



## Reflecting on a memorable UEG Week 2015...

Attracting more than 13,000 researchers and clinicians, UEG Week 2015 in Barcelona was immensely popular and provided plenty of exciting new data to discuss and inspire!

Among the most innovative new data were colonoscopic perforation outcomes following endoscopic procedures in the largest European case series, how a novel method for studying pancreatic phenotypes of cystic fibrosis *in vitro* can help tailor drug screening, and the role of somatic mutations in Toll-like receptor 4 signalling alterations in oesophageal cancer. There was also the finding that maintenance treatment with ozanimod (a sphingosine 1-phosphate receptor modulator) increases the likelihood of clinical remission versus placebo in moderate-to-severe ulcerative colitis and the discovery that segment length, low-grade dysplasia and age at diagnosis are predictive of progression to cancer in Barrett's oesophagus.

There was promising news for patients with inflammatory bowel disease: for the first time, the anti-interleukin-12 antibody, ustekinumab, was shown to benefit those with moderate-to-severe Crohn's disease failing conventional (not just anti-TNF- $\alpha$ ) therapy. Results for another monoclonal antibody, vedolizumab, demonstrated the benefits of treatment for refractory disease in a real-life setting.

New therapeutic options in neurogastroenterology and motility – areas that affect many patients but with few available treatments – also appear promising. Symptomatic benefits were demonstrated for the selective 5-hydroxytryptamine<sub>4</sub> receptor agonist, prucalopride, and the peripherally-acting mu-opioid receptor antagonist, naloxegol.

There was fascinating new evidence of a beneficial effect of a probiotic on comorbid depression and brain emotional reactivity in patients with irritable bowel syndrome. Specific microbes also appear to benefit patients with ulcerative colitis: certain bacterial signatures present after faecal microbiota transplantation are linked to a sustained response to treatment.

The Editorial Team of 'UEG Week News' have selected the most memorable news from this year's Congress and draw attention to new developments in digestive and liver diseases in this report. ●

To find out more about the news and developments covered in this post-UEG Week 2015 report, visit UEG Week 24/7 at [www.ueg.eu/education/ueg-week-24-7](http://www.ueg.eu/education/ueg-week-24-7)



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# UEG WEEK 2015: FACTS & FIGURES

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**13,203**  
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POSTERS  
DISPLAYED  
OVER THE  
CONGRESS

**+**  
**66.3%**  
OF ABSTRACTS  
ACCEPTED

**3,883**  
RECORD  
BREAKING  
 NUMBER OF  
ABSTRACTS  
SUBMITTED!

  
**4,082**  
TWEETS USING  
#UEGWEEK  
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EUROPE 64.9%  
ASIA 17.6%  
NORTH AMERICA 5.8%  
SOUTH AMERICA 7.0%  
AFRICA 3.7%  
AUSTRALIA 1.0%

  
**441**  
ORAL  
PRESENTATIONS


  
**21**  
INDUSTRY  
SPONSORED  
SYMPOSIA

  
**188**  
SESSIONS COVERED  
IN THE PROGRAMME  
FROM MONDAY  
TO WEDNESDAY

  
**386**  
TOTAL  
NUMBER  
OF FACULTY

**10,800**  
DAILY UNIQUE  
WEBSITE  
VISITORS

**1,467,577**  
TOTAL REACH  
ON SOCIAL MEDIA  
IN OCTOBER

  
**2,482**  
LARGEST  
EVER NUMBER  
OF ATTENDEES  
TO THE POSTGRADUATE  
TEACHING PROGRAMME

## Young GI Network at UEG Week

For many young physicians and researchers working in GI and liver diseases, UEG Week is a must-attend event in the congress calendar.

The scientific content of some sessions was tailored especially for a younger audience. Florian Rieder, a junior investigator at the Cleveland Clinic Foundation, Ohio, USA strongly recommended signing up for the Young GI Mentoring Programme, which allowed younger delegates to interact with senior mentors. Cristina Trovato, Assistant Senior Physician at IEO Istituto Europeo di Oncologia, Milan, Italy was an advocate of the 'What's new in...?' Sessions as a means of learning about recent major information and cutting-edge advances in a variety of GI and liver diseases.

UEG Week 2015 was also an ideal occasion to connect with other researchers and clinicians who have similar professional and scientific interests.

Yasmijn van Herwaarden, a PhD student from Radboud University Medical Centre, Nijmegen, the Netherlands said: "It is good that UEG makes special arrangements for young clinicians and researchers. Being new in a certain field can sometimes make it very difficult to talk to new people. The Let's Meet event and Young GI Lounge, make it easier to meet others who are at a similar stage in their career."

**"I had planned with two other PhD students to discuss a collaboration we want to start and so we met in the Young GI Lounge to talk over our plans," said Yasmijn van Herwaarden.**

Attending the Congress in Barcelona – and particularly the activities organised by the Young Talent Group – provided a great opportunity to make new contacts and reconnect with people who may have attended other UEG events, such as the Summer School. ●

## Answer from Tuesday 27 October Decide on the spot The hot PET

Ruchit Sood - Leeds Teaching Hospitals  
NHS Trust, UK

Check out more exciting "Decide on the spot"  
cases on [www.ueg.eu/education/latest-news/!](http://www.ueg.eu/education/latest-news/)

## Discussion

Initially, the patient appeared to have classic coeliac disease, with diarrhoea and weight loss together with a positive serology. The endoscopy was crucial as the duodenal biopsies identified the presence of a thick band-like deposit of collagen just below the duodenal epithelium. On the basis of this finding, collagenous sprue was diagnosed. ●

### Answer

e) Add prednisolone to the dietary restrictions

## Updates on screening and diagnostic colonoscopy for colorectal cancer

Colorectal cancer (CRC) is the most common GI cancer in Europe, with estimates of more than 300,000 new cases reported annually in the EU.<sup>1</sup> Screening for CRC can save lives.

Two late-breaking abstracts at UEG Week 2015 discussed practical ways of refining screening to meet the needs of both patients and healthcare systems. A national CRC screening programme using biennial faecal immunohistochemical testing (FIT) was launched in the Netherlands in 2014. Using data from almost 530,000 people in this programme, researchers showed how real-time monitoring could be used to make instant adjustments to improve the programme's performance (Abstract LB5727). Raising 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% and 75% of the levels reported at the lower FIT cut-off.

CRC screening results categorise patients into risk groups. A Spanish study of 561 patients undergoing index and follow-up colonoscopy determined that intermediate-risk patients with 3-4 small adenomas (<10 mm) could actually be re-categorised as low risk (Abstract LB5575). The advanced lesion detection rate among patients with 3-4 small adenomas only

was significantly lower than that for patients with 3-4 adenomas plus 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 (p=0.065).

Perforations are a risk during colonoscopy – performed on patients with abnormal CRC screening results. A survey of perforations occurring during more than 260,000 endoscopic procedures in the UK revealed in a presentation at UEG Week 2015 that diagnostic perforations occurred most commonly in the sigmoid colon and were significantly associated with the need for surgery (p=0.001), post-perforation morbidity (p=0.009) and stoma formation when compared with all other colorectal locations (Abstract OP001). ●

**Commenting on the results of this survey, Professor Guido Costamagna from Università Cattolica del Sacro Cuore in Rome, Italy and 'UEG Week News' Editor-in-Chief said: "High quality colonoscopy is an increasingly important diagnostic and therapeutic tool and it is important that we constantly strive to improve our capabilities. These study findings provide valuable information for endoscopists and should facilitate improvements in the management of patients undergoing colonoscopy."**

1. Roberts SE, et al. Survey of Digestive Health across Europe. [ueg.sagepub.com/site/White\\_Book/White\\_Book.xhtml](http://ueg.sagepub.com/site/White_Book/White_Book.xhtml)

## Women in GI: Getting the balance right

Despite the encouraging increase in the number of women choosing a career in GI research, the ratio of men to women in the field remains low.<sup>1</sup>

Organisations focussed on supporting women seeking a career in GI research – or science in general<sup>1</sup> – are there to help guide individuals and, along with good mentorship, can play a critical role in facilitating networking and collaborations. Professor Rebecca Fitzgerald, who is Programme Leader at the Medical Research Council, Cancer Unit, and Honorary Consultant in Gastroenterology at Addenbrooke's Hospital, Cambridge, UK advises, "Find a really good host lab and a mentor who can support you and who will give you honest feedback about the likely success of your ideas."

**"I would encourage any woman thinking of a career in gastroenterology to go for it!" says Professor Fitzgerald.**

Professor Severine Vermeire, from the University Hospital of Leuven, Belgium – the current President of the Governing Body for ECCO – advises that gaining experience across a number of centres both nationally and internationally (whether you

are male or female) is crucial to expand on an individual's professional skills and networking contacts.

A UEG Week 2015 Hotspot symposium on women in GI raised interesting points in relation to the inequity in numbers of men and women in senior research positions. A potential factor may be the shortage of female role models in GI research who could encourage more women in junior positions to strive for leadership positions.

Professor Marianna Arvanitakis from Hôpital Erasme, Brussels, Belgium feels that recent years have seen a considerable effort to address the gender imbalance in working groups and committees, for instance. She believes that UEG is an excellent example in this respect. ●

**The Young GI Network (YGN), initiated by UEG, can help men and women build contacts and provide support during the early years of career development. Visit [www.ueg.eu/week/programme/young-gi-network/](http://www.ueg.eu/week/programme/young-gi-network/)**

1. Hamilton KE, et al. *Gastroenterology* 2013;145:266–71

## New innovations to tackle obesity

The increase in obesity is leading to the investigation of ever more innovative therapy approaches, including minimally invasive procedures. UEG Week 2015 saw the presentation of data for these procedures.

Endoscopic approaches to gastric reduction avoid the need for more invasive surgery. A pilot study of a novel endoluminal suturing system to aid endoscopic gastric restriction reported percentage excess weight loss of 8.1% and 17.6% at 1 and 3 months, respectively in 11 patients with mean body mass index (BMI) of 34.6 kg/m<sup>2</sup> (Abstract LB5699). No complications were reported. Two orally-administered approaches provided positive results. In a randomised study, the primary obesity surgery endolumenal (POSE) procedure in which the stomach is plicated trans-orally, resulted in superior 6-month total body weight loss (TBWL) compared with diet and exercise alone (12.5% versus 4.6%, p<0.003) in 44 patients with a baseline BMI of 30–40 kg/m<sup>2</sup> (Abstract OP087).

**The POSE procedure significantly reduced gastric capacity from baseline to 6 months (p<0.001).**

Interim findings from a study of 34 patients with mean BMI of 34 kg/m<sup>2</sup> who tried a novel gastric balloon, Eclipse™, revealed compelling results in terms of weight (-10 kg), percentage TBWL (9.5%) and glycated haemoglobin (-0.16%) (Abstract OP090). Uniquely, this balloon is swallowed and excreted after 4 months. This may be an attractive option for both patients and physicians because it avoids the need for endoscopy, although it does not offer a long-term solution. ●



## Faecal transplantation for recurrent *Clostridium difficile* infection

Faecal microbiota transplantation (FMT) is recommended in European guidelines for the treatment of recurrent *Clostridium difficile* infection (CDI).<sup>1,2</sup> The advent of a capsule form of FMT may facilitate its wider use across Europe<sup>3</sup> and new data were presented at UEG Week 2015.

The first randomised study comparing low- and high-dose capsule FMT for recurrent CDI after failure on vancomycin revealed no difference in efficacy or safety between the doses, with resolution of diarrhoea reported in 70% and 71% of patients, respectively (p=0.33) (Abstract LB5703). The overall response rate (including those who required extension of their FMT) was 94%.

**To find out more about capsule FMT, take a look at the UEG Press Release on capsule FMT!**

Two-year experience of FMT for recurrent CDI at a European referral centre also found that CDI resolved in 94% of patients (Abstract OP407). In all cases, FMT using fresh and frozen faeces from related (55%) and unrelated (45%) donors was performed by colonoscopy. None of the 33 successfully treated patients experienced further recurrences of CDI during the mean 9-month follow up. ●

1. Debast SB, et al. *Clin Microbiol Infect* 2014; 20 (Suppl 2): 1–26
2. National Institute for Health and Care Excellence. [www.nice.org.uk/guidance/ippg485](http://www.nice.org.uk/guidance/ippg485)
3. UEG Press Release. [www.ueg.eu/press/releases/ueg-press-release/article/faecal-microbiota-transplantation-now-available-in-capsule-form/](http://www.ueg.eu/press/releases/ueg-press-release/article/faecal-microbiota-transplantation-now-available-in-capsule-form/)

## Ustekinumab is beneficial for TNF- $\alpha$ -naïve Crohn's disease

Results from a phase III study presented at UEG Week 2015 revealed that the novel anti-interleukin-12 (IL-12)/23p40 antibody, ustekinumab, significantly improved clinical outcome in patients with Crohn's disease not refractory to antitumour necrosis factor (TNF)- $\alpha$  treatment (Abstract LB5668).

Previously, ustekinumab has been found to benefit patients failing therapy with anti-TNF- $\alpha$  agents<sup>1</sup> and for the first time, the current study examined patients with moderate-to-severe active disease failing conventional therapy. Over two-thirds (69%) of the 628 patients were anti-TNF treatment-

naïve. At Week 6, the clinical response rates for ustekinumab 130 mg and ustekinumab 6 mg/kg were significantly greater than for placebo (51.7% and 55.5% versus 28.7%; p<0.001 for both ustekinumab doses versus placebo). Corresponding clinical remission rates at Week 8 were 30.6%, 40.2% and 19.6%. Ustekinumab treatment was associated with significant improvements in disease symptoms and patient wellbeing. Adverse events, including serious infections, occurred at a similar rate in ustekinumab and placebo groups. ●

1. Sandborn WJ, et al. *N Engl J Med* 2012;367:1519–28

## Latest advances 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. Data for new treatments were presented at UEG Week 2015.

A group of patients with few treatment options – those with chronic, active, moderate-to-severe disease (n=131) – were investigated in a post-hoc analysis of a phase III trial of the Toll-like receptor-9 agonist, DIMS0150 (Abstract LB5610). Significant improvements over placebo were reported for symptomatic remission (SR) (32.1% versus 14.0%, p=0.02) and registration remission (21.0% versus 4.7%, p=0.02)

4 weeks after a single topical application of DIMS0150. 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.

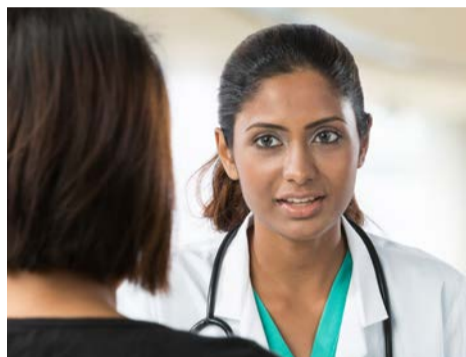
**Sustained clinical benefits seen with DIMS0150 suggest that this new treatment may help to avoid colectomy in patients with chronic, active ulcerative colitis.**

Exciting new data for patients with ulcerative colitis who received faecal microbiota transplantation (FMT) provided a greater insight to the bacterial signatures associated with treatment success (Abstract LB5693). The composition of faecal and mucosal microbiota was analysed during, and for up to 3 years after FMT. The findings indicated that patients with a microbiota signature low in *Clostridium* clusters IV and XIVa and rich in Bacteroidetes and Proteobacteria were likely to have a poor sustained response to FMT, unless the donor product was rich in the *Clostridium* clusters. The response signature appears to be driven by the presence of butyrate-producing bacterial species. ●

## Pancreatic cystic lesions pose no risk for liver transplant recipients

According to a single-centre study of 967 patients undergoing orthotopic liver transplants between 1996 and 2014, pancreatic cystic lesions (PCL) are no more common in liver transplant recipients than in the general population and they do not compromise survival (Abstract OP137).

The study results presented at UEG Week 2015 revealed that PCL were identified in 60 (6.2%) transplant recipients and 48% of patients had lesions diagnosed prior to the transplant; 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



## Endoscopic advances for GI tumours

While endoscopic submucosal dissection (ESD) is effective for achieving en-bloc removal of tumours, its use in Europe is not widespread. New data presented at UEG Week 2015 gave a greater insight on the use of ESD in Europe.

A German centre compared ESD with standard endoscopic mucosal resection (EMR) for early oesophageal adenocarcinomas over a 10-year period (Abstract OP356). The en-bloc resection rate among 108 ESDs was more than three-times that among 54 EMRs (96.3% versus 29.6%) and the R0 resection rates were 83.3% and 24.1%, respectively. Recurrent/residual disease was absent among patients who had undergone curative ESD versus 31.5% for EMR. ESD had a similar rate of stenosis as EMR (11.1% versus 9.3%) but fewer bleeding complications (0.9% versus 5.5%).

In the largest study in Western countries to date, the feasibility of using ESD was considered for colorectal tumours (Abstract OP358). Between 2014 and 2015, standardised ESDs in patients with colon (n=48) or rectal (n=53) cancer and lesions >20 mm (median 40 mm) were associated with an en-bloc resection rate of 73% and an R0 resection rate of 61%, including four ESD-treated invasive carcinomas.

Practical implications of endoscopic resection were described in three late-breaking presentations. Preliminary findings suggest that full thickness resection is feasible with a novel over-the-scope device in patients with adenomas, T1-carcinomas or subepithelial tumours in the lower GI tract (Abstract LB5715). The target lesion was reached in all 79 test cases; the technical success rate was 86.0% and the R0 resection rate was 78.2%.

Recurrence of adenoma is a major limitation of EMR. The new Sydney EMR recurrence tool (SERT) provides an accurate means of stratifying the risk of recurrence, and suggests appropriate first surveillance times following EMR of colonic lesions (Abstract LB5586). ●

**Independent predictors of recurrence according to SERT were: lateral spreading lesion size  $\geq 40$  mm; intra-procedural bleeding; and high-grade dysplasia.**

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. ●

**“Longer follow-up should help to clarify whether PCL lead to survival differences between transplant patients and the general population further down the line,” said the lead author.**

## First human pilot study of novel device for measuring portal pressure gradient

Portal pressure gradient (PPG) is a good indicator of portal hypertension, a serious complication of liver cirrhosis, and is commonly measured by interventional radiology using a transjugular approach.

Late-breaking data at UEG Week 2015 described how a novel, simple endoscopic ultrasound (EUS)-guided technique was used to measure PPG in 24 patients with liver disease who enrolled in a pilot study (Abstract LB5646).

Using linear echoendoscopy, a 25-gauge needle was placed 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 performed successfully in all patients with no complications. Mean PPG (mmHg) was significantly higher in patients with a high versus a low probability of cirrhosis (10.4 versus 3.9,  $p=0.0158$ ) and those with varices (14.3 versus 4.3,  $p<0.001$ ) and portal hypertensive gastropathy (12.5 versus 6.5,  $p=0.02$ ). The odds for a high probability of cirrhosis were 19.5 times higher with a PPG  $>5$  mmHg versus  $<5$  mmHg.

Use of the technique could improve the management of patients with liver disease. ●

## UEG Week Live: Highlights

### Advances in the management of IBD

Use of antitumour necrosis factor (anti-TNF) therapy, such as infliximab, has become widespread for inflammatory bowel disease (IBD) and a biosimilar infliximab was recently approved for use in the EU. First-experience data presented at UEG Week 2015 showed that children with IBD who were switched from originator to biosimilar infliximab experienced no differences in adverse events, providing reassurance to patients and clinicians (Abstract OP096).

For many patients, IBD involves phases of treatment, remission and disease relapse. New hope for patients with refractory IBD arose from data showing significant clinical responses to the human monoclonal antibodies vedolizumab (Abstracts OP049, OP053 and OP054) and ustekinumab (Abstract LB5668). A current challenge is knowing how to manage patients in sustained remission: should medical treatment be stopped? According to a retrospective analysis of patients with Crohn's disease who stopped infliximab therapy after sustained remission under infliximab plus antimetabolites, almost 25% developed tissue damage after stopping treatment and the vast majority had to restart therapy over the long term (Abstract OP093). ●

### Serrated pathway and the development of colorectal cancer

There is increasing acceptance that colorectal cancer (CRC) is a heterogeneous condition characterised by distinct molecular phenotypes that develops via different pathways.

A growing body of evidence suggests that serrated polyps – once thought to be relatively innocuous – may be precursors of CRC that develop via the serrated pathway. Data supporting this were presented at UEG Week 2015 from a study in which epigenetic and genetic analyses were performed on samples of sessile serrated adenoma/polyp (SSA/P), traditional serrated adenoma and high-methylation CRCs (Abstract OP174). The aim was to explore the involvement of molecular alterations in the serrated pathway. The study demonstrated that SSA/P samples were highly methylated and represented precursors of high-methylation CRCs with *BRAF* mutation. A second study, based on the optical diagnostic abilities of endoscopists working in routine practice, emphasised the need for practical, validated classification systems to facilitate the endoscopic differentiation of adenomas, hyperplastic polyps and SSA/P (Abstract OP322). The prospective study showed that of 360 optically diagnosed SSA/P, only 36% were accurately characterised. This figure fell to 25% for polyps 1–5 mm in size. ●

### Advances in neurogastroenterology and motility

New therapies in neurogastroenterology and motility are welcome since these areas affect many patients but have few available treatment options.

Data presented at UEG Week 2015 showed how prucalopride, a selective 5-hydroxytryptamine<sub>4</sub> receptor agonist, significantly enhances gastric emptying time and improves both symptoms and quality of life in patients with gastroparesis, compared with placebo (Abstract LB5641). The peripherally-acting mu-opioid receptor antagonist, naloxegol, was approved by the EMA in 2014 and data were presented on its mode of action and efficacy for the treatment of opioid-induced constipation and non-cancer pain (Abstract OP057).

Fascinating new evidence was presented of a beneficial effect of the probiotic, *Bifidobacterium longum*, on comorbid depression and brain emotional reactivity in patients with irritable bowel syndrome (IBS, Abstract OP162). Data from a randomised, placebo-controlled study also provided the first such evidence that a low FODMAP diet improves IBS symptoms (Abstract OP163). In addition, there were further phase III data showing the efficacy of eluxadoline in managing symptoms and quality of life in patients with IBS and diarrhoea (Abstracts OP166, OP167 and OP168). ●



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# UEG Week Barcelona 2015 Award Winners

Each year at UEG Week we present a range of prizes, travel grants and scholarships created to foster basic and clinical research. Some of these enable young gastroenterologists to come to UEG Week, while others acknowledge exceptional scientific work.

**UEG congratulates this year's award winners and wishes them a prosperous future and a successful career.**

To download the award winners' abstracts, please visit our library at [www.ueg.eu/education](http://www.ueg.eu/education)

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Valli De Re, Italy

Zsófia Brigitta Nagy, Hungary

Aurelien Amiot, France

Giles Major, United Kingdom

Chang Mo Moon, Republic Of Korea

Asahiro Morishita, Japan

Marina Badenes, Portugal

Nam Nguyen, Australia

Keith Siau, United Kingdom

Federica Branchi, Italy

Elisabeth de Vries, Netherlands

Huynh Giao LY, Belgium

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Catherine Reenaers, Belgium

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23<sup>rd</sup> United European Gastroenterology Week  
Barcelona, Spain

**October 24-28, 2015**

**Venue: Fira de Barcelona Gran Via North Access – Hall 8**

**Final Programme**

OP205  
09:30 - 09:42  
**HIGH NUMBER OF OPPORTUNITIES IN PRIMARY AND SECONDARY CARE TO PREVENT ALCOHOL INDUCED CIRRHOSIS**  
Harmony E. Oteke, United Kingdom; E. Orton; J. West; K. Fleming

OP206  
09:42 - 09:54  
**ANTICOAGULANT TREATMENT AND DECOMPENSATION RATE IN PATIENTS WITH LIVER CIRRHOSIS**  
Irina Girleanu, Romania; A. Trifan; O. C. Stoica; C. Cojocariu; A. M. Singeap; C. Stancu

OP207  
09:54 - 10:06  
**DISTURBANCES OF GASTRIC EMPTYING, INTESTINAL ABSORPTION, PERMEABILITY AND GUT HORMONES IN PATIENTS WITH CHRONIC LIVER DISEASE: POTENTIAL MECHANISMS UNDERLYING POOR ORAL INTAKE AND MALNUTRITION**  
Dep. Kim Huiyh, Australia; J. Burgess; T. Debrechini; C. Tran; N. Q. Nguyen

OP208  
10:06 - 10:18  
**EFFECT OF DIFFERENT THERAPEUTIC MODALITIES ON SYSTEMIC, RENAL AND HEPATIC HEMODYNAMICS IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS**  
Tary Saliman, Egypt; G. El-Azab; H. El-Said; O. El-Abdi; A. Edrees

OP209  
10:18 - 10:30  
**SARCOPENIA AND OBESITY AMONG LIVER TRANSPLANTATION RECIPIENTS: A BODY COMPOSITION PROSPECTIVE STUDY**  
Eduardo Garcia Vilela, Brazil; L. R. Anastácio; K. G. Dias Diniz; M. I. Toulson Davisson Correia; A. S. Lima

**Free Paper Session**  
Room B3  
08:30 - 10:30  
**Progress in endoscopic biliary imaging and interventions**  
Chairs: Massimiliano Mutignani, Italy  
Thomas van Gulik, The Netherlands

IP325  
08:30 - 08:42  
**State-of-the-art introduction**  
Massimiliano Mutignani, Italy

OP210  
08:42 - 08:54  
**PROSPECTIVE RANDOMIZED STUDY OF ENDOSCOPIC BILIARY STONE EXTRACTION USING EITHER A BASKET OR BALLOON CATHETER: THE BASKETBALL STUDY**  
Ichiro Yasuda, Japan; N. Ozawa; S. Doi; T. Mukai; M. Nakashima; T. Iwashita; M. Shimizu; T. Ban; I. Kojima; K. Matsuda; M. Matsuda; Y. Ishida; Y. Okabe; N. Ando; K. Iwata

OP198  
09:54 - 10:06  
**EFFECTS OF COMMUNITY SCREENING FOR HELICOBACTER PYLORI: 13-YEAR FOLLOW-UP OF A RANDOMIZED CONTROLLED TRIAL (HEP-FYN)**  
Maria Bomme, Denmark; J. M. Hansen; M. Wildner-Christensen; J. Hallas; O. Schaffalitzky de Muckadell

OP199  
10:06 - 10:18  
**HELICOBACTER PYLORI/ERADICATION ASSOCIATED WITH DECREASING LEVEL OF AUTOANTIBODIES TO THYROID PEROXIDASE**  
Iryna Voloshyna, Ukraine; M. Voloshyn; V. Deynega

OP200  
10:18 - 10:30  
**INTERLEUKIN-22 IS A CRITICAL MEDIATOR OF VACCINE-INDUCED REDUCTION OF HELICOBACTER INFECTION IN THE MOUSE MODEL**  
Mati Moyat, Switzerland; H. Bouzourene; W. Ouyang; J.-C. Renauld; D. Velin

**Free Paper Session**  
Room E6  
08:30 - 10:30  
**A global view on liver cirrhosis**  
Chairs: Thierry Gustot, Belgium  
Mauro Bernardi, Italy

IP324  
08:30 - 08:42  
**State-of-the-art introduction**  
Thierry Gustot, Belgium

OP201  
08:42 - 08:54  
**PRESEPSIN AS A NEW BIOMARKER FOR OLD EXPECTATIONS IN THE DIAGNOSIS AND PROGNOSIS OF BACTERIAL INFECTION IN CIRRHOSIS**  
Maria Papp, Hungary; T. Tornai; D. Tornai; Z. Vitalis; I. Tornai; P. L. Lakatos; P. Antal-Szalmas

OP202  
08:54 - 09:06  
**SPONTANEOUS FUNGAL PERITONITIS: A RARE BUT SEVERE COMPLICATION OF LIVER CIRRHOSIS**  
Marta Gravito-Soares, Portugal; E. Gravito-Soares; S. Lopes; N. Silva; G. Ribeiro; C. Sofia

OP203  
09:06 - 09:18  
**BRAIN METABOLISM IN PATIENTS WITH MINIMAL HEPATIC ENCEPHALOPATHY ON 3.0-TESLA MAGNETIC RESONANCE SPECTROSCOPY**  
Kei Sawara, Japan; Y. Kooka; T. Oikawa; Y. Miyamoto; H. Kuroda; Y. Yoshida; A. Miyasaka; A. Kato; K. Suzuki; Y. Takikawa

OP204  
09:18 - 09:30  
**ASSOCIATION BETWEEN 90-DAY MORTALITY AND THE ALCOHOLIC HEPATITIS HISTOLOGICAL SCORE**  
Patrícia Andrade, Portugal; M. Silva; S. Rodrigues; J. Lopes; S. Lopes; G. Macedo

**Posters in the Spotlight**

11:00 – 12:30  
E-Poster Lounge 1  
New insights into the management of paediatric and adolescent IBD  
Chairs: Herbert Tilg, Austria  
Sibylle Koletzko, Germany

P1005  
**CLINICAL REMISSION INDUCED BY EXCLUSIVE ENTERAL NUTRITION (EEN) IN PEDIATRIC CROHN'S DISEASE IS ASSOCIATED WITH MICROBIOME METABOLIC CHANGES TOWARD INCREASED XENOBIOTIC BIODEGRADATION AND METABOLISM**  
Katherine A. Dunn, Canada; J. Connors; B. MacIntyre; A. Stadenyk; J. P. Bielawski; N. Thomas; A. R. Otley; Johan van Limbergen

P1007  
**MONITORING MUCOSAL HEALING WITH FAECAL CAL-PROTECTIN IN CHILDREN WITH ULCERATIVE COLITIS**  
Monika Meglicka, Poland; M. Szczepanski; M. Dadalski; J. Kierkus

P1002  
**PREVENTION OF LOSS OF RESPONSE TO TNF-A BLOCKERS IN PAEDIATRIC AND ADULT IBD PATIENTS BY USING THE GRAZ ALGORITHM**  
Evelyn Zöhrer, Austria; F. Kelz; W. Petritsch; C. Högenauer; H. Wenzl; W. Erwa; J. Jahnel

P1006  
**EFFECT OF EARLY VERSUS LATE AZATHIOPRINE TREATMENT IN PEDIATRIC ULCERATIVE COLITIS: DATA FROM THE ITALIAN REGISTRY FOR PEDIATRIC IBD**  
Giulia D'Arcangelo, Italy; M. Bramuzzo; M. Gasparetto; M. Martinelli; P. Alvisi; M. T. Illiceto; S. Valenti; S. Pellegrino; C. Catassi; S. Arrigo; S. Martelossi; S. Cucchiara; Marina Aloï

P0999  
**ITEM GENERATION AND REDUCTION OF THE "TUMMY" INDEX, A NEWLY DERIVED PATIENT REPORTED OUT-COME (PRO) FOR PEDIATRIC ULCERATIVE COLITIS**  
Liron Marcovitch, Israel; A. Nissan; D. Mack; A. Otley; S. Hussey; M. Kappelman; B. Mclean; N. Croft; F. Barakat; A. Griffiths; Dan Turner

P1008  
**REMISSION INDUCTION IN CORTICOSTEROID NAÏVE CHILDREN AND ADOLESCENTS WITH ACTIVE ULCERATIVE COLITIS BY ADSORPTIVE LEUCOCYTAPHERESIS AS MONOTHERAPY OR IN COMBINATION WITH LOW DOSE PREDNISOLONE AFTER FAILURE OF FIRST-LINE MEDICATIONS**  
Tomotaka Tanaka, Japan; T. Iiboshi; H. Goishi; M. Akagi; T. Kajihara; T. Miura

**Posters in the Spotlight**

11:00 – 12:30  
E-Poster Lounge 2  
Liver cirrhosis and its complications  
Chair: Dominique Thabut, France

P0625  
**METABOLOMIC MARKERS OF LIVER DAMAGE AND THEIR IMPLICATION IN THE ADVANCEMENT OF LIVER INJURY: FROM FATTY LIVER TO HEPATOCELLULAR CARCINOMA**  
Melania Gaggini, Italy; C. Saponaro; C. Rosso; F. Carli; E. Buzzigoli; F. Filippini; D. Ciociaro; E. Bugianesi; A. Gastaldelli


P0661  
**LIVER CIRRHOSIS DOES NOT IMPAIR THE SHORT-TERM OUTCOME IN PEPTIC ULCER BLEEDING**  
Johanna Martina Petersen, Denmark; A. Krag; O. B. Schaffalitzky de Muckadell; S. B. Laursen

P0658  
**TERLIPRESSIN-INDUCED HYPONATREMIA IN CIRRHOTIC PATIENTS WITH VARICEAL BLEEDING**  
Irina Girleanu, Romania; A. Trifan; O. C. Stoica; C. Cojocariu; A. M. Singeap; C. Sfarti; C. Baluta; C. Stancu

P0664  
**NUTRITIONAL STATUS OF CIRRHOTIC PATIENTS IN A REFERRAL CENTRE FOR LIVER DISEASE IN CRETE GREECE**  
Dimitra Sifaki-Pistolia, Greece; A. Markaki; J. Galanos; M. Christodoulaki; A. Mantaka; A. Augoustaki; V. Zafiroopoulos; Elias Kouroumalis; M. Koulentaki


P0649  
**FREQUENCY OF HEPATIC HYDROTHORAX AND ITS RELATIONSHIP WITH SERUM ALBUMIN IN LIVER CIRRHOSIS PATIENTS**  
Amanullah Kalhoro, Pakistan




P0654  **HOW TO PREDICT NONINVASIVELY THE PRESENCE OF OESOPHAGEAL VARICES?**  
Francisca Dias De Castro, Portugal; P. Boal Carvalho; C. Marinho; J. Cotter

P0657  **THE EFFECT OF NON-SELECTIVE BETA-BLOCKERS ON SURVIVAL IN DECOMPENSATED LIVER CIRRHOSIS PATIENTS**


Irina Gîrleanu, Romania; A. Trifan; C. Cojocariu; A. M. Singeap; A. Rohozneanu; S. Chiriac; C. Stanciu

P0666  **SCREENING FOR HEPATOPULMONARY SYNDROME IN CIRRHOTIC PATIENTS: DIAGNOSTIC APPROACH AND CLINICAL CORRELATIONS**

Maria Fragaki, Greece; D. Samonakis; S. Koukouraki; D. Sifaki-Pistolia; M. Koulentaki; E. Matrella; E. Kouroumalis


P0667  **SOLUBLE CD163 (SCD163) IS A MARKER OF INFECTION IN PATIENTS WITH CIRRHOSIS AND ACUTE DECOMPENSATION AND AN INDEPENDENT PREDICTOR OF THE SHORT-TERM MORTALITY**

Tamas Tornai, Hungary; D. Tornai; Z. Vitalis; I. Tornai; P. Antal-Szalmas; Maria Papp


P0681  **ALTERATIONS IN THE PORTAL VENOUS SYSTEM IN IDIOPATHIC NON-CIRRHOTIC PORTAL HYPERTENSION: A PROSPECTIVE LONG TERM FOLLOW-UP STUDY**  
Arunkumar Krishnan, Saint Kitts and Nevis

**Poster Champ Session**

12:45 - 13:30 Poster Exhibition: Terminal 4  
**Liver, biliary and pancreatic diseases II**  
Chairs: Julia Mayerle, Germany  
Vinciane Rebours, France

P0648  **HEPATIC ENCEPHALOPATHY IN ICU: CEREBROSPINAL FLUID METABOLICS HIGHLIGHTS ALTERATION OF MULTIPLE METABOLIC PATHWAYS REPRESENTING NEW POTENTIAL THERAPEUTIC TARGETS**

Nicolas Weiss, France; B. Colisch; F. Isnard; S. Attala; M. D. Mar Amador; F. Lamari; F. Sedel; C. Junot; D. Thabut

P0668  **SUSTAINED VIROLOGIC RESPONSE RATE OF 96% IN HCV GENOTYPE 1A-INFECTED PATIENTS TREATED WITH OMBITASVIR/PARITAPREVIR/R AND DASABUVIR WITH RIBAVIRIN**


Heiner Wedemeyer, Germany; P. Pockros; S. S. Lee; E. Gane; C. Moreno; S. Strasser; V. De Ledinghen; A. Maieron; W. Xie; R. Trinh; Y. Luo; F. Tatsch; V. Rustgi

P0675  **31PHOSPHORUS MAGNETIC RESONANCE SPECTROSCOPY OF THE LIVER IDENTIFIES INFLAMMATION IN AUTO-IMMUNE HEPATITIS**


Lauri Puustinen, Finland; A. Hakkarainen; U. Nieminen; R. Kivisaari; N. Lundbom; P. Arkkila

P0690  **MULTIPLE METAL STENTS FOR COMPLEX MALIGNANT HILAR STRICTURES: PATIENTS SURVIVAL, STENTS PATENCY AND OUTCOMES OF RE-INTERVENTIONS FOR OCCLUDED STENTS**

Ivo Boskoski, Italy; S. Greco; P. Familiari; A. Tringali; V. Perri; G. Costamagna

P0697  **THE CLINICAL EFFECT AND CHANGES OF MICROFLORA UNDER PROBIOTIC SUPPLEMENTATION IN CHILDREN WITH BILIARY ATRESIA - A RANDOMIZED CONTROLLED TRIAL**


Ewa Orłowska, Poland; P. Czubkowski; I. Motyl; E. Klewicka; Z. Libudzisz; Piotr Socha

P0701  **ELEVATED LEVELS OF IL-6 AND IL-8 PREDICT DEVELOPMENT OF RESPIRATORY FAILURE IN PATIENTS WITH ACUTE PANCREATITIS**

Jayanta Samanta, India; S. Singh; R. Prasada; N. Dhaka; S. K. Arora; A. N. Aggarwal; V. Gupta; S. K. Sinha; R. Kochhar

P0721  **FACTORS ASSOCIATED WITH CANCER WORRIES IN INDIVIDUALS PARTICIPATING IN ANNUAL PANCREATIC CANCER SURVEILLANCE**

Ingrid C. A. W. Konings, The Netherlands; G. N. Sidharta; F. Harinck; M. A. Kuenen; C. M. Aalffs; J.-W. Poley; E. M. A. Smets; A. Wagner; A. van Rens; F. P. Vleggaar; M. G. E. M. Aulsems; P. Fockens; J. E. van Hoof; M. J. Bruno; E. M. A. Bleiker

P0730  **EUS-GUIDED INTRATUMORAL INJECTION OF CHST15 DSRNA FOR UNRESECTABLE PANCREATIC CANCER: AN INVESTIGATOR-INITIATED TRIAL**

Makoto Nishimura, Japan

P0645  
EFFECT OF THE AT<sub>1</sub> RECEPTOR ANTAGONISTS: LOSARTAN AND TELMISARTAN ON THIOACETAMIDE-INDUCED LIVER FIBROSIS IN RATS

Krzysztof Celinski, Poland; G. Czechowska; A. Korolczuk; G. Wójcicka; J. Dudka; A. Bojarska

P0646

FECAL CALPROTECTIN, SEVERITY OF LIVER CIRRHOSIS AND HEPATIC ENCEPHALOPATHY – A PROSPECTIVE SINGLE CENTER ROMANIAN STUDY

Mircea Alexandru Badea, Romania; C. Mihai; M. Dranga; O. Gavrilescu; I. Popa; Cristina Gjevschi Prelipcean

P0647

L-CARNITINE PREVENTS LIVER FIBROSIS AND PRE-NEOPLASTIC LESIONS IN RAT LIVER CIRRHOSIS MODEL INDUCED BY A CHOLINE-DEFICIENT L-AMINO ACID-DEFINED DIET(CDAA) AND DIETHYLNITROSAMINE (DEN)

Naoki Yamamoto, Japan; T. Takami; T. Matsumoto; K. Fujisawa; I. Saeki; K. Uchida; I. Sakaida

P0648

HEPATIC ENCEPHALOPATHY IN ICU: CEREBROSPINAL FLUID METABOLOMICS HIGHLIGHTS ALTERATION OF MULTIPLE METABOLIC PATHWAYS REPRESENTING NEW POTENTIAL THERAPEUTIC TARGETS

Nicolas Weiss, France; B. Colsch; F. Isnard; S. Attala; M. D. Mar Amador; F. Lamari; F. Sedel; C. Junot; D. Thabut

**Cirrhosis and complications: Clinical aspects**

P0649

FREQUENCY OF HEPATIC HYDROTHORAX AND ITS RELATIONSHIP WITH SERUM ALBUMIN IN LIVER CIRRHOSIS PATIENTS

Amanullah Kalhoro, Pakistan

P0650

COMPARATIVE EVALUATION OF MELD AND CHILD-PUGH SCORES IN PROGNOSIS OF CIRRHOSIS

Maria Fragaki, Greece; D. Sifaki-Pistolla; A. Aigoustaki; A. Voumvouraki; M. Koulentaki; D. Samonakis; Elias Kouroumalis

P0651

KIDNEY DYSFUNCTION: MAIN MARKER OF INTRA-HOSPITAL MORTALITY ASSOCIATED WITH SPONTANEOUS BACTERIAL PERITONITIS

Elisa Gravito-Soares, Portugal; M. Gravito-Soares; C. Lérias; C. Sofia

P0652

SECONDARY BACTERIAL PERITONITIS IN CIRRHOSIS LIVER: A RARE OR UNDERDIAGNOSED CONDITION?

Elisa Gravito-Soares, Portugal; M. Gravito-Soares; C. Lérias; C. Sofia

P0653

EFFECT'S EVALUATION OF THE TREATMENT WITH CARVEDILOL VERSUS PROPRANOLOL PLUS LOSARTAN ADMINISTRATION ON HEPATIC HAEMODYNAMIC PARAMETERS IN PATIENTS WITH LIVER CIRRHOSIS

Eugen Tcaciuc, Republic of Moldova; S. Matcovschi; D. Medvetchi-Munteanu; A. Tcaciuc; N. Nacu; L. Vlasov



P0654

HOW TO PREDICT NONINVASIVELY THE PRESENCE OF OESOPHAGEAL VARICES?

Francisca Dias De Castro, Portugal; P. Boal Carvalho; C. Marinho; J. Cotter

P0655

DEVIATIONS IN PERIPHERAL BLOOD CELL POPULATIONS ARE ASSOCIATED WITH THE STAGE OF PRIMARY BILIARY CIRRHOSIS

Halina Cichoż-Lach, Poland; E. Grywaliska; A. Kowalik; J. Rollinski; K. Cełinski; B. Kasztelan-Szczerbinska

P0656

RELIABILITY OF SERUM VONWILLBRAND FACTOR ANTIGEN IN PREDICTION OF ESOPHAGEAL VARICES IN PATIENTS WITH LIVER CIRRHOSIS

Hassan Mahmood, Egypt; A. Gweil; S. Bazeed; H. Fayed; M. Abdel Meguid

P0657

THE EFFECT OF NON-SELECTIVE BETA-BLOCKERS ON SURVIVAL IN DECOMPENSATED LIVER CIRRHOSIS PATIENTS

Irina Gîrleanu, Romania; A. Trifan; C. Cojocariu; A. M. Singeap; A. Rohozneanu; S. Chiriac; C. Stanciu



P0658

TERLIPRESSIN-INDUCED HYPONATREMIA IN CIRRHOTIC PATIENTS WITH VARICEAL BLEEDING

Irina Gîrleanu, Romania; A. Trifan; O. C. Stoica; C. Cojocariu; A. M. Singeap; C. Sfarti; C. Baluta; C. Stanciu



P0659

ANTIVIRAL THERAPY IMPROVES POST-TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT SURVIVAL IN PATIENTS WITH HEPATITIS B VIRUS-RELATED LIVER CIRRHOSIS

Jing Lin, China; B. Wei; C. Tang

P0660

HIGH INCIDENCE OF RESISTANCE TO THIRD-GENERATION CEPHALOSPORINS IN CIRRHOTIC PATIENTS IN A PORTUGUESE GASTROENTEROLOGY DEPARTMENT

Joana Veloso do Carmo, Portugal; M. A. Tullio; S. Marques; M. Bispo; M. A. Pessanha; C. Toscano; C. Chagas