The mission of UEG is to continually advance the standards of care in gastroenterology and to promote a greater understanding of digestive and liver diseases, and this is reflected in the scientific programme developed for UEG Week. UEG’s commitment to providing high quality, continuing professional education and training, along with cutting-edge clinical and translational science, makes me confident to proclaim UEG Week as one of the best and most prestigious meetings in gastroenterology. In previous years, UEG Week has regularly attracted around 14,000 participants to each meeting—making it the largest digestive diseases congress in Europe—and this year is no exception. I am also delighted that the global reach of UEG Week continues to extend; we greatly welcome the input and attendance of speakers and delegates from around the world, which serves to further enhance and enrich the scientific quality of the meeting. In fact, a record number of 3800 abstracts were submitted to UEG Week 2015; these have been of exceptional quality and 66% have been accepted for presentation at the meeting. The decision to move the submission deadline for late-breaking abstracts to September 18 has also resulted in a number of exciting, high-profile, late-breaker abstracts. I hope you are looking forward as much as I am to viewing the abstract presentations in the highly interactive formats being implemented at this year’s Congress.

The UEG Scientific Committee has worked hard to develop an exciting programme for UEG Week 2015, with something for everyone. The highlight for this year is the new UEG Week Hotspot—central to UEG Week, this is the place to be to get involved in the most controversial sessions, hottest debates, and interactive abstract discussions. With a focus on further increasing interactivity, new offerings also include the Clinical Trials Revisited, where you can join experts in the field to critically review and discuss some of the latest clinical trials to be undertaken. In addition, there will be even more discussion sessions, live streaming sessions, use of voting pads, and opportunities to chat with speakers.

Following their successful introduction in 2014, the programme includes expanded offerings of the ‘Posters in the Spotlight’ and ‘Poster Champ’ Sessions, along with the popular ‘Therapy Updates’ Symposia, which will present current state-of-the-art treatment options for major gastrointestinal (GI) and liver diseases, and the Translational/Basic Science pathway, which is aimed at both basic/ translational scientists and clinicians and discusses topics expected to affect clinical practice in the foreseeable future. The National Societies Symposia were well-received last year and, in 2015, will discuss the differences and similarities in clinical practice, epidemiology and guidelines across different regions in Europe.

Of course, the traditionally popular Clinical Case Presentations, hottest debates, and the one-day clinically orientated ‘Advances in Clinical Gastroenterology and Hepatology’ Symposium, which this year focuses on the recent substantial advances made in viral hepatitis. In addition, there has been further improvement and expansion of the hugely popular ‘Hands-on’ training programme in the ESGE Learning Area and Ultrasound Learning Centre, with practical insights into new techniques, live demonstrations, tutor-guided ‘have-a-go’ sessions, active discussions and continuous video streaming. Take a look at the articles in UEG Week News for more details on the offerings at UEG Week 2015.

Returning this year are Clinical Case Presentations, but now in a different format compared with previous UEG Weeks: ‘Clinics in Gastroenterology and Hepatology’. This year the selected clinical cases will be presented as posters in a dedicated area in the Poster Hall, and includes oral presentation of the cases and interactive discussion with a multidisciplinary panel during lunchtime. These highly interesting and fascinating cases will certainly be of great interest to practicing gastroenterologists and hepatologists.

Finally, as part of UEG’s commitment to support its younger members, the ‘Young GI Track’ highlights sessions of special interest for young GI fellows, while the Young GI Lounge provides an opportunity to network and meet peers.

I hope you enjoy your time at UEG Week 2015 and find the programme as exciting, educational and inspiring as I believe it to be!
UEG Week News

Scientific Programme

New dimensions in the treatment of ulcerative colitis

Ulcerative colitis can greatly impact on the quality of life of patients, not all of whom respond to currently available treatments. You can hear new insights into the treatment of this disease in two late-breaking abstract presentations this afternoon (14.00 – 15.30, Room 7.1).

Professor Thomas Knittel from Index Pharmaceuticals, Stockholm, Sweden, will present a post-hoc analysis of a phase III trial investigating the Toll-like receptor-9 agonist, DIMS0150, in 131 patients with chronic, active, moderate-to-severe disease, a group with few treatment options (Abstract LB5610). Significant improvements in symptomatic remission (SR) (32.1% versus 14.6%, p=0.02) and registration remission (21.0% versus 4.7%, p=0.02) were seen 4 weeks after a single topical application of DIMS0150, compared with placebo. Following a second application at 4 weeks, 14.8% of DIMS0150-treated patients achieved a combined endpoint of SR and mucosal healing (MH) at both Weeks 4 and 12 compared with no placebo-treated patients (p=0.008). Non-significant improvements over placebo in sustained SR or MH were also observed, even at Week 52. Sustained clinical benefits seen with DIMS0150 suggest that this new treatment may help to avoid colectomy in patients with chronic, active ulcerative colitis.

Exciting new data from a trial of faecal microbiota transplantation (FMT) in patients with ulcerative colitis will be presented by Dr Cyriel Ponsioen from the University of California, Irvine, CA, USA, who report results from a pilot study assessing the use of this approach in individuals with liver disease (15.45 – 17.15, Room 7.1; Abstract LB5693). The findings indicate that patients with a microbiota signature low in Clostridium clusters IV and XIVA and rich in Bacteroidetes and Proteobacteria are likely to have a poor sustained response to FMT, unless the donor product is rich in the Clostridium clusters. This finding is supported by the presence of butyrate producers.

UEG Research Prize 2015: Professor Jan Tack

This year’s UEG Research Prize is awarded to Professor Jan Tack from the University of Leuven, Belgium, for his pioneering work in functional and motility disorders and the search to find novel ways to treat patients with these conditions. The prize of €100,000 will fund Professor Tack’s latest research project, which is investigating the pathways involved in nutrient sensing in the control of gastric accommodation.

“I feel truly honoured that the UEG has recognised the importance of the research my group is carrying out in this area,” says Professor Tack. “The prize will give us the resources to look at new ways to tackle not just gastric motility disorders but also disorders of food intake, including obesity.”

You can see Professor Tack receive his award this morning in the Opening Plenary Session.

Portal pressure gradient: First human pilot study of a novel device

Portal pressure gradient (PPG) is a good indicator of portal hypertension (PH), a serious complication of liver cirrhosis, and is commonly measured by interventional radiology using a transjugular approach. The use of a novel, simple endoscopic ultrasound (EUS)-guided technique to measure PPG is the subject of a late-breaking abstract presentation this afternoon. Dr Jason Huang from the University of California, Irvine, CA, USA, will report results from a pilot study assessing the use of this approach in individuals with liver disease (15.45 – 17.15, Room 7.1; Abstract LB5644).

Linear endoscopy was used to place a 25-gauge needle in the portal vein and right hepatic vein (or inferior vena cava), via a transgastric or transduodenal transhepatic approach, and pressure readings were taken with a compact manometer.

The technique was successfully performed in all 26 subjects taking part and there were no complications. Mean PPG (mmHg) was significantly higher in subjects with a high versus a low probability of cirrhosis (10.4 versus 3.9, p=0.015) and those with varices (14.3 versus 4.3, p<0.001) and portal hypertensive gastropathy (12.5 versus 4.5, p=0.02). The odds for a high probability of cirrhosis were 19.5 times higher with a PPG >5 mmHg versus <5 mmHg.

This simple EUS-guided PPG measuring set-up represents a promising breakthrough for acquiring data that will improve the management of patients with liver disease.

Scientific Programme

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Tweet of the day

@CharlieMuz & @PopovVilli with the latest member of the UEG E-learning team at #uegweek! #UEGEducation

Natalie Wood @nataliewood08

www.ueg.eu/week
This morning’s Opening Plenary Session is a must-attend for all delegates wanting to find out what UEG Week has in store for them.
Young GI Network
How can UEG help your career?

Lídia Roque Ramos

UEG is committed to supporting young gastroenterologists in developing their careers, running a number of initiatives aimed specifically at researchers and trainees under the age of 40. We spoke to a young gastroenterologist and hepatology fellow, Dr Lídia Roque Ramos from Hospital Garcia de Orta, Almada, Portugal, about how her involvement with UEG has helped her career so far.

Q. When was the first time you attended a UEG organised event and did it inspire you?
A. In my first year of GI training I attended the 2012 UEG Young Investigators Meeting. It was a fantastic experience! Not only was it a great opportunity to meet other young researchers and established clinicians from all over Europe, I also found it very easy to establish a network with peers and faculty members. The meeting also taught me important basic skills, such as how to critically read a paper, write an abstract, clearly define a research question and develop a successful study protocol.

Scientific Programme

A novel suturing device for endoscopic gastric reduction

Gastric reduction is increasingly used to manage obesity. Using an endoscopic approach reduces the risks associated with more invasive surgery; however, endoscopic suturing with full thickness gastric sutures requires complex manoeuvres.

This afternoon, Dr Vincent Huberty from Hôpital Erasme, Brussels, Belgium, will report hot-off-the-press findings of using a novel endoluminal suturing system to aid endoscopic gastric restriction (15:45 – 17:15, Room 7; Abstract LB5699).

This pilot trial investigated a single-use triangulation system attached to an endoscope. The system combined a 5 Fr bendable channel, containing a Transmural Anterior-Posterior Endoscopic Stitcher with a preloaded tag and tightening system, and a 5 Fr non-bendable channel. In each patient, 2 large plications were made, with full-thickness endoscopic suturing and antero-posterior apposition into the stomach; this was repeated 4–6 times.

Between May and July 2015, 11 obese patients underwent this procedure. The mean duration was 2 hours 6 minutes and there were no complications. The percentage excess weight loss at 1 and 3 months was 8.3% and 17.6%, respectively.

Initial experience with this minimally invasive approach suggests it is a safe and effective way to perform gastric reduction.

The presentation, management and outcomes of colonoscopic perforations in the NHSBSCP will be reported in today’s Opening Plenary Session (08.00 – 10.30, Hall 6: Abstract OP001) by Dr Edmund Derbyshire from North Tees & Hartlepool NHS Foundation Trust, Stockton-on-Tees, UK, who is one of this year’s UEG Week Top Abstracts Prize winners.

Between 2006 and 2014, the perforation rate among 263,129 endoscopic procedures was 0.06%. Complete data were received on 117 perforations; 69.2% were therapeutic. Nearly all patients (n=115) required hospital admission, of whom 54.8% underwent surgery and 26.1% received a stoma.

Diagnostic perforations occurred most commonly in the sigmoid colon (n=12) and were significantly associated with the need for surgery (relative risk [RR] 1.86; 95% CI 1.39–2.49; p=0.001) and with post-perforation morbidity (RR 2.70; 95% CI 1.86; 95% CI 1.39–2.49; p=0.001). Sigmoid colon perforations were significantly associated with stoma formation (RR 2.56; 95% CI 1.50–4.38) when compared with all other colorectal locations.

“Our data highlights the type of colonoscopic perforation that is more likely to result in surgery, stoma formation, post-perforation morbidity and intensive care admission,” explains Dr Derbyshire.

Regular endoscopy detects early gastric cancers following *H. pylori* eradication

*Helicobacter pylori* is one of the most significant risk factors for early gastric cancers (EGCs), but eradication of the bacteria does not prevent the disease in all patients.1

Speaking at tomorrow’s ‘Upper GI cancer – mechanisms and clinical aspects’ Abstracts on FIRE Session (08.30 – 10.30, Hotspot), Dr Atsushi Majima from Kyoto Prefectural University of Medicine, Japan, will describe how he and his colleagues compared clinico-pathological features of EGCs between patients testing positive for the bacteria (n=246) and those classified as *H. pylori*-eradicated (n=69) (Abstract OP225).

Among patients free from *H. pylori*, 47 EGCs (68.1%) were detected ‘early’ i.e. within 4 years after eradication. The mean size of EGCs in this group was significantly smaller and the macroscopic morphology tended to be of a flat or depressed type compared with EGCs from the *H. pylori*-positive group. EGCs in a late detection *H. pylori*-eradicated group had more close-type (mild) atrophy than those in the positive group (27.3% versus 6.9%, p=0.006).

Dr Majima suggests that detection of EGCs is possible more than 10 years after *H. pylori* eradication. “Examinations are necessary long after antibiotic treatment to detect characteristically changes in morphological features that may indicate presence of disease,” he says. ●

For me, UEG Week is like having a birthday as a child—it occurs once a year, I know the dates and that everybody will be there, I can hardly wait for it to arrive and the excitement grows as I spend time planning!

Plan in advance…
I like to scroll through the online programme at least a month before UEG Week starts to see the topics covered in the Opening Plenary Session and other symposia, and make a note of sessions within my professional field of interest. I also find the Young GI Track extremely useful for planning as it recommends topics of interest for young gastroenterologists. My must-attend sessions this year are the Opening Plenary, Horizon 2020, 'Strain imaging and elastography', 'Update on non-alcoholic steatohepatitis', the ERCP Symposia and live endoscopy demonstrations.

I find the Young GI Track extremely useful for planning…
Before the Congress, I’ll read up about topics in my selected sessions that I don’t feel sufficiently knowledgeable about. In this way, I feel that I’m prepared and can gain as much benefit as possible from the sessions.

Manage your time onsite
As a Young Talent Group member, I have meetings and commitments when I’m at the Congress that need to be built into my daily plans. The best way to manage my time onsite is with the UEG Week App and I plan at least a day in advance.

Get networking!
The first thing I did when I arrived at the Congress this year was to go to the Young GI Lounge. I did this last year too! Part of my role as a member of the Young Talent Group is to promote the Young GI Network and mingle with young delegates visiting the Lounge. I can’t emphasise enough what a great place it is for young gastroenterologists to meet and talk, and to connect with other clinicians and researchers who have similar professional and scientific interests.

The first thing I did when I arrived at the Congress was to go to the Young GI Lounge.

See the sights
When my day at the Congress has ended and I have time to myself, I like to explore the city I’m in. The last time I visited Barcelona I saw the Font Màgica (magic fountain)—it was so beautiful, I’m planning to see it again this year! 😊
Why not let UEG E-learning expand your horizons?

The range of educational offerings available from UEG is vast. Now completely redesigned, the user-friendly and easily accessible UEG Education website is a great platform for all educational offerings in digestive diseases.

The website serves as the largest repository of gastroenterological information, which is conveniently organised into:

• Latest News:
  - Blogs by eminent clinicians and researchers in the field on highly relevant and interesting subjects
  - ‘Decide on the Spot’ cases that test your diagnostic skills
  - Monthly patient case studies based on real, but sometimes uncommon, situations
  - ‘Journal Watch’ in which a recent published article is discussed

• UEG Week 24/7, which gives you access to all that’s relevant from the largest annual European congress in digestive diseases

• Library recordings of presentations from a range of UEG and associated society meetings and symposia

• Online Courses, which are multidisciplinary CME validated courses that deliver excellent clinical education and allow you to test your knowledge

• Latest News

Updates on advances in GI

Courses
Providing theoretical & practical knowledge

Library
Over 20,000 items

Choose YOUR way of learning!

Solve exciting real-life cases together with our community and comment on blogs & journal watch reports covering current and educational topics. Our online courses allow you to improve your skills whenever and wherever you are at a pace that suits you.

Visit www.ueg.eu/education/ now to see where UEG Education can take you!

Post your favourite library item with a brief explanation of your choice, and claim a Power Bank at the UEG Booth as a reward!

Meet the UEG Education Web Editors.

Monday, October 26: UEG Booth, 10.30 – 11.00, 13.00 – 14.00 and 15.30 – 15.45.
Tuesday, October 27: UEG Booth, 15.30 – 15.45; Young GI Lounge, 10.30 – 11.00.
Wednesday, October 28: UEG Booth, 10.30 – 11.00 and 13.00 – 14.00; Young GI Lounge, 12.30 – 13.00

Give UEG Education a try at a dedicated corner in the UEG Booth in Hall 8.0 or visit www.ueg.eu/education

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Leufen Medical GmbH
Gustav-Krone-Straße 7
D - 14167 Berlin, Germany
Tel. +49 30 816 90 93 00
Fax +49 30 816 90 93 93
contact@leufen-medical.eu

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www.ueg.eu/week
Scientific Programme

Updates in colorectal cancer screening

Colorectal cancer (CRC) screening can save lives by detecting and, in some cases, preventing the development of cancers. Two late-breaking abstract presentations today will discuss practical ways of refining screening to meet the needs of both patients and healthcare systems (15.45 – 17.15, Room 7.1).

Using data from the Dutch national CRC screening programme, Mrs Esther Toes-Zoutendijk from Erasmus MC, University Medical Center, Rotterdam, The Netherlands, will discuss how real-time monitoring can be used to make instant adjustments to improve performance (Abstract LB5727). Among 529,056 people screened, raising the faecal immunochemical testing (FIT) cut-off from 15 to 47 µg Hb/g faeces, to accommodate colonoscopy capacity and balance the benefits and risks of screening, led to a 28% reduction in the age-adjusted positivity rate (from 9.6% to 6.9%). However, detection rates for CRC and advanced adenoma were maintained at 82% (4.6 versus 5.6 /1,000 people) and 75% (1.3 versus 2.8 /1,000 people), and the levels reported at the lower FIT cut-off. Intermediate-risk patients with 3–4 small adenomas (<10 mm) can be considered low-risk.

This is the conclusion of a study in 561 intermediate-risk patients undergoing index and follow-up colonoscopy, which will be presented by Dr Enrique Páez-Cuadrado Robles from Morales Meseguer Hospital, Murcia, Spain (Abstract LB5755). The advanced lesion detection rate among patients with 3–4 small adenomas only was significantly lower than that of patients with 3–4 adenomas and at least one measuring ≥10 – <20 mm (4.8% versus 16.7%, p=0.001). There was no significant association between the presence of 3–4 small adenomas only and advanced colorectal neoplasia (OR 0.497; 95% CI 0.233–1.059; p=0.065).

Scientific Programme

Bench to bedside: Clinicians and research scientists share perspectives

Whether you are a clinical investigator or laboratory scientist, you cannot fail to be excited by the ground breaking research being presented at UEG Week. But how do these discoveries change therapies and improve patient outcomes?

The Translational/Basic Science pathway focuses on how fundamental scientific findings are being applied to clinical settings. From today through Wednesday, the sessions in this pathway will explore how basic science is leading to new diagnostic methods, therapeutics and treatment guidelines.

If you want to hear how research will affect clinical practice within the foreseeable future then Room E4 is the place to be! Hear from scientists, translational investigators and practising clinicians and learn how they collaborate to turn laboratory discoveries into effective therapy.

Today’s topics include:

• Molecular diagnosis and monitoring of GI cancer (11.00 – 12.30)
• Immune invaders in GI diseases (14.00 – 15.30)
• Latest scientific insights on irritable bowel syndrome (15.45 – 17.15)

Don’t miss some of the highlights on Tuesday and Wednesday. Heated debate guaranteed!

• Non-genetic factors in inflammatory bowel disease (Tuesday, 11.00 – 12.30)
• Brain-gut interactions in health and disease (Tuesday, 14.00 – 15.30)
• How science is affecting clinical practice in Barrett’s disease (Wednesday, 08.30 – 10.30)

These are the findings of a single-centre study that will be reported by Dr Peter Macinga from the Institute for Clinical and Experimental Medicine, Prague, Czech Republic, at today’s Abstracts on FIRE Session (15.45 – 17.15, Hotspot: Abstract OP127).

PCL were identified in 60 (6.2%) of the 967 patients undergoing orthotopic liver transplants between 1996 and 2014. Half of the patients (n=29) were diagnosed prior to transplant and 33% had more than two lesions. During a mean follow-up of 51 months, the lesions increased in size in only 10 patients (17%), were not thought to be clinically relevant, and no patients developed symptoms or died from PCL. Older age, female gender, transplant for primary biliary cirrhosis and alpha-1 antitrypsin deficiency were each significantly associated with PCL development. Interestingly, intraductal papillary mucinous neoplasm was suspected in 9 (15%) patients, a condition clinicians should be aware of when evaluating these patients.

Dr Macinga notes that, “Longer follow-up should help to clarify whether PCL lead to survival differences between transplant patients and the general population further down the line.”

What are the risks of pancreatic cystic lesions in transplant patients?

Pancreatic cystic lesions (PCL) are no more common in liver transplant recipients than in the general population and they do not compromise survival.

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Dr Macinga notes that, “Longer follow-up should help to clarify whether PCL lead to survival differences between transplant patients and the general population further down the line.”

Scientific Programme

How omics are influencing treatment practice

The so-called omics revolution, started by the mapping of the human genome, is already changing the way we treat human disease, but this is only the tip of the iceberg. The combination of information from areas encompassing genomics, proteomics and metabolomics could eventually lead to the ideal of personalised medicine on a truly individual level.

The Today’s Science, Tomorrow’s Medicine series brings together and supports dialogue between basic scientists and clinicians in a rapidly evolving area of gastroenterology, which in previous UEG Weeks has attracted a large number of preclinical researchers. The series communicates the first findings of tomorrow’s advances in diagnosis and treatment practices.

This year’s Today’s Science, Tomorrow’s Medicine Symposium, ‘The omics revolution’, is dedicated to unravelling the complexities of this area and establishing how the information generated can be used to inform clinical practice now and in the future. Over two days, invited sessions featuring world-class scientists are combined with free paper sessions in this fascinating symposium.

Today’s invited sessions provide clinicians with an introduction to omics technologies (11.00 – 12.30) and discuss how omics can be used in the subclassification of cancer (15.45 – 17.15). On Tuesday, delegates will hear from experts about the prominent role of omics in personalised medicine (11.00 – 12.30), missing heritability (14.00 – 15.30) and the relationship between human and microbial genetics (15.45 – 17.15). Free Paper Sessions take place this afternoon (14.00 – 15.30) and tomorrow morning (08.30 – 10.30). This special initiative is open to all UEG Week delegates at no extra cost.

Welcome to the Today’s Science, Tomorrow’s Medicine Symposium and find out about the impact of omics on the fields of gastroenterology and hepatology.

Monday, 26 – Tuesday, October 27
Room E2

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UEG Lifetime Achievement Award

This year’s UEG Lifetime Achievement Award is Professor Chris Hawkey from the Queen’s Medical Centre, Nottingham, UK.

The award recognises individuals who have made an outstanding contribution to the field of gastroenterology and whose work and leadership have had a particularly important impact on UEG.

In terms of research, Professor Hawkey is best known for his work in gastrointestinal protection against aspirin and non-steroidal anti-inflammatory drugs and in inflammatory bowel disease and for his willingness to question established orthodoxy.

He has supported UEG for many years and his achievements include the establishment of a central scientific committee and the promotion of greater European collaboration. Professor Hawkey also masterminded or guided initiatives designed to help young gastroenterologists, including the Rising Star Award, the Young Investigator Programme, the Summer School and the twice yearly academic exchange meeting with young AGA investigators.

“As a Europhile Brit, I am pleased that UEG has become such a major force in world gastroenterology. I am proud to have made a small contribution to this and am grateful for this kind award,” said Professor Hawkey.

Professor Hawkey will receive his award from UEG President Michael Farthing in today’s Opening Plenary Session (08.00 – 10.30, Hall 6).
Colorectal cancer is the most commonly diagnosed form of cancer in Europe, with over 323,000 new cases diagnosed each year and the annual incidence expected to rise 12% by 2020. With early detection being a key factor in reducing mortality rates, UEG embarked upon a media campaign from March to June 2015 to increase awareness of the importance of early detection, urging men and women over 50 across Europe to “Step Up and Take the Test” and undertake screening for colorectal cancer.

The campaign launch was timed to coincide with European Colorectal Cancer Awareness Month in March and, in addition to encouraging screening uptake, called upon EU countries to evaluate advanced screening techniques, such as the faecal immunological test, within national screening programmes.

The campaign also called upon family doctors to be more alert to the symptoms of colorectal cancer in young people, as evidence points to a growing risk of CRC in younger people. Studies have also found that young-onset CRC is more aggressive, more likely to be diagnosed at an advanced stage, and more likely to be fatal than CRC diagnosed later in life.

Disparity in endoscopy training and provision across Europe continues to present a major challenge to providing a unified screening programme across the continent, with few countries making endoscopy a national policy priority. To address this issue, UEG delivered a further campaign targeting EU stakeholders to encourage health service providers to review their future endoscopy resources and start training more physicians and nurses to meet the increasing demands for endoscopy and colonoscopy.

The series of media campaigns were supported with infographics and a #screeningsaveslives social media campaign. Pan-European media coverage was achieved across 79 media channels with nearly 84 million opportunities to see the UEG editorial. The social media campaign received active support from a wide range of patient organisations, medical professionals and consumers across Europe, with a potential audience engagement of over 100,000.

UEG is encouraging delegates at UEG Week 2015 to join in the CRC awareness campaign by posting a selfie on their Twitter using the hashtag #FaceUp2CRC. The campaign target is to achieve 1,000 “face up” selfies on the UEG picture wall to help support UEG initiatives within the European Parliament to improve screening programmes and uptake. Further information on the campaign can be found at www.ueg.eu.

What not to miss tomorrow:

Addressing the difficulties in managing acute liver failure

Acute-on-chronic liver failure (ACLF) is a distinct disorder from acute liver failure (ALF). Associate Professor Thierry Goust from the University of Brussels, Belgium, and one of the winners of the UEG 2015 Rising Stars Award, will present the latest information in the diagnosis and management of ACLF.

Mechanical and bioartificial devices can be used to provide liver support as a temporary bridge to transplantation. Professor Rafael Bahares from the Hospital General Universitario Gregorio Maranon, Madrid, Spain, will discuss the latest advances in the development of liver assist devices and their role in treating patients with ALF.

Most patients with ALF or ACLF require a liver transplant at some stage. As Medical Director of the Liver Transplant Program at Centre Hepatobiliaire of Hôpital Paul Brousse in Villejuif, France, Professor Didier Samuel is well-placed to discuss the important considerations in deciding when to perform transplants in patients with ALF and ACLF.

Professor Deirdre Kelly from Birmingham Children’s Hospital, UK, will discuss the potential challenges and optimal approaches to managing ALF in paediatric patients.

Don’t miss tomorrow’s symposium ‘Acute liver failure and acute-on-chronic liver failure: Difficult conditions to treat’.

Monday, October 26
11.00 – 12.30
Room A1

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Achieving work–life balance as a woman in GI

Are you a female researcher, physician in training, or maybe already working in clinical practice in the gastroenterology field? As a woman, are you wondering how far you can go in your career and how you can achieve a successful balance between career and private life?

We asked for tips and advice from some of the women forging their careers in gastroenterology research and medicine and who still find time to have a fulfilling life with family and friends.

Rebecca Fitzgerald, Programme Leader at the Medical Research Council, Cancer Unit, and Honorary Consultant in Gastroenterology at Addenbrooke’s Hospital, Cambridge, UK; NIHR Research Professor; winner of the UEG Week Research Prize 2014.

Q. In addition to your significant clinical and research commitments, you are the mother of four children. How do you make time for your family and personal interests while keeping on top of your career?
A. I have learned to say no to invitations that distract from these priorities! I have also been incredibly fortunate to have a very supportive husband and help with childcare.

Q. How do you manage to combine your research work with keeping on top of your everyday clinical activities?
A. It is definitely possible but takes discipline to prioritise the workload. As the research expands, you may need to focus on a smaller area of your clinical work to ensure you stay competent.

Q. What tips/advice do you have for avoiding stress and burn-out?
A. The old motto ‘work hard and play hard’ is key. I enjoy making music in my spare time, which is also a shared family passion and so this helps us all have fun together.

Q. What strategies do you think are needed to ensure that women can effectively pursue their work after starting a family?
A. You have to make choices about childcare and be confident that you can trust the individuals and organisations involved. You can only be effective at work if you can rely on the arrangements that you have made for your children. These choices are quite personal and there is no generic solution.

“I have learned to say no to invitations that distract from [my] priorities!”

Professor Marianna Arvanitakis from Hôpital Erasme, Brussels, Belgium, has forged a career in the field of endoscopy, which is currently a male-dominated discipline. However, Professor Arvanitakis says that being a woman has not been a drawback in her career; her advice to her fellow women co-workers is to, “Stand your ground, share your opinion and remain conscious of your abilities and values.” Her own mentor, Professor Myriam Delhaye, was the first to set this example. She also feels that there has been considerable effort to promote gender balance in working groups and committees in recent years, citing the UEG as an excellent example (Professor Arvanitakis is currently a member of the UEG Scientific Committee, a role she finds very exciting and enjoyable).

“Stand your ground, share your opinion and remain conscious of your abilities and values”.

When it comes to balancing her personal life with her many work commitments, Professor Arvanitakis says that combining both elements of her life often provides a solution. For example, whenever possible, she will take her son with her when she travels or fit in a morning jog, or even a dive, during scientific meetings. Professor Arvanitakis also advises that, “time management and organisation are key”—as well as utilising spare time in the evening and weekends, she makes use of otherwise wasted time for planning and thinking, such as while waiting at the dentist or sitting in a traffic jam.

“Time management and organisation are key”

Professor Severine Vermeire, from the University Hospital of Leuven, Belgium, is the current President of the Governing Body for ECCO. When asked how she balances her commitments to ECCO with everyday clinical and research work, Professor Vermeire emphasises the importance of both good planning and support from those around her: “Before I decided to apply for the position of President of ECCO, I discussed it with my family and my work colleagues. I would never have done it if they were not supportive of my decision.”

Professor Vermeire believes gaining experience across a number of centres nationally and internationally is crucial to learning to step outside your comfort zone and to expand your skills and professional network, and strongly recommends doing this early on in your career. Professor Vermeire also advocates finding a good mentor, either male or female, who has a vision and can stimulate you to think critically, formulate hypotheses and research questions, and provide support and feedback with writing and presenting. Finally, Professor Vermeire is keen to add that, while the gastroenterology community needs to work on providing more support for women in GI, she already sees a very positive trend in this direction.

Don’t miss the chance to get involved in the discussion about the role of women in GI research and medicine at Wednesday’s interactive Hotspot Session, ‘Women in GI’ (12.45 ~ 13.30).
Young GI Network social event is hailed a success

Following on from last year’s hugely successful Young GI Network (YGN) social event, Sunday night’s “Let’s Meet” reception for young gastroenterologists proved no different, with attendees concluding that the event—aimed at bringing young congress delegates together with mentors and senior gastrointestinal experts—was yet again a great success.

Around 300 young delegates met at the fashionable seafront venue, Bestial, to mingle with their peers and make contacts crucial to their career progression. Delegates were welcomed to the event by the UEG Vice-President, Professor Michael Manns, who went on to describe particular highlights from this year’s UEG Week programme for young gastroenterologists, including the Young GI Track, Young Mentoring Programme and Young GI Lounge.

“I really appreciate the opportunities UEG provides to young gastroenterologists to connect and make contacts,” said Tomislav Bokun from Croatia “I have met new people in my field at this networking event which I hope will lead to research collaborations in the future.”

Also attending the event, Yasmin van Herwaarden from the Netherlands added, “I have found it very worthwhile attending the YGN social event. After attending last year’s “Let’s Meet” in Vienna I was looking forward to the event in Barcelona. I have met many new people and have greatly enjoyed speaking with them.”

Scholarships galore!

UEG Week supports young gastroenterologists and fellows in training (aged 40 or below) from around the world to develop their careers as scientists, practicing clinicians and investigators.

This year we awarded International Scholarships to 30 delegates from countries with a Human Development Index (HDI) of less than 0.8. UEG Week provides €1,000 to cover travel and expenses, plus free entry to UEG Week and the Postgraduate Training Programme.

Bringing a truly international perspective to the Congress, the International Scholarship recipients represent 24 countries, from Thailand to Colombia, Sudan to Belarus.

This year’s winners have expressed their delight at receiving the award: “I am indeed honoured to get this amazing opportunity. Looking forward to UEG Week”, “I am deeply obliged to UEG for awarding me with the International Scholarship for UEG Week 2015.”

Alongside these International Scholarship recipients, UEG Week welcomes the winners of its National Scholars Award. Designed to identify and nurture promising junior investigators, this award recognises talented early career researchers who we hope will aspire to achieve our prestigious Rising Stars Award in due course!

A judging panel scores all abstracts accepted for presentation from clinical or non-clinical first authors aged under 35 years and belonging to a UEG affiliated national society. The National Scholar Award is presented to the highest ranked abstract from each affiliate country.

This year’s 34 National Scholar Awardees will also have the opportunity to participate in UEG Week’s packed programme of Young GI Network activities including the successful Mentoring Programme and networking events.

Young GI Network social event is hailed a success

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Case Study

Decide on the spot
An interesting ileal finding

Nick Burr - Leeds Teaching Hospitals NHS Trust, UK

A 50-year-old woman is undergoing a colonoscopy because of loose stool. When the tip of the endoscope enters the terminal ileum, the lesion in the photograph is found (Figure 1). The patient asks you if any treatment will be necessary. What do you tell the patient?

a) The lesion is likely to be a lipoma and can probably be ignored
b) The lesion is likely to be adenomatous and should be removed by endoscopic mucosal resection (EMR)
c) The lesion is likely to be a neuroendocrine tumour (NET) and should be removed surgically
d) The lesion is likely to be a gastrointestinal stromal tumour (GIST), requiring annual surveillance
e) None of the above

About
Nick Burr, BSc, MBBS, MRCP, is a clinical academic fellow in gastroenterology.

Figure 1: A lesion detected in the terminal ileum of the 50-year-old case patient during colonoscopy, visualised by white-light imaging (WLI) and narrow-band imaging (NBI).

Today's patient case study can also be found online in the latest news section of the UEG Education website www.ueg.eu/education/latest-news/ — the case discussion and answer will be posted online tomorrow.

To qualify for a complimentary UEG Education Power Bank—perfect for charging your mobile devices on the go—we invite you to view the case online, sign in to myUEG and post a comment or answer in the comments section. To receive your Power Bank, simply come and show us your post on the laptop at the UEG Booth in Hall 8.0. Please note that comments on social media don’t count, participants are entitled to a maximum of one Power Bank and the number of Power Banks available each day is limited!

Answer from yesterdays
Decide on the spot
The hot PET
Monzur Ahmed - Good Hope Hospital, UK

Discussion

The polyps found in the case patient are likely to be recurrent gastrointestinal mantle cell lymphoma (MCL). To confirm the diagnosis, biopsy samples must be taken and immunohistochemistry performed. In this case immunohistochemistry indeed confirmed MCL. The polyps were lymphomatous submucosal lesions that were not suitable for endoscopic resection.

Answer
b) Perform standard snare polypectomy

HEPATOLOGY UPDATE

NEW DEVELOPMENTS IN PBC, NAFLD & NASH

FEATURING EXPERT FACULTY

MICHAEL TRAUNER, MD (CHAIR)
Professor and Chair of Gastroenterology and Hepatology
Division of Gastroenterology and Hepatology
Medical University of Vienna
Vienna, Austria

DAVID E. J. JONES, MD, PHD
Professor of Liver Immunology
Newcastle University
Newcastle upon Tyne, United Kingdom

ZOBAIR M. YOUNOSSI, MD, MPH
Chairman, Department of Medicine
Vice President for Research, Inova Health System
Falls Church, Virginia, USA

Supported by an educational grant from Intercept Pharmaceuticals, Inc. Jointly provided by the Annenberg Center for Health Sciences at Eisenhower and the Chronic Liver Disease Foundation. This symposium is not affiliated with UEG.

TUESDAY, OCTOBER 27, 2015
Registration/Breakfast: 6:30 AM
Symposium: 7:00 – 8:00 AM
There is no fee to attend and breakfast will be provided.

FIRA DE BARCELONA
ROOM E1
Gran Via North Access – Hall 8

AGENDA

6:30 AM  REGISTRATION
7:00 AM  INTRODUCTION
Michael Trauner, MD
7:05 AM  CLINICAL UPDATE ON PBC
David E. J. Jones, MD, PhD
7:20 AM  CLINICAL UPDATE ON NAFLD AND NASH
Zobair M. Younossi, MD, MPH
7:35 AM  CASE PRESENTATIONS / PANEL DISCUSSION
Moderator: Michael Trauner, MD
7:55 AM  Q&A / CLOSING REMARKS
Michael Trauner, MD

The Annenberg Center for Health Sciences at Eisenhower designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

The Annenberg Center for Health Sciences at Eisenhower is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
Following continuing fantastic feedback, the popular lunchtime Round Table Discussions will feature again at UEG Week. There will be four daily sessions covering a variety of topics; each session will involve a panel of four experts who will discuss a common clinical situation based on a case presentation. Today's topics are:

• Management of perianal fistula (Room A3)
• Management of the difficult GORD patient (Room B2)
• Treatment of severe acute pancreatitis and its complications (Room E1)
• Management of short bowel and intestinal failure (Room E3)

Places in the Round Table Discussions are limited and will be filled on a first-come, first-served basis, so get there early to avoid disappointment!

Come early to ensure your place at the Round Table Discussions, 12.45 – 13.45 (Room A3, B2, E1 and E3)!

UEG Journal, the official journal of UEG, provides an international forum for research in gastroenterology. This relatively new bi-monthly journal, which publishes high quality basic and clinical research across the spectrum of gastrointestinal disease, is proving an attractive option for many authors in the field. The journal has recently received its first, one-year impact factor of 2.08!

This year sees the introduction of an award for the first-named author of the best original scientific research paper. The award for the Best Paper published in 2013–2014 will be presented at UEG Week. To ensure the impartiality of the judging process, the criteria were based on several objective measures, including the number of times the paper was cited and/or downloaded and its impact.

The lucky recipient of this award will receive free registration, up to four night’s hotel accommodation and flights for attendance at UEG Week in 2016.

“In the two years since its launch, the papers published in UEG Journal have been of a consistently high standard,” commented Professor Jan Tack, UEG Journal’s Editor-in-Chief. “This award, in effect, recognises the best of the best.”

The award will be presented to this year’s winner, Dr Asbjørn Christophersen, by the journal’s Associate Editor, Professor Arthur Kaser, during today’s Opening Plenary Session (10.03 – 10.08, Hall 6), for his paper “Tetramer-visualized gluten-specific CD8+ T cells in blood as a potential diagnostic marker for coeliac disease without oral gluten challenge”. The paper presents a new blood test for the diagnosis of coeliac disease that, unlike currently available diagnostic tools, works independently of the patient’s diet and may mean gut biopsies and gastroduodenoscopy can be avoided in the diagnosis of the disease.

Dr Christophersen is delighted to be receiving the award, particularly as this was his first paper as the lead author. “This is a very nice encouragement for all the authors, and especially for me personally. It shows that the research we do is important and that it is being noticed and cited,” says Dr Christophersen. “It will also be of advantage when applying for funding to further develop and confirm this test.”