates Gastroenterology and Hepatology Society (EGHS), which was very generous with their hospitality allowing us to enjoy some informal evenings with good company and experience the Arabic culture. We were also honored to be invited

to have tea with his Royal Highness the Sheikh Saud Bin Saqr Al Qasimi of Ras Al-Khaimah. Also, we quite enjoyed a thrilling desert safari and camel rides before having dinner at starlight.

However, above all, the TTT has helped me to build a professional network with colleagues across the world. It was interesting to meet and chat with more than 30 gastroenterologists from Asia, Africa, Americas, Australia and Europe and learn more about other health systems and training programs worldwide. An interesting noteworthy learning point was how to develop MCQ and podcasts to support teaching. I found a few differences from our clinical practice in the UK such as the structure of training programs, the use and access to national guidelines, payment for the health services schemes, the wide use of ultrasound as part of training, staff attitudes and various levels of job satisfaction driven by financial private sectors in some countries. Almost without exception, all faculty, administrative and support staff could not have been more friendly and helpful. Developing such a program in the UK would be very valuable. Thank you to all who helped in this course.



Participants and faculty were granted an audience with Sheikh Saud Bin Saqr Al Qasim of Ras Al-Khaimah shown here speaking with Faculty members Jim Toouli and Kelly Burak and their wives



A gameshow style quiz is held on the final day to test participants knowledge on all 17 modules covered in the workshop



Winners of the TTT 2016 Teambuilding Olympics. Participants competed in volleyball, archery, and several group mini games

Announcing the next WGO Train the Trainers Workshop!



The World Gastroenterology Organisation (WGO) in partnership with the WGO Rabat Training Center (WGO-RTC) and the support of the two member societies Société Marocaine Des Maladies de L'Appareil Digestif and Société Nationale Française de Gastro-Entérologie, is pleased to announce the next Train

the Trainers workshop, the first French language TTT, will take place in gorgeous **Marrakech, Morocco 26-29 April 2017**.

Since 2001, the Train the Trainers (TTT) program, developed by WGO, exposes educators in gastroenterology, hepatology, endoscopy, oncology and GI surgery to current

educational techniques and philosophies. It brings together faculty and participants from across the globe in an intensive and interactive four-day workshop. The workshop is characterized by numerous hands-on sessions with ample opportunity for discussion and interchange. This has proven to be a highly successful method of disseminating teaching skills to GI physicians who hold training positions in their own countries. Delegates are equipped with skills which they can then implement in their countries.

The Train the Trainers workshop is considered a benefit of WGO membership, and for every workshop WGO Member Societies are asked to nominate two physicians who are leaders or up-and-coming leaders in their field (Gastroenterology, Endoscopy, Hepatology or GI Surgery).

For further details on this workshop and future workshops, please visit our TTT Upcoming Workshop web page. (<http://www.worldgastroenterology.org/education-and-training/train-the-trainers/upcoming-workshops>). Should you have any additional questions, please contact Stephanie Jensen, WGO Program Manager of Training & Education, at sjensen@worldgastroenterology.org.

Annual Meeting of the Croatian Society of Gastroenterology



Miroslav Simunic, MD, PhD

President
Croatian Society of Gastroenterology

From September 16th through 18th 2016, the Croatian Society of Gastroenterology held its regular annual meeting. The meeting took place in Bol on the island of Brač, and it was attended by more than 240 gastroenterologists and colleagues of other specialties, from Croatia and abroad. Along with this event, the Association of Nurses and Technicians in Gastroenterology held its own meeting.

During this conference, all areas of gastroenterology and hepatology were addressed, and this year's main topics were inflammatory diseases (microbial as well as non-microbial) of the gastrointestinal system. To enhance the organization's and audience's follow-up discussion, lectures were grouped in thematic sessions.

During the session on microbial inflammations of the gastrointestinal system, the importance of gut micro-



Prof. Milan Kujundzic, dr.med., Minister of Health of Croatia

biota was discussed, accentuating its possible influence on number of diseases, especially inflammatory bowel diseases. The influence on microbiota (antibiotics) was also noted.

Infection with *Clostridium difficile*, which becomes the leading cause of intra-hospital acquired diarrhea, was recognized as growing problem, and its timely diagnosing and treatment were stressed. The audience was reminded of iatrogenic infections in gastroenterology, especially after endoscopic procedures, and of the necessity to adhere to guidelines for prophylaxis and treatment.

Chronic gastric infection was assessed as a possible precursor to peptic ulcer and gastric carcinoma, especially in light of *Helicobacter pylori* infection. Epidemiologic study results on prevalence and antibiotic resistance in Croatia were presented, and guidelines for treatment in Croatia were advised.

The liver diseases session dealt with hepatitis B epidemiologic and therapeutic situations and possibilities in Croatia. It was concluded that absolute eradication was not possible at this moment, but it is possible, by treatment with pegylated interferon and nucleoside analogues, to inactivate viral replication permanently and to prevent complications. The importance of a vaccination program was also stressed. Upcoming new



Prof. Neven Ljubicic, dr. med., ex-Minister of Health of Croatia

drugs and diagnostic tools were also mentioned. Regarding viral hepatitis C, its growing proportion in liver transplantation was discussed.

Problems in diagnosing and treatment of toxic hepatitis were also assessed, as well as in some less frequent diseases, such as autoimmune hepatitis.

Finally, non-alcohol fatty liver as a population prevalent disorder was pointed out as among the top causes of chronic liver diseases. Also alcoholic liver disease, with its difficulties in prevention and treatment, was mentioned.

Inflammation of the biliary and pancreatic system was also one of the topics, as well as invasive and surgical methods to treat it. The audience was reminded about current guidelines for treatment of acute cholecystitis and acute cholangitis (Tokio 2013.). Acute and chronic pancreatitis were also assessed. Endoscopic and radiologic intervention possibilities in these diseases were presented, and also the surgeon's point of view, including minimally invasive surgery.

The session on inflammatory bowel diseases began with a presentation of epidemiologic data of these diseases in Croatia (showing the incidence rates for both ulcerative colitis and



Prof. Simunic addresses the meeting

Crohn's disease being 3.1/100 000 inhabitants, which is lower than in most European countries). Then, up-to-date information on diagnosis and treatment was presented, including controversial points, such as biological therapy termination (the consensus in Croatia which considers possible termination after one year of deep remission was discussed). Recognizing and preventing the adverse effects of drugs in inflammatory diseases treatment was also assessed, as well as novel and promising therapeutic modalities.

On the third day of the meeting, celiac disease was addressed. The audience was informed about the growing skepticism towards gluten and the acceptance of a non-gluten diet by a substantial part of population. This could lead to deficiency of different essential substances (proteins, vita-

mins B, minerals etc.). Confusion is even greater about three defined entities (allergy to gluten, gluten intolerance (celiac disease) and non-celiac sensitivity to gluten). Refractory celiac disease was also mentioned as a rare disorder, which represents a serious therapeutic challenges.

Finally, a number of specific issues were dealt with, such as chemoprophylaxis in gastroenterology, and guidelines for its implementation. Also, the need for vaccination before commencing immunomodulatory therapy was discussed, and it was pointed out that live vaccines should not be used in immune suppressed patients.

In the closing session of this year's meeting a number of articles published during previous year by young gastroenterologists (under the age of

35) were highlighted. The best among them was awarded with a training course at one of Europe's prominent gastroenterological centers.

Alongside this event, the Croatian Society of Gastroenterology's Governing Board held its meeting during which the previous activities of the Society, as well as its future plans, were discussed. The meeting of the Assembly of the Croatian Society of Gastroenterology was also held and members were informed on the Society's activities by its president, secretary and treasurer.

Along with the many lectures and discussions on a variety of themes during the working sessions of annual meeting, we organized several social events, including dinners and excursions for Society members.



Attendees of the Annual Meeting

Peruvian Congress of Digestive Diseases 2016



Dra. Rosario Mayorga Márquez

Peruvian Society of Gastroenterology
Local Organizing Committee



Attendees at the 25th Congress of Digestive Diseases



The Peruvian Society of Gastroenterology held its 25th Congress of Digestive Diseases from 5 to 8 October 2016. This biannual meeting took place in Lima, Peru, with the participation of nearly 900 attendees, including not only gastroenterologists, but also surgeons, general practitioners and other healthcare professionals with scientific interest in gastrointestinal diseases. There were three postgraduate courses that preceded the Congress, each one of them covering hot topics by remarkable invited speakers from all around the world.

The first day the International Course of Liver Diseases took place, where topics in viral hepatitis, complications of cirrhosis and liver transplantation were developed by distinguished local and international professors, who performed great conferences in a room full of attendees. The foreign speakers included the professors Mário Reis Álvares-da-Silva (Brazil), Paolo Angeli (Italy), Ezequiel Ridruejo (Argentina), Rolando Ortega (Colombia)

and Diana Krasniansky (Argentina). Simultaneously, the International Course of Intestinal Diseases “Dr. Julio César Serván Perea” was held on day one, with an interesting program that included topics in capsule endoscopy, enteropathies and gut microbiota, and with the participation of international speakers: Clara Luz Martínez (Mexico), María Teresa Galiano (Colombia), Dan Waitzberg (Brazil), Jesús Yamamoto (Mexico), Fabian Juliao (Colombia), Fermin Mearin (Spain).

On the second day, the International Course of Diagnostic and Therapeutic Endoscopy “Dr. Luis Malca Villanueva” reviewed some innovative topics in esophageal, colonic and biliopancreatic diseases and therapeutic interventions. The world renowned speakers that participated in this course were John Ospina (Colombia), Nelson Miyajima (Brazil), Jonathan Leighton (USA), Francisco Ramirez (USA), Douglas Faigel (USA), Herbert Burgos (Costa Rica), Miguel Angel Valdovinos (Mexico) and Raj J. Shah (USA). Most of these last professors also participated in the Congress of Digestive Diseases over the next two days, and in the one-day live endoscopy demonstration of the most recent diagnostic and therapeutic techniques that took place in Rebagliati National Hospital in Lima. The main topics of the meeting involved management of biliary complicated

diseases, endoscopic submucosal dissection, gastrointestinal bleeding and gastro esophageal reflux disease.

It is also important to mention that 15 satellite symposia were performed within this meeting. There was also a competition for the best research paper in gastrointestinal/liver diseases and therapeutics, and we were pleased to have a great participation of gastroenterologists and residents from our country. The prize of this competition has the name “Raul Leon Barua” on behalf of one of the most notable gastroenterologists of Peru.

Finally, I would like to thank and highlight the important contribution of all of our foreign teachers who helped to make this a remarkable meeting, and hope that we made them feel at home after their arrival and willing to come back!



Rosario Mayorga, Veronica Paz, Jorge Ferrandiz, Cecilia Cabrera, Javier Diaz and Mário Reis Álvares-da-Silva

WGO Exhibits Around the Globe in 2016

Each year the World Gastroenterology Organisation (WGO) exhibits at major gastroenterology meetings around the world. The WGO booth offers meeting attendees the opportunity to learn about the WGO and its Foundation, including becoming a member and the benefits of membership, the Train the Trainers program, WGO's 23 Training Centers around the world, the Training Center Partner Program, information on WGO Global Guidelines & Cascades, the Outreach Program, and the World Digestive Health Day (WDHD) campaign.

In 2016 WGO had exhibit booths at:



Digestive Disease Week (DDW) 2016
San Diego, California, USA
21-24 May 2016



United European Gastroenterology (UEG) Week
Vienna, Austria
15-19 October 2016



Pan American Digestive Disease Week
Cartagena, Colombia
10-13 September 2016



Asian Pacific Digestive Week 2016
Kobe, Japan
2-5 November 2016



American College of Gastroenterology (ACG) 2016 Annual Meeting
Las Vegas, Nevada, USA
14-19 October 2016



Gastro 2016 | EGHS-WGO International Congress
Abu Dhabi,
United Arab Emirates
17-19 November 2016

Thank you for stopping by!

We look forward to seeing you at the WGO exhibit booth in 2017! Our first exhibit will be at Digestive Diseases Week (DDW) 2017 in Chicago, Illinois, USA from 6-9 May 2017. Additional exhibits are being planned throughout 2017 and we invite you to stay tuned to future issues of *e-WGN* for information about specific dates and locations.



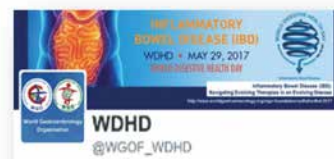


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Attention WGO Members!

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Calendar of Events

WGO-RELATED MEETINGS AND TRAIN THE TRAINERS WORKSHOPS

Train the Trainers

When: 26-29 April 2017

Location: Marrakech, Morocco

Organizers: World Gastroenterology Organisation, WGO Rabat Training Center, Société Marocaine Des Maladies de L'Appareil Digestif and Société Nationale Française de Gastro-Entérologie

Email: info@worldgastroenterology.org

World Congress of Gastroenterology (WCOG) at ACG 2017

When: 13-18 October 2017

Location: Orlando, Florida, United States

Organizers: American College of Gastroenterology and World Gastroenterology Organisation

Email: info@worldgastroenterology.org

Website: <http://www.worldcongressacg2017.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

MARCH 2017

33rd PSG Annual Congress

When: 2-4 March 2017

Location: Pearl Continental Hotel Karachi

Address: Dr Ziauddin Ahmed Road, Karachi, Pakistan

Organizer: Pakistan Society of Gastroenterology & GI Endoscopy (PSG)

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

2nd Emirates Digestive Diseases Week (EDDW)

When: 2-4 March 2017

Location: Raffles Hotel, Dubai, United Arab Emirates

Organizer: Emirates Digestive Diseases Group of the College of Medicine & Health Sciences, UAE University

Email: eddw@InfoPlusEvents.com

Website: <http://www.eddw.ae/>

Canadian Digestive Diseases Week (CDDW) 2017

When: 3-6 March 2017

Location: Fairmont Banff Springs, 405 Spray Ave, Banff, AB T1L 1J4, Canada

Organizer: Canadian Association of Gastroenterology

Telephone: +1 888 780 0007

Fax: +1 905 829 0242

Email: 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)

Telephone: +34 91 555 11 19

Fax: +34 91 555 35 81

Email: aeg@viajesoasis.com

Website: www.aegastro.com

X Gastrotrilología

When: 10-11 March 2017

Location: World Trade Center and Hotel Galeria Plaza

Address: Veracruz, Mexico

Organizer: Asociación Mexicana de Gastroenterología

Website: <https://www.gastro.org.mx/>

APRIL 2017

The 11th International Congress of The Jordanian Society of Gastroenterology and Hepatology

When: April 27-29, 2017

Location: Le Meridien

Address: Amman, Jordan

Organizers: Jordanian Society of Gastroenterology and Hepatology and The Jordanian Association of Gastroenterology and Endoscopy Nurses and Associates

Email: events@jordan-valley.com

MAY 2017**6th Congress of Gastroenterologists and Hepatologists in Bosnia and Herzegovina****When:** 17-20 May 17, 2017**Address:** Sarajevo, Bosnia and Herzegovina**Organizer:** Association of Gastroenterologists and Hepatologists of Bosnia and Herzegovina**Telephone:** +387 33 655 346**Email:** gastrobh@promotours.ba**Website:** gastrobh.ba**JUNE 2017****XI Gastrotrilogía****When:** 2-3 June, 2017**Location:** Hotel Hilton**Address:** Guadalajara, Mexico**Organizer:** Asociación Mexicana de Gastroenterología**Website:** <https://www.gastro.org.mx/>**4th Slovenian Congress of Gastroenterology and Hepatology****When:** 7-10 June, 2017**Location:** Grand Hotel Union**Address:** Ljubljana, Slovenia**Organizer:** Slovenian Society for Gastroenterology and Hepatology**Website:** http://www.szgh.si/4.kongres/invitation_letter.html**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.oeggh.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 (AMAGE) 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**Telephone:** +27 (0)41 374 5654**Email:** 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)**Telephone:** +54 351 4290468**Fax:** +54 351 4290468**Email:** info@fage.org.ar**Website:** <http://www.gastro2017.com.ar/>**XII Gastrotrilogía****When:** 8-9 September 2017**Location:** Hotel Marriott**Address:** Tijuana, Mexico**Organizer:** Asociación Mexicana de Gastroenterología**Website:** <https://www.gastro.org.mx/>

OCTOBER 2017**JDDW 2017 - Japan Digestive Disease Week 2017****When:** 12-15 October 2017**Address:** Fukuoka, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/jddw2017/en/index.html>**25th United European Gastroenterology (UEG Week) 2017****When:** 28 October - 1 November 2017**Location:** Fira Gran Via**Address:** Av. Joan Carles I, 64, 08908 L'Hospitalet de Llobregat, Barcelona, Spain**Organizer:** United European Gastroenterology**Email:** office@ueg.eu**Website:** <https://www.ueg.eu/index.php?id=605>**NOVEMBER 2017****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**Telephone:** +57 6168315**Fax:** +57 6162376**NOVEMBER 2018****JDDW 2018 - Japan Digestive Disease Week 2018****When:** 1-4 November 2018**Location:** Kobe, Hyogo, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**NOVEMBER 2019****JDDW 2019 - Japan Digestive Disease Week 2019****When:** 21-24 November, 2019**Location:** Kobe, Hyogo, Japan**Organizer:** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>