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#### **IMPORTANT DATES**

January 2011 → Opening

January 2011 May 1, 2011

viay 1, 2011

May 13, 2011

May 16, 2011 September 15, 2011 → Opening Online Registration & Hotel Reservation

→ Opening Abstract Submission

→ Deadline Video Case Submission

→ Deadline Abstract & Clinical Case Submission

→ Deadline Early Registration

→ Deadline Late Registration

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# 19th United European Gastroenterology Week

www.uegf.org // EACCME applied



# October 22 – 26, 2011 // Stockholm, Sweden Stockholmsmässan

#### **Responsible Organisation**

UEGF – United European Gastroenterology Federation

#### **UEGF Secretariat**

Wienerbergstr. 11/12 A, 1100 Vienna, Austria

Phone: +43-1-997 16 39 Fax: +43-1-997 16 39-10 Email: office@uegf.org

#### **Congress Venue**

Stockholmsmässan Mässvägen 1, Älvsjö, 125 80 Stockholm, Sweden

#### Congress and Exhibition/Sponsor Office

Office Berlin

CPO HANSER SERVICE GmbH – Core PCO Paulsborner Str. 44, 14193 Berlin, Germany

Phone: +49-30-300 669 0 Fax: +49-30-305 73 91 Email: uegw2011@cpo-hanser.de

www.uegf.org



**FEDERATION** 

# THE VOICE OF EUROPEAN GASTROENTEROLOGY



# CLINICAL PRACTICE / RESEARCH / EDUCATION ... for the benefit of patients

www.uegf.org



# **WELCOME ADDRESS**

Dear Friends,

On behalf of the United European Gastroenterology Federation I would like to welcome you to UEGW 2011 Stockholm which will be a special meeting for me, since it will take place in my hometown, the beautiful city of Stockholm.

Stockholm is an ideal city for such a meeting with modern infrastructure and excellent transport facilities; the city is ranked as one of the most popular congress destinations in the world.

I'm very proud to say that the United European Gastroenterology Week has become the premier venue to present most important new research findings. The UEGF Scientific Committee is committed to delivering an outstanding programme beneficial to clinicians, academics and researchers alike. At UEGW 2011 you can again expect to find out about latest advances in clinical management, cutting-edge translational and basic science and many other exciting Scientific Highlights.

I recommend you to visit the UEGW 2011 Website regularly to stay updated on the many wonderful features UEGW in Stockholm will have to offer.

We hope that you will join us in Stockholm and contribute to a thriving gastroenterology meeting whose success depends heavily on its participants. Look forward to welcoming you at UEGW 2011!

Med vänlig hälsning, With best wishes,

Rolf Hultcrantz UEGF President



Rolf Hultcrantz

### **ABOUT UEGF**

#### **MISSION & GOALS**

The UEGF is a professional medical non-profit organisation comprising all of the major European societies with an interest in disease of the digestive system, including the oesophagus, stomach, liver, gallbladder, pancreas, intestine and bowel. The European societies that make up the Federation include medicine, surgery, GI oncology, paediatrics and endoscopy. UEGF is the most comprehensive organisation of this kind in the world and our affiliated societies represent over 22,000 European specialists.

# The goals of the United European Gastroenterology Federation are:

- → to advance science and education in gastroenterology and hepatology for the benefit of public health
- → to promote and co-ordinate, throughout Europe and beyond, discussion and exchange of ideas and results relating to the diagnosis, treatment, research and prevention of diseases
- → to provide a suitable medium for the dissemination and discussion of the latest results in the field of gastroenterology and hepatology and related subjects
- → to stimulate and promote basic and clinical research in the field and to render it visible in the global context
- → to harmonize and improve clinical standards throughout the whole of Europe

#### ESDO European Society of Digestive Oncology

ESGAR European Society of Gastrointestinal and Abdom-

inal Radiology

ESNM European Society of Neurogastroenterology and

Motility

ESPCG European Society for Primary Care Gastroenterology

#### **2011 UEGF COUNCIL**

Rolf Hultcrantz, Sweden	President
Colm O'Morain, Ireland	President Elect
Christoph Beglinger, Switzerland	Secretary General
Peter Milla, UK	Treasurer
Erik Schrumpf, Norway	Treasurer Elect
John Atherton, UKChai	rman Scientific Committee
Marco Bruno, The Netherlands	Chairman Education
	Committee
Reinhold Stockbrügger, Italy	Chairman Public Affairs
	Committee

#### **Block Society Representatives**

Michael Trauner, Austria	Liver Representative
Horst Neuhaus, Germany	Endoscopy Representative
Franco Bazzoli, ItalyGeneral Gast	roenterology Representative
Alexander Engel, The Netherlands	SSurgery Representative
Markus Lerch, Germany	Independent Councillor

#### FOUNDING MEMBERS OF THE UEGF

Association of National European and Mediter-
ranean Societies of Gastroenterology
European Association for Gastroenterology and
Endoscopy
European Association for the Study of the Liver
International Society of Digestive Surgery (Euro-
pean Federation)
European Pancreatic Club 2009
European Society of Gastrointestinal Endoscopy
European Society for Paediatric Gastroenterology,
Hepatology and Nutrition

#### **ASSOCIATE MEMBERS OF THE UEGF**

EAES	European Association for Endoscopic Surgery
ECCO	European Crohn's and Colitis Organisation
EDS	European Digestive Surgery
EHSG	European Helicobacter Study Group
ESCP	European Society of Coloproctology

#### **SCIENTIFIC COMMITTEE**

3CIENTIFIC COMMINITIFE	
John Atherton, UK	Chairman
Annika Bergquist, Sweden	National Representative
Yehuda Chowers, Israel	ECCO
Helena Cortez-Pinto, Portugal	EASL
Jacques Devière, Belgium	ESGE
Abe Fingerhut, France	EAES
Beat Gloor, Switzerland	EDS
Mark Hull, UK	ASNEMGE
Pali Hungin, UK	ESPCG
Roger Leicester, UK	EFISDS
Anna Martling, Sweden	ESCP
Julia Mayerle, Germany	EPC
Francis Megraud, France	EHSG
Tania Roskams, Belgium	Independent
Wolff Schmiegel, Germany	ESDO
Raanan Shamir, Israel	ESPGHAN
Magnus Simren, Sweden	ESNM
Jaap Stoker, The Netherlands	ESGAR
Jan Tack, Belgium	EAGE
Severine Vermeire, Belgium	Independent



### **ABOUT UEGF**

#### **PUBLIC AFFAIRS COMMITTEE**

Reinhold Stockbrügger, Italy Public Affairs Committee Chairman

Anthony Axon, UK
Michel Delvaux, France
Miguel A. Gassull, Spain
Heidi-Ingrid Maaroos, Estonia
Walter Reinisch, Austria
Eduardo Targarona, Spain
Nurdan Tözün, Turkey
Dominique-Charles Valla, France

#### **EDUCATION PROGRAMME COMMITTEE**

Marco Bruno, The Netherlands Education Committee Chairman

Lars Aabakken, Norway Qasim Aziz, UK Pascal Berberat, Germany Maximilian Bockhorn, Germany Nick De Wit, The Netherlands Joost Drenth, The Netherlands Heinz Hammer, Austria Peter Jansen, The Netherlands Andrea Laghi, Italy Matthias Löhr, Sweden Lars Lundell, Sweden Johann Pfeifer, Austria Alan David Phillips, UK Theodore Rokkas, Greece Selman Uranues, Austria Eric Van Cutsem, Belgium Boris Vucelic, Croatia

#### **ORGANISER**



United European Gastroenterology Federation

#### **UEGF Secretariat**

Wienerbergstr. 11/12 A, 1100 Vienna, Austria

Phone: +43-1-997 16 39 Fax: +43-1-997 16 39-10 Email: office@uegf.org

#### **CORE PCO OF UEGF**

**Congress and Exhibition Office** 



Office Berlin

CPO HANSER SERVICE GmbH

Paulsborner Str. 44, 14193 Berlin, Germany

Phone: +49-30-300 669-0 Fax: +49-30-305 73 91 Email: uegw2011@cpo-hanser.de

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John Atherton

#### **WELCOME TO UEGW 2011 IN STOCKHOLM!**

The United European Gastroenterology Week (UEGW) has been organised annually since 1992 and has become the largest and most prestigious GI meeting in Europe.

#### Scientific Highlights

UEGW 2011 will feature the latest advances in clinical management (in both the main meeting and Postgraduate Course), cutting-edge translational and basic science, and the best original research in GI and liver disease.

Our popular clinical symposia will be even more interactive with dedicated key pad voting, debates, tandem talks, case-based management sessions and questioning through text messaging. Particular highlights will include modern personalised medicine, live endoscopy, inflammatory bowel disease, GI and liver oncology, viral hepatitis, GORD, nutrition, obesity, and a Cochrane Collaboration symposium.

The Postgraduate Course will feature a day of IBD management for physicians and surgeons, coeliac disease, functional bowel disease, a cutting edge liver course including management of acute liver problems, controversies in pancreatic disease, a 2-day endoscopy course including live endoscopy, and surgery in IBD, pancreatitis and hepatic metastases. Delegates can move freely between sessions.

We will continue our "Today's science; tomorrow's medicine" initiative, which features top international scientists from around the world. In Stockholm, the theme will be "The role of gut bacteria in chronic GI diseases". We will also continue our increasingly popular basic science workshops featuring interactive discussion of rapidly advancing fields.

Finally, and perhaps most importantly, we will continue to promote and improve facilities for presenting our best new research. We will continue to improve oral free paper sessions with more time for discussion and a "workshop" atmosphere. Posters will have more room (space in Barcelona was unfortunately limited), a new format to improve reading and presentation, and increased interactive opportunities with invited Faculty. UEGW is the premier venue to present your most important new research findings!

Welcome to a vibrant and cutting edge, but friendly meeting! Welcome to UEGW Stockholm 2011!

John Atherton

John Alleston

**UEGF** Chair of the Scientific Committee



#### STRUCTURE SCIENTIFIC PROGRAMME / COLOUR LEGEND

SATURDAY OCTOBER 22, 2011	SUNDAY OCTOBER 23, 2011	MONDAY OCTOBER 24, 2011	TUESDAY OCTOBER 25, 2011	WEDNESDAY OCTOBER 26, 2011
		Opening Plenary Session		
Postgraduate Teaching Pr	ogramme	Symposia/Special Sympos	sia	
		Free Paper Sessions		
			Video Case Session	
		Clinical Case Sessions		
			Live Endoscopy	
		Lunch Sessions		
		Basic Science Workshops		
		Today´s science; tomorrow	v´s medicine	
		Poster Exhibition / Poster F	Rounds	
ESGE Learning Area				
Ultrasound Learning Cent	tre			
Common Interest Groups				
Industry Satellite Sympos	ia/Breakfast Meetings			
15th ESGENA Conference				

#### **FORMAT DESCRIPTIONS**

#### **Postgraduate Teaching Programme**

The UEGW Postgraduate Teaching Programme is the preeminent Continuing Medical Education opportunity in Europe for Medical and Surgical Gastroenterologists. It caters for both established practitioners and trainees.

The congress offers a full two-day Postgraduate Programme on Saturday and Sunday incorporating gastroenterology, hepatology, endoscopy, surgery, imaging and other diagnostic modalities. Participants need to purchase a "passport" to move around the various options that will be running in parallel to allow them to "pick'n mix" according to their needs and interests. Full registration for the congress is not required.

#### **Opening Plenary Session**

The Plenary Session is held on Monday morning and includes official speeches and the opening of the core scientific programme with a mixture of invited speakers and presentations of the best submitted abstracts. UEGF awards the UEGF Research Prize and the Lifetime Achievement Award at the Plenary Session.

#### **Symposia**

Interdisciplinary symposia cover new approaches to diagnosis and treatment, and place major emphasis on innovative, technical advances in the non-invasive management of gastro-intestinal and hepatic disorders and basic science, including State-of-the-Art Lectures.

#### Today's science; tomorrow's medicine Role of bacteria in health and disease

The Stockholm UEGW is proud to host an international twoday symposium on the role of gut bacteria in health and chronic GI diseases, co-organised and hosted by Joel Doré, Séverine Vermeire and Jean-Frédéric Colombel. This will feature the best microbial scientists from around the world, meeting to discuss the current state of the art in bacterial research in the digestive tract.

Speakers will concentrate on the new understanding that bacteriology is bringing to the understanding of GI diseases, such as inflammatory bowel disease, bowel cancers and liver diseases, and the important implications this has for research directions and for therapies. There will also be free paper sessions where the best orginal research is presented by young and established researchers, and discussed by international experts.

The 'Role of bacteria in health and disease symposium' is open to all UEGW registrants at no extra cost. It provides a unique opportunity for gastroenterologists and hepatologists to learn how this important research field is impacting on their disciplines. It will interest inquisitive clinicians and young clinical-scientists, as well as those already active in this field. Welcome to this initiative!

#### **Free Paper Sessions**

Original research presentations delivered orally have increased prominence, with a more interactive format. These sessions allow presentation and lively discussion of the best original research submitted to the UEGW meeting. This is your opportunity to hear about GI and liver research in Europe and worldwide before it is published, and to question the researchers.

#### **Video Case Session**

The Video Case Session is an excellent platform for brief information on very current issues of endoscopy. During this session short videos showing examples of new, unexpected, or exceptional Endoscopic practice are presented and briefly discussed. Thus, the Video Case Session presents unusual cases or new technologies based on diagnostics of therapeutic endoscopy.

#### **Live Endoscopy**

Live endoscopy was the top request for future UEGWs in delegate feedback, and is included in the main programme and the Postgraduate Course.

Top international experts demonstrate cutting-edge techniques and new tricks in a lively and exciting format. The use of multiple parallel cases and experienced chairmen ensure interactive learning without unnecessary gaps.

#### **Clinical Case Sessions**

The aim of these sessions is to promote discussion on clinical management problems that fall outside standard clinical guidelines. Clinical cases are presented and illustrated by high-quality endoscopic, radiological and pathological images. The audience is invited to comment and vote on diagnostic and treatment options.

#### **Lunch Sessions**

Lunch sessions are supposed to be management discussion sessions, not didactic teaching and are offered from Monday until Wednesday, 12:45 – 13:45. The focus of each session is on the daily clinical practice of gastroenterology, with patient-centred case discussions and opportunity for group interaction. A lunch is provided to all participants. The maximum number of participants is strictly limited to 30 persons. Full registration for the congress is required. The registration fee for each lunch session is EUR 55.

#### **Basic Science Workshops**

During the core meeting a Basic Science Workshop takes place Monday and Tuesday. The workshops are aimed at young investigators and focus on research methodologies, study design, data analysis etc.

#### Increased Use of Different Formats in the UEGW

The UEGF Scientific Committee continues to work to improve session formats used in the UEGW programme.

For example, more **debates** are introduced, where two speakers present opposite sides of a problem followed by personal and audience interaction. **Tandem Talks** are introduced where two experts present different aspects of the same problem. For example, a basic scientist might explain the biological rationale and mechanism for a treatment, and a clinician might explain the practicalities and effectiveness. Another example would be a physician explaining the medical treatment of a condition and a surgeon discussing surgical alternatives.

The Scientific Committee encourages **wider use of cases** to illustrate talks and anchor them in medical experience. Finally, **interactivity** is increased by encouraging audience voting (including in a dedicated **keypad room**) and by more interactive chairing.



#### Poster Exhibition / Poster Rounds

Poster Sessions feature an improved and more spacious room layout and poster format. Posters are displayed from Monday until Wednesday. The posters are changed daily and are at display from 09:00 until 17:00 (Mon-Tue) and 09:00-14:00 (Wed). Poster Rounds are held during the lunch period at the congress. Selected experts will visit groups of posters, when the presenter is expected to give a 1 – 2 minute summary of the major findings described in the poster. The experts lead the discussion with other members attending the poster session. It is the responsibility of the presenter to ensure that at least one of the authors is present during the poster session to take part in the poster discussion.

Best poster presentations will be awarded. At 13:45 each day a poster prize for the 'Best Poster' in each of the four major categories will be awarded:

- → liver and pancreatic disease
- → upper gastrointestinal disease
- → lower gastrointestinal disease
- → endoscopy/surgery

Awarded authors receive free entry to the Postgraduate Teaching Programme of next year's UEGW.



# PROFIT FROM UEGF AND APPLY FOR THE UEGF TRAINING SUPPORT



# **UEGF Partnerships with Monothematic Initiatives**

- > Partner up with UEGF and get € 50,000
- > Submit a top-quality and interdisciplinary monothematic initiative and enter a relationship with UEGF for 3 years

# **UEGF Support of PEPs (Postgraduate Educational Proposals)**

> UEGF members and national societies are invited to submit training programmes to receive € 10,000 for an innovative and multidisciplinary teaching activity

#### **ESGE Learning Area**

The Learning Area is divided into three sections:

- → the Hands-On Training Centre, which offers, in cooperation with ESGENA, various forms of hands-on training throughout the congress
- → the Lecture Theatre, which offers lectures on select topics and provides an opportunity for small forum discussions with experts
- → the DVD Learning Centre, with several DVD stations offering individual learning for endoscopy.

The Learning Area is open during the general opening hours of the congress. Teaching aid is provided.

#### **Ultrasound Learning Centre**

The Ultrasound Learning Centre promotes the role of a main diagnostic and interventional tool in gastroenterology: Clinical ultrasonography in the hands of the gastroenterologist. The Ultrasound Learning Centre offers individual hands-on mini practice, lectures in abdominal ultrasonography and a postgraduate course on ultrasonography for the gastroenterologist, which is designed for both the beginner and the advanced, offering a mix of lectures and practical training by expert gastroenterologists.

#### **Common Interest Groups**

Common Interest Groups have the opportunity to meet at the congress outside the core programme and will be open to all congress participants.

#### **ESGENA Conference**

The Conference of the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) is an associated meeting at the UEGW with separate scientific programme and registration.

#### **EACCME - CONTINUING MEDICAL EDUCATION**

The UEGF is in the process of seeking approval from the European Accreditation Council for Continuing Medical Education in Brussels (EACCME), an institution of the UEMS, to provide EACCME credits for attendance at the scientific sessions of the core programme as well as for the postgraduate teaching programme of UEGW. Following the agreement signed between the UEMS/EACCME and the American Medical Association, the EACCME credits are recognised as PRA Class 1 Credits by the AMA and vice versa.

#### Information for Italian delegates

Gruppo SC is the official Italian agency who is authorised to deal with the Italian Health Authorities.

FISMAD—The Italian Federation of Digestive Diseases Societies c/o GRUPPO SC

Studio Congressi – Servizi per la Comunicazione

Via Napoleone Colajanni, 4

00191 Rome, Italy

Phone: +39-06-3290250
Fax: +39-06-36306897
Email: uegw@grupposc.com
Web: www.grupposc.com



# POSTGRADUATE TEACHING PROGRAMME

PLENARY SESSION

ENDOSCOPY

MEDICAL

SURGICAL

LIVER

COMBINED

The UEGW Postgraduate Teaching Programme is the preeminent Continuing Medical Education opportunity in Europe for Medical and Surgical Gastroenterologists. It caters for both established practitioners and trainees.

The congress offers a full two-day Postgraduate Programme on Saturday and Sunday incorporating gastroenterology, hepatology, endoscopy, surgery, imaging and other diagnostic modalities.

Participants need to purchase a "passport" to move around the various options that will be running in parallel to allow them to "pick'n mix" according to their needs and interests. Full registration for the congress is not required.

#### **OVERVIEW**

#### Saturday, October 22, 2011

Time▼	Halls►	VICTORIA HALL	K1/K2	A12/A13			
09:00 – 1	10:30	PLENARY I IBD management: Issues at the cutting edge					
10:30 – 1	11:00	Coffee break					
11:00 – 1	13:00	LIVE ENDOSCOPY I	<b>LIVER I</b> Cholestatic liver disease	MEDICAL & SURGICAL GASTROENTEROLOGY I Medical/surgical scenarios in Crohn's disease			
13:00 – 1	14:00		Lunch bi	reak			
14:00 – 1	16:30	LIVE ENDOSCOPY II	COPY II  Acute liver failure  MEDICAL & SURGICAL GASTROENTEROLOGY II  Medical/surgical scenarios in ulc				
17:15 – 1	18:15		Satellite Syr	mposia			

#### Sunday, October 23, 2011

TIME▼ HALLS►	VICTORIA HALL	K1/K2	A12/A13	A14			
08:30 – 10:30	ENDOSCOPY III Quality in Endoscopy	LIVER III Viral hepatitis	MEDICAL GASTRO- ENTEROLOGY III Practical management of patients with functional GI disorders	SURGICAL GASTRO- ENTEROLOGY III Chronic pancreatitis			
10:30 – 11:00	Coffee break						
11:00 – 13:00	ENDOSCOPY IV Endoscopic techniques: How do I do it?	<b>LIVER IV</b> Cirrhosis complications	MEDICAL GASTRO- ENTEROLOGY IV The modern approach to coeliac disease	SURGICAL GASTRO- ENTEROLOGY IV  Detection and manage- ment of colorectal liver metastases			
13:00 – 14:00		Lunch bi	reak				
14:00 – 16:00	PLENARY II  Management of acute pancreatitis: A challenge for the 21st century						
16:15 – 17:45 18:00 – 19:30	Satellite Symposia						

### POSTGRADUATE TEACHING PROGRAMME

#### SATURDAY, OCTOBER 22, 2011

#### Plenary I

09:00-10:30

#### IBD management: Issues at the cutting edge

- → Noninvasive diagnostic tools for monitoring IBD patients
- → Timing of introduction of biological therapies in CD and UC
- → How to evaluate and follow anti-TNF treated patients
- → Role of therapeutic drug monitoring
- → Thrombosis in IBD: Magnitude of the problem, prevention and management
- → A practical approach to managing mild Crohn's disease

#### **Live Endoscopy I**

11:00-13:00

#### Liver I

11:00-13:00

#### ► Cholestatic liver diseases

#### Tandem Talks:

- → What are the contributions of the pathologist and the radiologist in diagnosing biliary disease? Pathology
- → What are the contributions of the pathologist and the radiologist in diagnosing biliary disease? Radiology
- → What's new in the pathogenesis and treatment of primary biliary cirrhosis and primary sclerosing cholangitis?
- → Cholestatic conditions during pregnancy: How to diagnose and manage them
- → Cholestatic liver disease and transplantation: Timing, follow-up and disease recurrence

#### Medical & Surgical Gastroenterology I 11:00-13:00

#### Medical/surgical scenarios in Crohn's disease

#### Tandem Talks:

- → Perioperative management of Crohn's disease: How to prepare patients for surgery
- → Perioperative management of Crohn's disease: Postoperative prevention of recurrence
- → Discussion

#### Tandem Talks:

- → Approach to intra-abdominal abcesses and fistulas: Always call the surgeon!
- → Approach to intra-abdominal abcesses and fistulas: The surgeon is not always needed!
- → Discussion

#### Tandem Talks:

- → Perianal CD-Getting the best results for your patients: Management of mild perianal disease
- → Perianal CD-Getting the best results for your patients: Indications for placement of ostomies in the era of biological therapies
- → Discussion

#### **Live Endoscopy II**

14:00 – 16:30

→ NAPS Guidelines

#### Liver II

14:00-16:30

#### Acute liver failure

- → When the patient presents with fulminant hepatitis: Causes and prognostic factors
- → Rare causes of acute liver failure: How to manage acute Wilson's disease and acute autoimmune hepatitis
- → Acute alcoholic hepatitis: Diagnosis and management
- → Acute on chronic liver disease: What are the main precipitating events and how should it be managed?
- → What I have learned about acute liver failure: Questions and answers

#### **Medical & Surgical Gastroenterology II** 14:00 – 16:30

#### ▶ Medical/surgical scenarios in ulcerative colitis

#### Tandem Talks:

- → Medical treatment of severe colitis
- → When to operate in severe colitis
- → Discussion

#### Tandem Talks:

- → How to perform surveillance in UC
- → How to manage the results of UC surveillance
- → Discussion
- → Pouch malfunction: Workup, medical and surgical management
- → Refractory proctitis: How to manage it
- → How to approach the patient with colitis, type-unclassified: Diagnosis and management options



### POSTGRADUATE TEACHING PROGRAMME

#### SUNDAY, OCTOBER 23, 2011

#### **Endoscopy III**

08:30-10:30

#### Quality in endoscopy

- → Quality assessment of colonoscopy for CRC screening
- → Appropriate sedation for good quality endoscopy
- → ERCP: Minimal standards and training requirements
- → EUS: Minimal standards and training requirements

**Liver III** 08:30 – 10:30

#### Viral hepatitis

- → Are genetic markers of IFN response useful in real life?
- $\rightarrow$  How to use the new protease inhibitors in the treatment of chronic hepatitis C
- → Challenges of long-term treatment of hepatitis B
- → Managing viral hepatitis patients with either compensated or decompensated cirrhosis

#### **Medical Gastroenterology III**

08:30-10:30

# Practical management of patients with functional GI disorders

→ The diagnostic approach: Investigations? Use of diagnostic criteria?

#### Tandem Talks:

- → Communicating with patients: Do education and reassurance work?
- → Communicating with patients: What should we tell them about pathophysiology?
- → Pharmacological treatment alternatives
- → Non-pharmacological treatment options

#### **Surgical Gastroenterology III** 08:30-10:30

#### Chronic pancreatitis

- → Why does the aetiology of chronic pancreatitis matter to the clinician?
- → Is it IBS or early chronic pancreatitis: Is there a role for EUS, CEUS, Elastography and MRI?
- → Management of pancreatic pseudocysts
- → Management of pain in chronic pancreatitis beyond pain killers: Resectional surgery, minimal invasive surgery or endoscopy?

#### **Endoscopy IV**

11:00-13:00

#### ▶ Endoscopic techniques: How do I do it?

- → Difficult colonoscopy
- → Polyp resection
- → Upper GI stenting
- $\rightarrow$  EMR
- $\rightarrow$  ESD
- → Selective biliary cannulation
- → Precut sphincterotomy
- → Panel questions and discussion

#### **Liver IV**

11:00-13:00

#### **▶** Cirrhosis complications

- → Hepatopulmonary syndrome: A forgotten complication of cirrhosis?
- → Managing refractory ascites and hepatorenal syndrome
- → What causes cardiac dysfunction in liver cirrhosis and how should it be managed?
- → Hepatic encephalopathy: New insights and new treatments

#### **Medical Gastroenterology IV**

11:00-13:00

#### ▶ The modern approach to coeliac disease

- → Coeliac disease pathogenesis: New insights with implications for management
- → How to diagnose coeliac disease today
- → Complications of coeliac disease in the modern era
- ightarrow Coeliac disease treatment: Today and tomorrow

#### **Surgical Gastroenterology IV**

11:00-13:00

#### Detection and management of colorectal liver metastases

- → 3-D assessment of the extent of the disease
- → Two stage surgical treatment: For which patients?
- → Navigated liver surgery
- $\rightarrow$  Impaired liver function after chemotherapy

#### Plenary II

14:00-16:00

#### Management of acute pancreatitis: A challenge for the 21st century

- → Management of acute pancreatitis: State-of-the-art overview
- → Emergency EUS versus ERCP for biliary pancreatitis
- → Necrosectomy: When, how and then?
- → Antibiotics, probiotics and SOD: Dead concepts?
- → Controversies in acute pancreatitis



#### MONDAY, OCTOBER 24, 2011

Time ▼ Halls ►	A1	VICTORIA HALL	A8/A9 Key pad room	A12/A13	A14	K1/K2	A6/A7				
07:00 - 08:00		Breakfast Meetings									
08:00 – 10:30	Opening Plenary Session										
11:00 – 12:30	Imaging and endoscopy in the manage- ment of IBD	Management of H. pylori infection: The Maastricht 4 consensus	Clinics in Gastro- enterology and Hepatology 1	Challenges in chronic hepatitis B management	Free Paper Session	Non-pharmaco- logical treat- ment options for functional Gl disorders	Microbiota in obesity and diabetes: Of mice and man?				
12:30 – 14:00	Poster Sessions and Poster Award Ceremony (13:45)										
12:45 – 13:45			Lunch Sessions	(Rooms K12 – K16/	K17, K22-K24)						
14:00 – 15:30	Cochrane symposium: Guideline controversies	GORD symptoms and mechanisms	Current debates in ulcerative colitis	NAFLD / NASH	Free Paper Session	Free Paper Session: Late breaking news	Multidisciplinary management of malignant biliary obstruction				
15:45 – 17:15	Sclerosing cholangitis and IBD: An unwanted marriage	The obesity epidemic	GORD: Controversies in management	When East meets West: Management of hepatocellular carcinoma	Free Paper Session	Advanced endoluminal therapies	Neoadjuvant/ adjuvant treatment for colorectal cancer				
18:00 – 19:30				Satellite Symposia	1						

#### TUESDAY, OCTOBER 25, 2011

Time ▼ Halls ►	A1	VICTORIA HALL	A8/A9	A12/A13	A14	K1/K2	A6/A7			
Tillle F Halls	AT	VICTORIA HALL	Key pad room	AIZ/AI3	A14	KI/KZ	AU/A/			
07:00 – 08:00				Breakfast Meeting						
08:30 – 10:30	Live Endoscopy	Barrett's oeso- phagus related neoplasia: Consensus in Stockholm	Screening for colorectal cancer	Coeliac disease symposium: New directions in management	Free Paper Session	Management of decompensated liver disease	Microbes host interactions in immune-media- tion and intesti- nal inflammation			
11:00 – 12:30	Live Endoscopy	Advances in dysphagia	Clinics in Gastro- enterology and Hepatology 2	Novel insights into the patho- genesis of colo- rectal cancer	Free Paper Session	Long-term prognosis in liver diseases: Impact of treatment	Microbiota mo- dulation: Diet, functional foods and microbiota reconstruction			
12:30 – 14:00			Poster Sessions a	and Poster Award C	eremony (13:45)					
12:45 – 13:45			Lunch Sessions	(Rooms K12–K16/	K17, K22-K24)					
14:00 – 15:30	Live Endoscopy	Moving towards personalized medicine in IBD	The improving management of chronic hepatitis C	Best of DDW session	Free Paper Session	Barrett's oeso- phagus: Update on follow-up and therapy	Microbiota assessment: The Omics revolution			
15:45 – 17:15	Video Case Session	Functional symptom in patients with organic GI diseases	How to reduce morbidity and mortality in non variceal upper GI bleeding	The increasing burden of alcoholic liver disease	Free Paper Session	New understand- ing and modern solutions for radiation entero- pathy	Microbiota in colorectal cancer, liver disease and functional GI disorders			
18:00 – 19:30		Satellite Symposia								



#### MONDAY, OCTOBER 24, 2011

Time ▼ Halls ►	A2	A5	K11	K21	А3	B2	B10		
07:00 - 08:00			E	Breakfast Meeting	S				
08:00 – 10:30									
11:00 – 12:30	Guidelines for GI cancer	What's new and what's next in EUS followed by Practical ultrasonography	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session		
12:30 – 14:00		Poster Sessions and Poster Award Ceremony (13:45)							
12:45 – 13:45			Lunch Sessions	(Rooms K12–K16/	K17, K22-K24)				
14:00 – 15:30	GI genomics for the clinician: Introduction and implications	Free Paper Session	Free Paper Session	Basic Science Workshop 1	Free Paper Session	Free Paper Session	Free Paper Session		
15:45 – 17:15	What's new in gastric malignancies?	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session		
18:00 – 19:30		Satellite Symposia							

#### TUESDAY, OCTOBER 25, 2011

Time ▼ Halls ►	A2	A5	K11	K21	A3	B2	B10				
07:00 - 08:00		Breakfast Meetings									
08:30 – 10:30	Pancreatic cancer: In desperate need of effective therapy	Free Paper Session	Free Paper Session	FP7 – A golden funding opportunity for researchers	Free Paper Session	Free Paper Session	Free Paper Session				
11:00 – 12:30	Cystic pancreatic neoplasms: An increasing clinical problem	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session				
12:30 – 14:00		Poster Sessions and Poster Award Ceremony (13:45)									
12:45 – 13:45			Lunch Sessions	(Rooms K12-K16/	K17, K22-K24)						
14:00 – 15:30	Detection and treatment of peritoneal carcinomatosis	Free Paper Session	Free Paper Session	Basic Science Workshop 2	Free Paper Session	Free Paper Session	Free Paper Session				
15:45 – 17:15	Controversies in clinical nutrition	A new standard of care: Personal- ised prediction of prognosis & treat- ment response	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session				
18:00 – 19:30		Satellite Symposia									



### WEDNESDAY, OCTOBER 26, 2011

Time ▼ Halls ►	VICTORIA HALL	A8/A9 Key pad room	A12/A13	A14	K1/K2	A6/A7			
07:00 - 08:00	Breakfast Meetings								
08:30 – 10:30	Anti-TNF in IBD	Modern manage- ment of patients with chronic constipation	The State of the Art in modern endo- scopy: Japanese / European joint endoscopy symposium	Free Paper Session	Chronic pancreatitis: Successful management of complications	Oesophageal cancer			
11:00 – 12:30	Immunosuppression in IBD	Clinics in Gastro- enterology and Hepatology 3	Training in endoscopy	Free Paper Session	Patient-centered issues in upper GI presentation	Surgical and medical manage- ment of post-oper- ative complications in the upper GI tract			
12:30 – 14:00	Poster Sessions and Poster Award Ceremony (13:45)								
12:45 – 13:45	Lunch Sessions (Rooms K12 – K16/K17, K22 – K24)								
14:00 – 15:30		The modern diag- nostic and thera- peutic approach to chronic non-bloody diarrhoea	Capsule endoscopy	Free Paper Session	Dyspepsia and gastroparesis	Defence in the gut – and when it is breached			
16:00 – 17:00	Satellite Symposia								



Panoramic view of Stockholm



### WEDNESDAY, OCTOBER 26, 2011

Time ▼ Halls ►	A2	A5	А3	B2	B10		
07:00 - 08:00	Breakfast Meetings						
08:30 – 10:30	Optimal manage- ment of colorectal liver metastases	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session		
11:00 – 12:30	Liver transplanta- tion for the Gl practitioner	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session		
12:30 – 14:00	Poster Sessions and Poster Award Ceremony (13:45)						
12:45 – 13:45	Lunch Sessions (Rooms K12 – K16/K17, K22 – K24)						
14:00 – 15:30	Personalized treatment of colorectal cancer	Modern manage- ment of gallstone disease	Free Paper Session	Free Paper Session	Free Paper Session		
16:00 – 17:00			Satellite Symposia				



# SCIENTIFIC PROGRAMME

# MON, OCT 24

Renowned experts have been invited to the UEGW 2011. More information will be available on the website in due time.

#### MONDAY, OCTOBER 24, 2011

#### 08:00-10:30

#### Opening Plenary Session

- → Words of welcome
- → Cutting-edge endoscopy: What should the best centres be offering?
- → What can epidemiology teach us about IBD and other GI diseases?
- → UEGF Research Prize
- → Lifetime Achievement Award
- → Bacteria friend or foe? Their role in health and in common chronic GI diseases
- → Best Abstracts

#### 11:00-12:30

#### Imaging and endoscopy in the management of IBD

- → Measuring disease progression in Crohn's disease: Introduction of the Marc Lemann score
- → Assessment and importance of mucosal healing
- → Management of strictures: The place of imaging and of therapeutic interventions
- → Free papers

#### Management of *H. pylori* infection: The Maastricht 4 consensus

- → Areas of uncertainty in *H. pylori* management
- → Indications for *H. pylori* treatment
- → How to diagnose and treat *H. pylori* infection today
- → H. pylori eradication for preventing gastric cancer

#### Clinics in Gastroenterology and Hepatology 1

#### Challenges in chronic hepatitis B management

- → Overview of treatment for hepatitis B
- → Hepatitis B in the setting of immunosupression: Who to test and treat?
- → Rising Star: The role of monocytes in the progression of liver inflammation and fibrosis in vivo
- → Chronic hepatitis B: A practical guide to treating difficult cases

#### Non-pharmacological treatment options for functional GI disorders

- → Patient education: How, for whom and does it work?
- → Acupuncture for functional GI disorders: Placebo or true effect?
- → Psychotherapy, hypnotherapy and cognitive behavioural therapy
- → Use of the internet to treat patients with functional GI disorders

#### Microbiota in obesity and diabetes: Of mice and man?

- → Role of microbiota in animal models of obesity
- → The gut microbiota in the metabolic syndrome
- $\rightarrow$  Gastric bypass surgery and the links between host phenotype and microbiota
- → Dietary modulation of the gut microbiota

#### ► Guidelines for GI cancer

- → Why do we need guidelines?
- → How to harmonize national guidelines for European use?
- → How do we implement guidelines?
- → European guidelines on colorectal cancer screening

#### ▶ What's new and what's next in EUS

- → Advances in imaging
- → Advances in creation of anastomoses
- → Advances in oncology
- Practical ultrasonography in European Gastroenterology an evolution

#### Free Paper Sessions

#### 14:00-15:30

#### Cochrane Symposium: Guideline controversies

- → Can you really believe systematic reviews?
- → Crohn's disease guidelines: Europe versus North America
- → Upper GI bleeding guidelines
- → Clostridium difficile treatment guidelines

#### **▶** GORD symptoms and mechanisms

- → Rethinking GORD: Time for a new paradigm?
- → GORD pathogenesis: Role of obesity, lower oesophageal sphincter and hiatal hernia
- → Rising Star: High resolution manometry: Colourful insights into GORD
- $\rightarrow$  Free papers



# MON, OCT 24

### **SCIENTIFIC PROGRAMME**

#### Current debates in ulcerative colitis

→ From Truelove and Witts to genomic arrays: Monitoring disease activity in UC

#### Case Based Tandem Talks:

- → Severe acute UC: When to call the surgeon?
- → Severe acute UC: When to call the surgeon?
- → Chronic refractory UC
- → Chronic refractory UC

#### NAFLD/NASH

- → Childhood NASH: A danger for life?
- ightarrow Impact of NAFLD on cardiovascular disease
- → Lifestyle and diet: What evidence for impact on NAFLD progression?
- → Drugs for treatment?

# Multidisciplinary management of malignant biliary obstruction

- → Endoscopy
- → Interventional radiology
- → Surgery
- → Free papers

#### GI genomics for the clinician: Introduction and implications

- → Learn the basics in genomics
- → Lessons from population-based genomics
- → Lessons from patient-based genomics
- → The modern trend in consumer genetics: Risks and opportunities

#### ▶ Basic Science Workshop 1

#### Free Paper Sessions

#### 15:45 - 17:15

#### Sclerosing cholangitis and IBD: An unwanted marriage

- → PSC-IBD: A specific diagnostic entity?
- → Rising Star: Vitamin A, the serendipitous discovery that links inflammatory bowel disease with primary sclerosing cholangitis

#### Tandem Talks:

- → Surveillance for early colonic and bile duct malignancies: Spying on the epithelium
- → Surveillance for early colonic and bile duct malignancies: Spying on the epithelium
- → Medical treatment and chemoprevention in patients with PSC

#### ▶ The obesity epidemic

- → The size of the problem in Europe
- → Lifestyle changes in the treatment of obesity: Do they work?
- → Dietary and drug treatment: What's best and what's new?
- → Bariatric surgery: The cutting edge

#### ▶ GORD: Controversies in management

- → PPI incomplete responders: Definition and scope of the problem
- → Acid suppressive therapy: Still room for improvement?
- → Reflux inhibitor and prokinetic therapy: Useful or obsolete?
- → GORD surgery: Indications, results and pitfalls

#### When East meets West: Management of hepatocellular carcinoma (joint symposium in cooperation with APDWF/APDW 2011)

- → Establishing treatment algorithms for hepatocellular carcinoma: What tests do we need?
- → To achieve cure: When to resect? When to transplant?
- → The jungle of local/regional therapies: PEI; TACE; RFTA; SIRT Indications, results, evidence
- → Medical treatment: Sorafenid and beyond

#### Advanced endoluminal therapies

- $\rightarrow$  ESD: Training and standards
- → The submucosal space: POEM and other therapies
- → Primary endoscopic treatment for morbid obesity
- → Free papers

#### ▶ Neo-adjuvant/adjuvant treatment for colorectal cancer

- → Which treatment for stage II disease? Prognostic and predictive markers
- → Stage III: Chemotherapy alone? Why do biologicals fail?
- → Stage IV: Neoadjuvant radiochemotherapy in rectal cancer: How should we assess and treat complete local response and how can we prevent distant metastases?
- → Free papers

#### What's new in gastric malignancies?

- → *H. pylori* bacterial factors: New data on their importance in gastric carcinoma
- → H. pylori bacterial factors: New data on their importance in MALT lymphoma
- → What is the role of immunity in gastric malignancy?
- → Free papers

#### ► Free Paper Sessions

### SCIENTIFIC PROGRAMME

# TUE, OCT 25

#### TUESDAY, OCTOBER 25, 2011

#### 08:30-10:30

#### Live Endoscopy

#### Barrett's oesophagus related neoplasia: Consensus in Stockholm

- → Epidemiology, risk factors and significance of Barrett's neoplasia
- → Early recognition of Barrett's oesophagus related neoplasia: The BORN project
- → Advanced imaging
- → Endoscopic management of high grade dysplasia/early cancer
- → Surgical treatment of high grade dysplasia/early cancer

#### Screening for colorectal cancer

→ Developments in non-invasive tests

#### Debate:

- → Flexible sigmoidoscopy is sufficient for CRC screening
- → Colonoscopy is necessary for CRC screening
- → Endoscopic surveillance after polypectomy
- → New modalities: Capsule colonoscopy and CT colography
- → Hereditary/familial CRC: How to screen/surveille?

#### Coeliac disease symposium: New directions in management

- → Rising Star: Coeliac disease: What are its implications for long-term health today?
- → Which peptides on gliadin are involved in pathogenesis, and how?
- → The place of serology in modern management
- → The place of biopsy in modern management
- → ESPGHAN (paediatric) guidelines: Where do we go from here?

#### Management of decompensated liver disease

- → Infections in chronic liver disease and the management of encephalopathy
- ightarrow Variceal bleeding in cirrhotics: Updated Baveno guidelines
- → Refractory ascites and hepato-renal syndrome management: The role of terlipressin and TIPS
- → Hepato-pulmonary syndrome and cirrhotic cardiomyopathy: When to suspect and how to treat
- $\rightarrow$  Free papers

#### Microbes host interactions in immune-mediation and intestinal inflammation

- → Microbiota structure and function at the mucosal interface
- → How healthy are healthy relatives of IBD patients: Intestinal dysbiosis in family members
- → Adaptive and innate immune system adaptations to the microbial colonization of the intestine
- → Identification of novel genetic loci in L plantarum that modulate immune response of human dendritic cells
- → From fly to human: The drosophila intestinal epithelium as an immune barrier: From steady stage to pathology
- → Abnormalities in handling of intracellular bacteria in Crohn's disease: A link between infectious etiology and host genetic susceptibility
- → ER stress and the microbiota
- → Role of the microbiota and inflammation

#### Pancreatic cancer: In desperate need of effective therapy

- → Pancreatic cancer: New targets and individualized therapy
- → Is surveillance for pancreatic cancer in high risk cohorts worthwhile?
- → Neoadjuvant and adjuvant treatment of pancreatic cancer
- → Palliative treatment of pancreatic cancer: Chemotherapy and beyond
- $\rightarrow$  Radiation for locally advanced pancreatic cancer

#### Debate:

- → Preoperative tissue diagnosis in pancreatic cancer is necessary: Pro
- → Preoperative tissue diagnosis in pancreatic cancer is necessary: Con

#### FP7 – A golden funding opportunity for researchers

#### **▶** Free Paper Sessions

#### 11:00-12:30

#### Live Endoscopy

#### Advances in dysphagia

- → New developments in the assessment of oropharyngeal dysphagia in children and adults
- → High resolution manometry and intraluminal impedance in the assessment of oesophageal motility disorders
- → New approaches in the treatment of achalasia and other oesophageal motility disorders
- → Eosinophilic oesophagitis: Diagnosis and treatment in 2011



# TUE, OCT 25

### SCIENTIFIC PROGRAMME

#### ▶ Clinics in Gastroenterology and Hepatology 2

# Novel insights into the pathogenesis of colo-rectal

- → The role of MYC in early stages of intestinal tumourigensis
- → Lessons from mouse models of colorectal cancer
- → Stem cells and colorectal carcinogenesis
- → T cells in sporadic and colitis-assocated CRC: Friend or foe?

#### Long-term prognosis in liver diseases: Impact of treatment

- → Alcoholic liver disease
- → NAFLD
- → Chronic hepatitis B and C
- → Autoimmune liver disease and primary biliary cirrhosis

#### Microbiota modulation: Diet, functional foods and microbiota reconstruction

- → The microbiome of Ötzi: What does history tell us?
- → The effect of dietary intervantion on fecal metabolites
- → Faecalibacterium prausnitzii: A novel probiotic?
- → Fecal transplantation

# Cystic pancreatic neoplasms: An increasing clinical problem

- → Molecular differences between IPMN and pancreatic cancer
- → Imaging to distinguish between main duct and side branch IPMN
- → Side branch IPMN: Should we resect, contrary to most guidelines?
- → Emerging medical therapies for pancreatic cancer?

#### Free Paper Sessions

#### 14:00-15:30

#### Live Endoscopy

#### Moving towards personalized medicine in IBD

- → How can we make clinical data available for long term research?
- → Molecular epidemiology: Prospects and pitfalls
- → Is there a place for pharmacogenetics in GI disorders?
- → Free papers

#### ▶ The improving management of chronic hepatitis C

- → Applying standards of care to clinical cases
- → The metabolic effects of chronic hepatitis C
- → Challenges in the use of the new protease inhibitors in the treatment of chronic hepatitis C
- → Free papers

#### Best of DDW session

- → Oesophagus and Upper GI
- $\rightarrow$  IBD
- → Intestinal disorders
- → Oncology
- → Liver

#### Barrett's oesophagus: Update on follow-up and therapy

- → Follow-up and therapy for non dysplastic Barrett's: An update
- Debate:
  - → Superficial tumour resection EMR vs ESD: Pro EMR
  - → Superficial tumour resection EMR vs ESD: Pro ESD
- → High grade dysplasia with or without a visible lesion: An evidence-based algorithm
- → Free papers

#### ▶ Microbiota assessment: The Omics revolution

- → Understanding the microbiota: How much do we need/ want?
- → Explaining the basics: Sequencing techniques and analysis
- → Metagenomics metatranscriptomic
- $\rightarrow$  Metaproteomics
- → Metabolomics
- → Panel discussion

#### ▶ Detection and treatment of peritoneal carcinomatosis

- ightarrow How best to assess the extent of disease
- → How to manage unsuspected carcinomatosis
- → The rationale for cytoreductive surgery
- → The role of hyperthermic intraperitoneal chemotherapy (HIPEC)

#### ▶ Basic Science Workshop 2

#### ▶ Free Paper Sessions

### SCIENTIFIC PROGRAMME

# TUE, OCT 25

#### 15:45 - 17:15

#### Video Case Session

# Functional symptom in patients with organic GI diseases

- → Epidemiology and diagnosis
- ightarrow IBS-like symptoms in patients with IBD
- → Coeliac disease and IBS-like symptoms
- → Mechanisms & treatment options

#### How to reduce morbidity and mortality in non variceal upper GI bleeding

- $\rightarrow$  Resuscitation and timing of intervention
- → Optimizing endoscopic treatment
- Tandem Talks:
  - → When endoscopy fails: The role of interventional radiology
  - → When endoscopy fails: The role of surgical intervention

#### ▶ The increasing burden of alcoholic liver disease

- → Why only a minority gets progressive disease
- → Evaluating liver damage in alcoholics: How and why?
- → Medical therapy in patients with severe forms of ALD: Is the future brighter?
- → Free papers

#### New understanding and modern solutions for radiation enteropathy

- → Human pelvic radiation disease: Who, why, when and how?
- → Preventing and treating radiation enteropathy: Key patho-physiological concepts
- → Radiation proctitis: Prognosis and management
- → Radiation enteropathy: How to treat the patient with difficult symptoms

#### Microbiota in colorectal cancer, liver disease and functional GI disorders

- → The microbiota in colorectal cancer
- $\rightarrow$  The role of the gut microbiota in functional GI disorders: A Rome working team report
- → Pre-pro- and antibiotics in functional GI disorders: Evidence-based therapies?
- → The role of the microbiome and development of fatty liver

#### Controversies in clinical nutrition

- → PEG: Optimal selection of patients
- → Enteral and parenteral fish oil administration: What is the evidence?
- → Chronic intestinal failure: When children become adults
- → Nutritional support in intestinal failure: Best practice today

#### A new standard of care: Personalised prediction of prognosis and treatment response

- → Predictive markers in colon cancer
- → Risk stratification and selection of treatment strategy in IBD
- → Risk stratification and selection of treatment strategy in patients with severe GI motility diseases
- → Predictive factors for response to treatment to chronic Hep C and HCC

#### **▶** Free Paper Sessions



# WED, OCT 26

### **SCIENTIFIC PROGRAMME**

#### WEDNESDAY, OCTOBER 26, 2011

#### 08:30-10:30

#### Anti-TNF in IBD

- → Mechanisms of action of the different anti-TNFs
- → The place of anti-TNFs in UC management
- → Occurrence of paradoxical inflammation during anti-TNF treatment
- → Drug levels and antibody measurements in patients treated with biologicals
- → Surgery and anti-TNFs: Are they compatible?

# Modern management of patients with chronic constipation

- → Basic mechanisms in constipation
- → New pharmacological treatment alternatives: How and for whom should they be used?
- → The place of education and conservative management, including biofeedback
- → Surgical treatment alternatives, including sacral nerve stimulation
- → Free papers

#### ► The State of the Art in modern endoscopy: Japanese / European joint endoscopy symposium (in cooperation with JGES and ESGE)

- → Submucosal endoscopy: Techniques and clinical application
- → Endoscopic tissue apposition: Techniques and clinical application
- → Metabolic endotherapy
- → Gastrointestinal stents: Indications, devices, techniques
- → Colonic ESD
- → Interventional EUS in oncology
- → Closing remarks: Japan and Europe learning from each other's strengths

# Chronic pancreatitis: Successful management of complications

- → Hereditary and idiopathic pancreatitis: How to treat and how to survey
- → Chronic pancreatic pseudocyst: Endoscopy or laparoscopic surgery?

#### Tandem Talks:

- → Segmental portal hypertension, gastric outlet obstruction and cholestasis: Metal stent or surgery?
- → Segmental portal hypertension, gastric outlet obstruction and cholestasis: Metal stent or surgery?

- → Cachexia in chronic pancreatitis: Indications for individualised nutrition
- → Randomized controlled trials in chronic pancreatitis: Light at the end of the tunnel

#### Oesophageal cancer

- → Oesophageal cancer: Is it preventable by Barrett's surveillance?
- → How does staging according to the new UICC classification change our treatment approach?
- ightarrow The role of PET-CT in the pretreatment work up

#### Tandem Talks:

- → Chemoradiation in SCC of the oesophagus: The radiotherapist's view
- → Chemoradiation in SCC of the oesophagus: The surgeon's view
- → Free papers

#### Optimal management of colorectal liver metastases

- → Importance of early detection of metastases
- ightarrow Determining the extent of disease (US, CE-US, CT, MRI, PET)
- → Neoadjuvant chemotherapy: For which patients?
- → Who should have surgery, and which approach should be used?
- → The role of radiofrequency ablation

#### **▶** Free Paper Sessions

#### 11:00-12:30

#### Immunosuppression in IBD

#### Debate:

- → Crohn's disease needs combo-therapy! Pro
- → Crohn's disease needs combo-therapy! Con
- $\rightarrow$  Management of gynaecological dysplasia in the immunosuppressed patient
- $\rightarrow$  More lymphoma or less CRC? Which treatment to choose
- → Methotrexate for IBD: A neglected drug?

#### Clinics in Gastroenterology and Hepatology 3

#### Training in endoscopy

- → National training in endoscopy
- → Lessons and challenges: China
- → Lessons and challenges: Africa
- → Making endoscopy mobile

# SCIENTIFIC PROGRAMME

# WED, OCT 26

#### ▶ Patient-centered issues in upper GI presentation

- $\rightarrow$  Reasons for consultation and overlapping symptoms
- ightarrow Upper GI symptoms: Who and when should I investigate?
- → Preventing NSAID and aspirin-related disease: Best practice today
- → Free papers

#### Surgical and medical management of post-operative complications in the upper GI tract

- → Management of postoperative dysphagia
- → Management of postoperative dumping syndrome
- → Bariatric surgery and malabsorption: Choice of procedure and management
- → Management of postoperative fistulae

#### Liver transplantation for the GI practitioner

- → When to refer a patient for liver transplantation? MELD score and other specifics
- → Recurrence of auto-immune and metabolic liver diseases after transplantation
- → Is it feasible or desirable to follow transplanted patients outside liver transplant units?
- → Free papers

#### Free Paper Sessions

#### 14:00 - 15:30

# ► The modern diagnostic and therapeutic approach to chronic non-bloody diarrhoea

- → The diagnostic approach to chronic non-bloody diarrhoea
- → Microscopic colitis: Pathogenesis, classification, diagnosis and treatment
- → Bile acid diarrhoea: Under-recognised? Under-diagnosed? Poorly treated?
- → Functional diarrhoeal disorders: Optimal management in 2011

#### Capsule endoscopy

- → Oesophageal CE: Any role in patient management?
- → Upper GI bleeding: A new indication for CE?
- → CE and IBD: What's new?
- → New indications motility

#### Dyspepsia and gastroparesis

- → Diagnosis and epidemiology: What is FD? What is gastroparesis?
- → Current and new drugs for the treatment of dyspepsia and gastroparesis
- → The refractory patient: Nutrition, devices or surgery?
- → Free papers

#### Defence in the gut – and when it is breached

- → Autophagy
- → Role of the inflammasome
- → Rising Star: Current topics in IBD genetics
- → Common pathways for handling gut damage

#### Personalized treatment of colorectal cancer

- → Targeted chemotherapy
- → Biomarker-guided therapy: More than k-RAS?
- → Rising Star: Molecular imaging of CRC
- → Personalised de-escalation of therapy: Optimising quality of life for individuals

#### ▶ Modern management of gallstone disease

#### Debate:

- → Laparoscopic common bile duct exploration vs ERCP: The Endoscopist's view
- → Laparoscopic common bile duct exploration vs ERCP: The Surgeon's view
- → Timing of cholecystectomy after ERCP
- → Timing and type of surgery for acute cholecystitis

#### ► Free Paper Sessions



### SCIENTIFIC PROGRAMME

#### **ROLE OF BACTERIA IN HEALTH AND DISEASE**

#### **TODAY'S SCIENCE; TOMORROW'S MEDICINE**

ROLE OF BACTERIA IN HEALTH AND DISEASE

The Stockholm UEGW is proud to host an international twoday symposium on the role of gut bacteria in health and chronic GI diseases, co-organised and hosted by Joel Doré, Séverine Vermeire and Jean-Frédéric Colombel. This will feature the best microbial scientists from around the world, meeting to discuss the current state of the art in bacterial research in the digestive tract.

Speakers will concentrate on the new understanding that bacteriology is bringing to GI diseases, such as inflammatory bowel disease, bowel cancers and liver diseases, and the important implications this has for research directions and for therapies.

There will also be free paper sessions where the best orignal research is presented by young and established researchers, and discussed by international experts.

The 'Role of bacteria in health and disease symposium' is open to all UEGW registrants at no extra cost. It provides a unique opportunity for gastroenterologists and hepatologists to learn how this important research field is impacting on their disciplines. It will interest inquisitive clinicians and young clinical-scientists, as well as those already active in this field.

Welcome to this initiative!

#### The provisional programme is as follows:

#### MONDAY, OCTOBER 24, 2011

11:00-12:30

#### Symposium: Microbiota in obesity and diabetes: Of mice and man?

- → Role of microbiota in animal models of obesity
- → The gut microbiota in the metabolic syndrome
- → Gastric bypass surgery and the links between host phenotype and microbiota
- → Dietary modulation of the gut microbiota

14:00-15:30

Free Paper Session

15:45 - 17:15

Free Paper Session

#### TUESDAY, OCTOBER 25, 2011

08:30-10:30

#### Symposium: Microbes host interactions in immunemediation and intestinal inflammation

- → Microbiota structure and function at the mucosal interface
- → How healthy are healthy relatives of IBD patients: Intestinal dysbiosis in family members
- → Adaptive and innate immune system adaptations to the microbial colonization of the intestine
- ightarrow Identification of novel genetic loci in L plantarum that modulate immune response of human dendritic cells
- → From fly to human: The drosophila intestinal epithelium as an immune barrier: From steady stage to pathology
- → Abnormalities in handling of intracellular bacteria in Crohn's disease: A link between infectious etiology and host genetic susceptibility
- → ER stress and the microbiota
- → Role of the microbiota and inflammation

11:00-12:30

#### Symposium: Microbiota modulation: Diet, functional foods and microbiota reconstruction

- → The microbiome of Ötzi: What does history tell us?
- → The effect of dietary intervention on fecal metabolites
- → Faecalibacterium prausnitzii: A novel probiotic?
- → Fecal transplantation

14:00-15:30

# Symposium: Microbiota assessment: The -Omics revolution

- → Understanding the microbiota: How much do we need/want?
- $\rightarrow$  Explaining the basics: Sequencing techniques and analysis
- → Metagenomics metatranscriptomic
- → Metaproteomics
- → Metabolomics
- → Panel discussion

15:45 - 17:15

#### Symposium: Microbiota in colorectal cancer, liver disease and functional GI disorders

- → The microbiota in colorectal cancer
- → The role of the gut microbiota in functional GI disorders: A Rome working team report
- → Pre-pro- and antibiotics in functional GI disorders: Evidence-based therapies?
- $\rightarrow$  The role of the microbiome and development of fatty liver

# SCIENTIFIC PROGRAMME – LUNCH SESSIONS

8 lunch sessions will be offered every day. Registrations will be accepted on a first-come, first-served basis. The maximum number of participants for each lunch session is strictly limited to 30 persons. A lunch will be provided for all participants. The lunch session fee is EUR 55.

Please note that registration for UEGW 2011 is mandatory in order to register for lunch sessions.

#### MONDAY, OCTOBER 24, 2011

#### 12:45 - 13:45

- → Management of refractory nausea and vomiting
- → How to communicate with patients with a functional GI disorder
- → What if anti-TNF fails in IBD?
- → Post-polypectomy: What surveillance do you recommend?
- → How to manage variceal bleeding
- → Managing difficult cases of viral hepatitis
- → Diagnosis of obscure GI bleeding
- → Management of recurrent malignant jaundice

#### TUESDAY, OCTOBER 25, 2011

#### 12:45 - 13:45

- → How should we approach *H pylori* in the elderly?
- → How to manage malabsorption
- → How I manage a patient with IBD with ongoing GI symptoms but no active inflammation
- → How to manage a patient with faecal incontinence
- → New treatment strategies in encephalopathy
- → Update on nonalcoholic fatty liver disease
- → Management of large colorectal polyps
- → Multidisciplinary treatment of pancreatic duct obstruction in chronic pancreatitis

#### WEDNESDAY, OCTOBER 26, 2011

#### 12:45 - 13:45

- → Managing nocturnal reflux
- → GI side effects of opiates: Optimal management?
- → Do you have the 'guts' to travel?
- → Facing the newly diagnosed Crohn's patient
- → What to do with symptomatic and asymptomatic pancreatic cystic lesions
- → Liver disease in pregnancy
- → Genetic testing of patients with colorectal cancer: Who and when?
- → Practical management of Barrett's dysplasia



### **CALL FOR ABSTRACTS**

#### **GENERAL INFORMATION**

Thank you for your interest in submitting an abstract for UEGW 2011 in Stockholm! Abstract submissions for UEGW are increasing year on year in both number and quality, and UEGW has become a premier world meeting at which to present clinical and basic gastro-intestinal and liver research. This year we are improving the environment for both oral and poster presentations to allow your work to get better quality exposure. We are offering a large number of travel and accommodation grants to young abstract presenters. Please note that we are also holding an international meeting in our "Today's science; tomorrow's medicine" series on 'The role of bacteria in health and disease' within UEGW Stockholm 2011 and that basic and early translational abstract submissions concerning this research should be submitted in the same format as other abstracts.

An exciting innovation this year is the award of prestigious and valuable prizes for the top scoring abstracts submitted. We will award prizes of 10,000 Euros each to the top 5 abstracts submitted to the UEGW (all abstracts will be considered for the prizes **provided that the abstract has not been presented at an international meeting previously** – no additional application procedure is required). These prize-winning abstracts will also be featured heavily in UEGF literature and on the website. The prizes will be awarded to the first author, who should also be the presenting author to qualify. The money should be spent on future research and potential winners will be asked to supply brief plans for this before the prize is awarded. Where the prize is awarded for a multi-centre study sponsored by industry, the author will be expected to waive the monetary part of the prize.

Besides these "Top Abstract Prizes", the original programme will feature several other exciting innovations, although these will confer prestige rather than monetary reward! Some of the best abstracts designated for oral presentation will be selected for presentation in the UEGW Plenary Session and in other major prestigious symposia. For those selected for Free Paper Sessions, further prizes will be awarded by the session chairmen for the best abstract presentation in each free paper session. Furthermore, the top 10% of posters this year will be designated "Posters of Distinction" and marked as such in the poster exhibition. Finally, abstracts in endoscopy areas which are accepted for poster rather than oral presentation will be given the option of showing a short illustrative video beside their poster if this is integral to understanding their poster.

#### **RULES FOR SUBMISSION**

Participants are invited to submit original scientific abstracts for oral and poster presentation provided that the **abstracts have not been previously published as a full paper**. If you have submitted your paper to a journal for publication, please ensure that the publication date will be after the congress. Note that abstracts presented previously at national or international meetings may be submitted providing this is declared, but that we particularly welcome work not previously presented at international meetings.

Accepted abstracts will be published in GUT/ENDOSCOPY as well as on a CD-Rom that will be distributed at the congress. The BMJ Publishing Group Ltd (BMJ Group), Thieme Publishers and the British Society of Gastroenterology (BSG) require an Exclusive Licence to publish the accepted abstracts which you need to grant on behalf of all authors to the abstract as part of your submission of an abstract for UEGW and for publication in the journals GUT and ENDOSCOPY.

Authors are requested to conform to guidelines for submission of abstracts. Abstracts not conforming to the guidelines will not be referred for review. The abstracts must be submitted in English (UK spelling) and must also be presented in that language. Abstracts will be reviewed by a panel of experts and may be selected for oral or poster presentation (or may be rejected). The time allotted for each oral presentation will depend on the session to which the abstract is allocated.

Submission of an abstract constitutes a formal commitment by the author to present the abstract in the session and at the time decided upon by the UEGF Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEGF Scientific Committee. If the original presenting author is unable to present the abstract, it is that person's responsibility to ensure that one of the co-authors takes over this role. Failure to present the abstract for other than well-founded reasons will lead to rejection of abstracts submitted at the next UEGW Congress. The registration fees for the presenting author will not be waived.

We encourage authors to register via the online registration system at the same time as they submit abstracts. Please note that we offer 340 travel grants in the amount of EUR 1.000 to young clinical and non-clinical investigators who present abstracts at the meeting, and you need to apply for these at the same time as submitting your abstract. Failure by the presenting author to register for the meeting by **September 1**, **2011** will mean that the abstract will neither be included in the Final Programme nor be printed in GUT/ENDOSCOPY.



# **CALL FOR ABSTRACTS**

Notification of acceptance or rejection by the UEGF Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the submission form by the **middle of July 2011. You can also monitor** the acceptance status of your abstract online at the submission website (B-Com Portal). Bearing in mind the various security measures and firewalls, please ensure that e-mails can reach you by adapting your spam filter accordingly. Detailed information, guidelines and recommendations for oral or poster presentation, as well as time allotment, date, hour and venue, will be sent in plenty of time to authors whose abstracts are accepted for presentation at the meeting.

#### **IMPORTANT DATES**

**Opening of Abstract submission** January 7, 2011

**Deadline for Abstract submission** May 13, 2011, Midnight, CET

#### **HOW TO SUBMIT AN ABSTRACT**

1. Abstracts may be submitted **only electronically** by using the **online form** from January 7, 2011 until the **deadline** via the conference website, at: http://uegw11.uegf.org

On the website you will find detailed instructions regarding the submission procedures (also see below for more details).

- 2. Please note that a separate submission form for Video Cases has been created. In addition to the submission of Video Cases via the online form, a CD-Rom or DVD needs to be sent to the organisers by May 11, 2011. Only Video Cases submitted via this special form will be accepted. For more information, please read the Call for Video Cases.
- Please note that a separate submission form for Clinical Cases has been created. Only Clinical Cases submitted using this special form will be considered. For more information, please read the Call for Clinical Cases.

- 4. Abstracts sent by mail, e-mail or fax will not be accepted.
- 5. The length of the abstract should not exceed 2,900 printable characters including author details, headers, punctuation and blank spaces.
- 6. The abstract should be structured as indicated on the website. One table can be included.
- 7. The Internet submission form will automatically reject abstracts that do not conform to the guidelines.
- 8. Abstracts can be saved in draft status and completed before the deadline. Only abstracts with the status "Final submission" will be considered for review.
- The submission system will generate a temporary submission number that must be used in all correspondence. If you do not receive this number immediately after your submission, your abstract has not been registered.
- 10. Choose one primary topic listed on the website which best corresponds to the content of your abstract.
- 11. Tick the relevant box corresponding to your preferred method of presentation. Note that the Scientific Committee may or may not consider this choice.
- 12. Please tick the box "Basic science" if this applies to your abstract.
- 13. If you need to withdraw your abstract, a written statement reflecting the reasons for this decision needs to be sent to uegw2011abs@mci-group.com not later than August 10, 2011. Thereafter, UEGF cannot make any changes within its printed matters!
- 14. Conflict of interest: It is in the intent of UEGF to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus the submitting author of an abstract is requested to declare any potential conflict of interest for all authors during the abstract submission.



# **CALL FOR ABSTRACTS**

#### **GUIDELINES FOR ABSTRACT PRESENTATION**

- → A title (in capital letters) that clearly indicates the nature of the investigation needs to be provided.
- → Abbreviations should be avoided in titles, but may be used in the text if they are defined at first usage.
- → The authors' names (full first names, family names) and places of work (institution, city, country) must be shown, but omit degrees, titles, appointments, postal address and acknowledgement of support.
- → The abstract should be as informative as possible:
  - → State the specific *objective* of the study
  - → State the *methods* used, if pertinent
  - → Summarise the *results* obtained
  - → State the *conclusions* reached
- → Please ensure that your abstract does not contain spelling, grammatical or scientific errors, as it will be reproduced exactly as submitted.
- → Statements such as "data will be presented" will lead to automatic rejection of the abstract.

#### **FURTHER INFORMATION**

If you have any additional questions or need further information concerning abstract submission, please contact:

#### UEGW 2011 c/o MCI Suisse SA

Phone: +41-22-33 99 625

Email: uegw2011abs@mci-group.com

#### **Office Opening Hours**

Monday to Friday 09:00-18:00 CET

#### **UEGW TOP ABSTRACT PRIZES**

An exciting innovation this year is the award of prestigious and valuable prizes for the top scoring abstracts submitted.





# **CALL FOR VIDEO CASES**

#### **GENERAL INFORMATION**

Participants are invited to submit original scientific Video Cases for video presentation provided that the Video Cases have not been previously published as a full paper. If you have submitted your case to a journal for publication, please ensure that the publication date will be after the congress. Note also that cases presented during national or international meetings may be submitted.

Accepted Video Case Abstracts will be published in GUT/ENDOSCOPY as well as on a CD-Rom that will be distributed at the congress. The BMJ Publishing Group Ltd (BMJ Group), Thieme Publishers and the British Society of Gastroenterology (BSG) require an Exclusive Licence to publish the accepted abstracts which you need to grant on behalf of all authors to the abstract as part of your submission of an abstract to UEGW and for publication in the journals GUT and ENDOSCOPY.

Authors are requested to conform to the following guidelines for submission of Video Cases. Cases not conforming to the guidelines will not be referred for review. The Video Case must be submitted in English (UK spelling) and must be presented in that language. Video Cases will be reviewed by a panel of experts and may be selected for video presentation (or may be rejected). The time allotted for each presentation will depend on the session to which the Video Case is allocated.

Submission of a Video Case constitutes a formal commitment by the author to present the Video Case in the session and at the time decided upon by the UEGF Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEGF Scientific Committee. If the original presenting author is unable to present the Video Case, it is that person's responsibility to ensure that one of the co-authors takes over this role. Failure to present the case for other than well-founded reasons will lead to rejection of Video Cases submitted at the next UEGW Congress. The registration fees for the presenting author will not be waived.

We encourage authors to register via the online registration system at the same time as they submit Video Cases as, much to the regret of the organisers, failure to register by the presenting author by **September 1, 2011** will automatically imply that the Video Case will neither be included in the Final Programme nor be printed in GUT/ENDOSCOPY.

Notification of acceptance or rejection by the UEGF Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the submission form by the **mid** of July 2011. Additionally you have the possibility to see the acceptance status of you abstract online at the submission website (B-Com Portal). Bearing in mind the increasing security measures and firewalls, we kindly request that you ensure that e-mails can reach you by adapting your spam filter accordingly. Detailed information, guidelines and recommendations for video presentation, as well as time allotment, date, hour and venue, will be sent in due time.

#### **IMPORTANT DATES**

**Opening of Video Case submission** January 7, 2011

**Deadline for Video Case submission** May 1, 2011, Midnight, CET

**Deadline for delivery of DVD/CD-Rom** May 11, 2011

#### **HOW TO SUBMIT A VIDEO CASE**

 Video Cases may be submitted only electronically by using the online form from January 7, 2011 until the deadline via the conference website, at:

http://uegw11.uegf.org/

On the website you will find detailed instructions regarding the submission procedures (also see below for more details).

- 2. Cases sent by mail, e-mail or fax will not be accepted.
- 3. The Internet submission form will automatically reject Video Cases that do not conform to the guidelines.
- 4. Cases can be saved in draft status and completed before the deadline. Only abstracts with the status "Final submission" will be considered for review.
- The submission system will generate a temporary submission number that must be used in all correspondence. If you do not receive this number immediately after your submission, your case has not been registered.



# **CALL FOR VIDEO CASES**

6. Once your submission is completed, please send the video documentation on a DVD or CD-Rom to:

UEGW 2011 c/o MCI Suisse SA Attn: Katharina Fischer Rue de Lyon 75 1211 Geneva 13 Switzerland

7. If you need to withdraw your Video Case, a written statement reflecting the reasons for this decision needs to be sent to uegw2011abs@mci-group.com not later than August 10, 2011. Thereafter, UEGF cannot make any changes within its printed matters!

#### **GUIDELINES FOR VIDEO CASE PREPARATION**

- → The length of the video case abstract should not exceed 2'900 printable characters including author details, headers, punctuation and blank spaces.
- → A title (in capital letters) that clearly indicates the nature of the case should be provided.
- → Abbreviations should be avoided in titles but may be used in the text if they are defined at first usage.
- → The authors' names (full first names, family names) and places of work (institution, city, country) must be shown, but omit degrees, titles, appointments, postal address and acknowledgement of support.
- → The Video Case should be as informative as possible:
  - → State the specific *objective* of the study
  - → State the *methods* used, if pertinent
  - → Summarise the *result* obtained
  - → State the conclusions reached

- → Please make sure that your Video Case does not contain spelling, grammatical or scientific errors, as it will be reproduced exactly as submitted.
- → Statements such as "data will be presented" or similar will lead to automatic rejection of the Video Case.
- → The reviewers will judge the Video Case according to the originality of work, the relevance to UEGW 2011, standard of English, objectivity of statement, description of what was done, suitability of methods in relation to aims, conclusions confirmed by objective results, ethics, scientific value, potential clinical value and overall impression.
- → The name, address, telephone, fax number and e-mail address of the corresponding author must be given as indicated on the submission form.

# GUIDELINES FOR VIDEO CASE DVD/CD-ROM PREPARATION

- → The Video Case DVD/CD-Rom needs to fulfill the following requirements:
  - $\rightarrow$  No sound
  - → Max. length: 8 minutes

#### **FURTHER INFORMATION**

If you have any additional questions or need further information concerning video case submission, please contact:

#### UEGW 2011 c/o MCI Suisse SA

Phone: +41-22-33 99 625

Email: uegw2011abs@mci-group.com

#### **Office Opening Hours**

Monday to Friday 09:00-18:00 CET



### CALL FOR CLINICAL CASES

#### **GENERAL INFORMATION**

The successful format for communication and discussion of Clinical Cases will be continued at UEGW 2011 in Stockholm. These sessions, called 'Clinics in Gastroenterology and Hepatology', will provide a forum for the discussion of difficult clinical problems. We encourage the best Clinical Cases to showcase themselves in these prestigious symposia.

- → Three sessions of Clinical Cases will be organised, one on each day of the meeting. Each session will include 3 cases over a 90-minute timeslot, i.e. 30 minutes per case. Sessions will be defined according to the submitted cases.
- → The Clinical Case sessions are intended to be highly interactive (using keypads) and to provide the audience with clinically relevant discussions of multifaceted, multidisciplinary clinical challenges. Therefore, submissions will not concern cases that can be managed using standard clinical guidelines but will deal with either uncommon diseases or difficult management issues. Clinical series of multiple cases and large studies will be rejected before evaluation by a panel of referees.
- → To foster the interactive format of the sessions, the cases will be discussed by a multidisciplinary panel (including physicians, surgeons, radiologists, pathologists, etc.), who will comment on the clinical presentation and management strategies. Moreover, the meeting room will be equipped with keypads, allowing the audience to vote on critical points within the presentations, such as diagnostic and treatment options, and to interact with the experts and presenters.
- → The Clinical Cases should be presented by a member of the team who directly participated in the case, and should be illustrated by high-quality endoscopic, radiological and pathological images using 'still' or video formats.

#### **IMPORTANT DATES**

**Opening of Clinical Case submission** January 7, 2011

**Deadline for Clinical Case submission** 

May 13, 2011, Midnight, CET

Deadline for submission of the PPT file and illustrative material

August 31, 2011

#### **HOW TO SUBMIT A CLINICAL CASE**

Participants are invited to submit original Clinical Cases according to the following rules:

- Abstracts may be submitted only electronically by using the online form from January 7, 2011 until the deadline via the conference website, at: http://uegw11.uegf.org/
- 2. On the website you will find detailed instructions regarding the submission procedures (also see below for more details).
- 3. Clinical cases sent by mail, e-mail or fax will not be accepted. The abstracts must be submitted in English (UK spelling) and must be presented in that language.
- 4. The Internet submission form will automatically reject cases that do not conform to the guidelines.
- 5. Cases can be saved in draft status and completed before the deadline. Only abstracts with the status "Final submission" will be considered for review
- 6. You are asked to provide a brief summary (approx. 300-words/2'000 characters including blank spaces, punctuation and author details) of the case and to include a list of illustrative material (endoscopic, radiological and pathological images, videos, innovative physiological or other research data).
- 7. You should indicate which of the authors will present the case. You are also asked to nominate a reserve presenter, in the event that the principal presenter is unable to attend the meeting at short notice. Additionally, it is mandatory to communicate presenter changes in written form.
- 8. Submission of a Clinical Case constitutes a formal commitment by the author to present the case in the session and at the time decided upon by the UEGF Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEGW 2011 Scientific Committee. If the original presenting author is unable to present the case, it is that person's responsibility to ensure that one of the co-authors takes over this role. Failure to present the Clinical Case for other than well-founded reasons will lead to rejection of cases submitted at the next UEGW Congress.



# **CALL FOR CLINICAL CASES**

The registration fees for the presenting author will not be waived. We encourage authors to register via the online registration system at the same time as they submit Clinical Cases as, much to the regret of the organisers, failure to register by the presenting author by **September 1**, **2011** will automatically imply that the case will not be included in the Final Programme.

- 9. The Scientific Committee will make a decision on the content of the Clinical Case sessions during its summer meeting, when selection of oral and poster presentations will be made following peer review and scoring of submitted abstracts. Notification of acceptance or rejection by the UEGF Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the abstract form by the mid of July 2011. Additionally you have the possibility to see the acceptance status of your abstract online at the submission website (B-Com Portal). Bearing in mind the increasing security measures and firewalls, we kindly request that you ensure that e-mails can reach you by adapting your spam filter accordingly. Detailed information, guidelines and recommendations for case presentation, as well as time allotment, date, hour and venue, will be sent in due time.
- 10. If the Scientific Committee accepts your case, you will then be asked to submit a draft of the final presentation as a PowerPoint Presentation, including images and other illustrative material, by **August 31, 2011**. The presentation will be reviewed by the chairs of the session and two members of the Scientific Committee. Alterations will be proposed in order to improve the educational content of the presentation and to adapt it to the format of the session. Adherence to the deadlines will facilitate preparation of the sessions between September and October. Please be available during this period for e-mail correspondence with the reviewers and organisers of the session.
- 11. If you need to withdraw your clinical case, a written statement reflecting the reasons for this decision needs to be sent to uegw2011abs@mci-group.com not later than August 10, 2011. Thereafter, UEGF cannot make any changes within its printed matters!

# GUIDELINES FOR CLINICAL CASE ABSTRACT PREPARATION

- → A title (in capital letters) that clearly indicates the nature of the Clinical Case needs to be provided. However, this title may be changed later to maintain some secrecy as to the final diagnosis.
- → Abbreviations should be avoided in titles but may be used in the text if they are defined at first usage.
- → The authors' names (full first names, family names) and places of work (institution, city, country) must be shown, but omit degrees, titles, appointments, postal address and acknowledgement of support.
- → Statements such as "data will be presented" will lead to automatic rejection of the clinical case abstract.
- → The Clinical Case abstract should be as informative as possible:
  - → Describe the clinical history of the patient, and clinical and relevant biological data
  - → Summarise the investigations performed and differential diagnoses.
  - $\rightarrow\!$  At this stage clarify the difficult and original aspects of the case
  - → Provide the final diagnosis
  - → Summarise the therapeutic approach
  - → State the points to be discussed (avoid literature review or guidelines compliance)
  - → List available material for illustration of the case (e.g. radiological and endoscopic investigations, pathology, specific biological data, clinical pictures)

#### **FURTHER INFORMATION**

If you have any additional questions or need further information concerning clinical case submission, please contact:

#### UEGW 2011 c/o MCI Suisse SA

Phone: +41-22-33 99 625

Email: uegw2011abs@mci-group.com

#### **Office Opening Hours**

Monday to Friday 09:00 – 18:00 CET

### **TOPIC LIST**

1	THE ROLE OF BACTERIA IN HEALTH AND
	DISEASE

2	OESOPHAGEAL, GASTRIC AND DUODENA	۱L
	DISORDERS	

- 2.1 Cell/molecular biology/pathology
- 2.2 Immunity and inflammation (not *H. pylori*)
- 2.3 Infections (not *H. pylori*)
- 2.4 Upper GI and small intestinal bleeding
- 2.5 Community dyspepsia
- 2.6 Functional upper GI disorders: Basic
- 2.7 Upper GI nerve- gut and motility: Transmitters/signals/receptors/enteric nervous system
- 2.8 Upper GI nerve-gut and motility: Brain-gut and gut-brain axes, neuro-hormonal, neural-immune and visceral sensitivity
- 2.9 Upper GI motility disorders: Clinical
- 2.10 Functional upper GI disorders: Clinical
- 2.11 Eosinophilic oesophagitis
- 2.12 Reflux disease, epidemiology
- 2.13 Reflux disease, pathogenesis
- 2.14 Reflux disease, diagnosis
- 2.15 Reflux disease, treatment
- 2.16 Reflux disease, complications
- 2.17 Barrett's oesophagus: Basic
- 2.18 Barrett's oesophagus: Clinical
- 2.19 Oesophageal neoplasia: Basic
- 2.20 Oesophageal neoplasia: Clinical
- 2.21 Other oesophageal and G-D disorders (PLEASE TRY TO AVOID USING THIS CATEGORY)
- 2.22 Padiatric oesophageal disorders
- 2.23 Acid peptic disease (includes NSAIDS, but NOT *H. pylori*), epidemiology
- 2.24 Acid peptic disease (includes NSAIDS, but NOT *H. pylori*), pathogenesis
- 2.25 Acid peptic disease (includes NSAIDS, but NOT *H. pylori*), diagnosis and treatment
- 2.26 Gastroduodenal neoplasia: Clinical
- 2.27 Gastroduodenal neoplasia: Basic
- 2.28 Paediatric gastro-duodenal disorders (NOT H. pylori)
- 2.29 Upper GI vascular disorders

#### 3 H. PYLORI

- 3.1 Epidemiology/natural history
- 3.2 Pathogenesis: Microbial factors
- 3.3 Pathogenesis: Host factors/immunology/inflammation
- 3.4 Diagnosis
- 3.5 Treatment

- 3.6 *H. pylori*-associated malignancy
- 3.7 Paediatric H. pylori

#### 4 INTESTINAL

- 4.1 Enterocyte biology/pathology and nutrient/water transport/electrolyte transport
- 4.2 Small intestinal immunology, immunity and inflammation (PLEASE USE IBD, LOWER GI AND OTHER CATEGORIES)
- 4.3 Small intestinal infections
- 4.4 Coeliac disease (adult)
- 4.5 Coeliac disease (paediatric)
- 4.6 Malabsorption syndromes and food enteropathies (adult)
- 4.7 Malabsorption syndromes, food enteropathies and other small intestinal disorders (paediatric)
- 4.8 Small intestinal neoplasia
- 4.9 Small intestinal bleeding (PLEASE USE UPPER GI BLEEDING)
- 4.10 Vascular disorders (PLEASE USE UPPER OR LOWER GI)

#### 5 NUTRITION

- 5.1 Obesity
- 5.2 Nutrients and gut function
- 5.3 Enteral and parenteral nutrition
- 5.4 Paediatric nutrition

#### 6 IBI

- 6.1 Basic/pathogenesis/pathology
- 6.2 Aetiology/epidemiology
- 6.3 Genetics
- 6.4 Diagnosis and monitoring
- 6.5 Treatment-medical
- 6.6 Treatment-surgical
- 6.7 Paediatric and adolescent IBD

#### 7 OTHER LOWER GI DISORDERS

- 7.1 Lower GI Immunology, immunity, inflammation (NOT IBD)
- 7.2 Lower GI infections
- 7.3 Lower GI bleeding
- 7.4 Malignant disease-epidemiology
- 7.5 Malignant disease, pathogenesis
- 7.6 Malignant disease, diagnosis/histopathology
- 7.7 Malignant disease, management
- 7.8 IBS/Lower GI motility: Brain-gut and gut-brain axes, neuro-hormonal, neural-immune and visceral sensitivity



## **TOPIC LIST**

- 7.9 IBS/Lower GI motility: Transmitters/signals/receptors/enteric nervous system
- 7.10 Lower GI motility disorders: Clinical
- 7.11 Irritable bowel syndrome: Epidemiology
- 7.12 Irritable bowel syndrome: Classification and diagnosis
- 7.13 Irritable bowel syndrome: Treatment
- 7.14 Paediatric functional lower bowel disorders INCLUDING recurrent abdominal pain
- 7.15 Lower GI vascular disorders
- 7.16 Other colonic and ano-rectal disorders (PLEASE NOTE, THESE MAY BE BETTER SUITED FOR SURGERY OR ENDOSCOPY SECTIONS)

#### 11 ENDOSCOPY AND IMAGING

- 11.1 Endoscopy, upper GI
- 11.2 Endoscopy, colon
- 11.3 Endoscopy, ERCP
- 11.4 Endosonography
- 11.5 Enteroscopy
- 11.6 Capsule endoscopy
- 11.7 Cross sectional imaging
- 11.8 Biliary and pancreatic stenting
- 11.9 Enteral dilatation and stenting (oesophagus, stomach, duodenum, colon)
- 11.10 Interventional radiology

#### 8 LIVER

- 8.1 Molecular biology, inflammation and fibrosis
- 8.2 Regeneration, stem cells and nutrition
- 8.3 Metabolic/genetic disorders
- 8.4 Hepatotoxicity/alcohol
- 8.5 Cirrhosis and complications: Basic aspects
- 8.6 Cirrhosis and complications: Clinical aspects
- 8.7 Viral hepatitis: Basic aspects
- 8.8 Viral hepatitis B: Clinical aspects
- 8.9 Viral hepatitis C: Clinical aspects
- 8.10 Immunology, autoimmune liver disease
- 8.11 Acute liver failure, transplantation/surgery
- 8.12 Imaging, radiology (incl. interventional radiology)
- 8.13 Liver neoplasia: Basic
- 8.14 Liver neoplasia: Clinical
- 8.15 Vascular diseases of the liver, bile duct or pancreas
- 8.16 Paediatric liver disease

#### 12 SURGERY

- 12.1 Oesophagus/stomach/duodenum
- 12.2 Small bowel/colorectal and anal
- 12.3 Hepatobiliary/pancreas/spleen
- 12.4 Postoperative complications
- 12.5 Laparoscopic techniques
- 12.6 Paediatric surgery

# 13 PAEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY (See specific paediatric category in each section)

- **ONCOLOGY** (See specific anatomic areas. If your work has implications for neoplasia across areas please pick the most appropriate, and if this is not possible pick lower GI)
- **15 NERVE GUT AND MOTILITY** (See specific anatomic areas. If your work has implications for neurogastroenterology across areas please pick the most appropriate, and if this is not possible pick lower GI)

#### 9 BILIARY

- 9.1 Bile acids, transport, cholestasis, gallstones: Basic
- 9.2 Cholestasis and gallstones: Clinical
- 9.3 Biliary neoplasia: Basic
- 9.4 Biliary neoplasia: Clinical
- 9.5 Paediatric biliary disease

#### 10 PANCREAS

- 10.1 Cell biology/secretion/enzymology/physiology
- 10.2 Pancreatitis, experimental
- 10.3 Pancreatitis, acute
- 10.4 Pancreatitis, chronic (including hereditary disorders)
- 10.5 Pancreatic cancer: Basic
- 10.6 Pancreatic cancer: Clinical
- 10.7 Endocrine tumours of the pancreas
- 10.8 Paediatric pancreatic disease

**16 IMMUNOLOGY / MICROBIOLOGY** (See specific anatomic areas. If your work has implications across areas please pick the most appropriate, and if this is not possible pick lower GI)

### **AWARDS AND GRANTS**



#### **UEGF RESEARCH PRIZE**

The prize will be awarded for excellence in basic science, translational or clinical research and the recipient must be able to demonstrate that their work has had an impact in its field and its quality has been recognised internationally. The recipient will have produced a substantial body of basic science, translational or clinical research in a focussed area of gastroenterology, hepatology or related disciplines.

The recipient of the prize shall be a senior well established active researcher, leading a substantial research group and the work will have been conducted predominantly in Europe. The work should have been supported by substantial peer reviewed grants through internationally recognised research councils, research charities or industrial partners.

This prize is aimed at researchers at the height of their active research career rather than those who have done previous excellent research. One major criterion is the standard of the best 10 publications by the researcher over the last 5 years.

The prize will be formally presented at the UEGW Stockholm Plenary Session on Monday, October 24, 2011 and the recipient will be required to deliver a short account of the work for which the prize has been awarded.

Online application until May 27, 2011 at www.uegf.org.



#### UEGF LIFETIME ACHIEVEMENT AWARD

The UEGF Lifetime Achievement Award recognizes outstanding individuals whose pioneering and inventiveness throughout their careers have improved the Federation and inspired others.

The Award will be formally presented during the UEGW Plenary Session on Monday, October 24, 2011 to honour individuals whose sustained and outstanding accomplishments have significantly improved the lives of people with gastrointestinal diseases and whose contributions, leadership and impact are widely acknowledged by the broader gastroenterological community. The recipient of the award must have had a career spanning at least 30 years and their life-long careers should have had a significant impact on UEGF and the gastroenterological community.

Online application until March 30, 2011 at www.uegf.org.



John Atherton and Research Prize 2010 Winner Hans Clevers



Rolf Hultcrantz and Prize Winner 2010 Juan-R. Malagelada



## **AWARDS AND GRANTS**

UEGW 2011 offers the following Awards, Travel Grants and Scholarships to support young scientists and clinicians to attend the UEGW 2011 and/or the Postgraduate Teaching Programme in Stockholm.

#### **UEGW Top Abstract Prizes**

An exciting innovation this year is the award of prestigious and valuable prizes for the top scoring abstracts submitted. We will award prizes of 10,000 Euros each to the top 5 abstracts submitted to the UEGW (all abstracts will be considered for the prizes provided that it has not been previously presented at an international meeting - no additional application procedure is required). These prizewinning abstracts will also be featured heavily in UEGF literature and on the website. The prizes will be awarded to the first author, who should also be the presenting author to qualify. The money should be spent on future research and potential winners will be asked to supply brief plans for this before the prize is awarded. Where the prize is awarded for a multi-centre study sponsored by industry, the author will be expected to waive the monetary part of the prize. Please find more information on our congress webpage!

#### **Travel Grants**

UEGW 2011 is offering 200 travel grants of EUR 1,000 each for clinician-scientists of 40 years of age (born on January 1, 1971 and later) and below for best submitted abstracts. Travel grants are awarded on the basis of scientific merit using the evaluation process of the UEGF Scientific Committee.

Winners will be notified about the travel grant when they are informed that their abstract has been accepted for presentation and will receive their grant after the congress.

#### **Travel Grants - Basic Scientists**

UEGW 2011 will offer 140 travel grants of EUR 1,000 each for non-clinical scientists of 40 years (born on January 1, 1971 and later) and below for best submitted basic science abstracts. The application must be supported by a letter from the Head of Department. Travel grants are awarded on the basis of scientific merit using the evaluation process of the UEGF Scientific Committee. Winners will be notified about the travel grant when they are informed that their abstract has been accepted for publication and will receive their grant after the congress.

#### **Best Poster Awards**

The 12 best posters will be awarded a prize on basis of scientific merit using the evaluation process of the UEGF Scientific Committee. The Award Ceremony will be held each day at 13:45 in the poster exhibition area. Prize winners will receive free entry to the Postgraduate Training Programme of next year's UEGW in Amsterdam.

#### **International Scholarships**

UEGW 2011 will award grants to 30 young gastroenterologists (35 years and younger) to support their travel and related expenses to attend the UEGW 2011 in Stockholm. Furthermore, free congress registration and free entry to the UEGW 2011 Postgraduate Teaching Programme is provided.

International Scholarships are restricted to citizens of **countries with a Human Development Index (HDI) <0.8** according to the latest Human Development Report. Please apply online via the congress website www.uegw11.uegf. org. The application deadline for an International Scholarship is **June 30, 2011**.



International Scholars 2010

#### **National Scholar Awards**

A joint committee of UEGF and ASNEMGE introduced a new scheme at UEGW Barcelona 2010: The National Scholar Award (NSA) is designed to identify and nurture promising young investigators at a junior level, thereby encouraging early career researchers to work towards a more 'senior' Rising Star Award. The NSAs are based on National Society affiliation: Among all abstracts that have been accepted for presentation at UEGW 2011, a maximum of one NSA per country will be awarded to the abstract presenter aged less than 35 years with the highest scoring abstract from that country.

#### **Rising Star Awards 2011**

Every year at UEGW up to 10 clinical scientists are selected jointly by ASNEMGE Council and the UEGF Scientific Committee and awarded Rising Star status based on a track record of international-quality research. This initiative ensures promotion of clinical and scientific research activity in the National Societies. It provides a durable platform for young researchers as part of the UEGW Faculty so that they give state-of-the-art lectures and chair scientific sessions. An annual call is sent out to all National Societies for nomination of young researchers (40 years or under) with a developing track record of independent, international-quality research.

Please visit **www.uegf.org** for more information

## **ESGE LEARNING AREA**



As in previous years, the ESGE Learning Area will be open to all UEGW delegates and offers a variety of excellent teaching modules for endoscopy including lectures, video presentations, expert demonstrations and hands-on sessions.

With the exception of the weekend hands-on training sessions, all events are open on a walk-in basis. The ESGE Learning Area will be accessible from Saturday morning on and throughout the regular opening hours of the exhibition.

#### **HANDS-ON TRAINING CENTRE**

Saturday-Wednesday, October 22-26, 2011

On Saturday and Sunday, with access to state of the art endoscopic equipment and accessories, participants will have the opportunity to perform techniques under personal doctor and nurse tutoring. In cooperation with ESGENA, the aim of this activity is to increase the awareness of diagnostic and therapeutic techniques and to offer delegates the possibility of practicing their skills.

The techniques include ERCP, EMR, upper and lower GI endoscopy, polypectomy, hemostasis and the use of short wire systems for ERCP. Preregistration will be offered to ESGE Individual Members via the ESGE website and on-site registration is possible for all UEGW delegates.

As the interest in hands-on offerings is rising steadily, additional hands-on sessions are offered from Monday to Wednesday on a walk-in basis, including a variety of procedures such as haemostatic techniques, advanced GI endoscopy, ablation techniques on Barrett's oesophagus and laparoscopic and endoscopic simulator training. This activity will be tutored by doctors and nurses. Biologic models and simulators are featured as well as various endoscopic equipment and techniques.

#### **ESGE LECTURE THEATRE**

Sunday-Wednesday, October 23-26, 2011

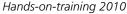
The ESGE Lecture Theatre provides an opportunity to see renowned experts presenting topics of special interest before a small audience. This year, both a discussant and moderator will be present and the audience is encouraged to join in discussion following the presentation. In favour of an interactive atmosphere, the number of participants is limited.

#### **ESGE DVD LEARNING CENTRE**

Saturday-Wednesday, October 22-26, 2011

The DVD Learning Centre offers all delegates the opportunity to visit 18 stations where the latest teaching material may be viewed on video screens with headphone sound transmission. Cutting-edge case studies from the ESGE DVD Encyclopaedia and ESGE endorsed meetings are complemented by select video submissions from ASGE. This offering is ideal for individual study and special interest.









## **ULTRASOUND LEARNING CENTER**

# BECOME A BETTER GASTROENTEROLOGIST – LOOK INTO THE ABDOMEN WITH CLINICAL ULTRASONO-GRAPHY!

Clinical ultrasonography means: Physician performed ultrasonography, by the doctor himself who is in charge of the patient. In some countries, this is established as a routine which is taken for granted. Clinically embedded ultrasonography supports us with sort of another endoscopy, with a realtime sectional view into the body's regions.

#### The advantages are obvious:

- a. immediate and repeatable look bedside, in elective routine, or in emergencies -
- → into the abdomen
- → in realtime
- → at a local resolution approaching a magnification glasse's view, not achievable by any other sectional imaging technique; and this
- → as an extension of physical patient examination
- → displaying a multitude of information
- → leading to a safe and quick diagnostic and therapeutic decision making
- → without any hazards known contrary to X-ray exposure

#### b. immediate use of specific techniques such as

- → color Doppler display of perfusion dynamics and of vascular morphology
- → contrast enhanced ultrasonography CEUS for e.g.
  - → focal parenchymal lesion's detection and classification
  - $\rightarrow$  bleeding complications in traumata
- → steering of interventions
- → intraoperative applications
- → elastography
- → endoscopic intestinal and transbronchial ultrasonography EUS and BUS;
- c. at a minimum of expenses and
- d. easy to learn

#### LEARN TO PERFORM CLINICAL ULTRASONOGRAPHY

No problem – with an up-to-date machine, and initially guided hands on by an experienced medical colleague. Detailed knowledge of the respective (patho-) anatomy is an evidently needed prerequisite. As a matter of fact, looking into the abdomen by means of ultrasonography is easy.

Reading textbooks and journals on ultrasonography is required as well as making use of internet based sources of information. However and basically, there is only one true access to learn and to improve clinical ultrasonography:

By your own performance. Do it yourself!

#### JUST DO IT, AND YES: YOU CAN.

And the UEGW international team of medical doctors at The Ultrasound Learning Center will support you in two ways:

 The Postgraduate Course of Ultrasonography for the Gastroenterologist – a two-day course on Saturday, October 22 and Sunday, October 23, 2011. This course is lecturing and hands on at a 50:50 ratio, the lectures predominantly based on realtime video clips.

#### The list of topics covered is as follows:

- → basics and advanced aspects in organ anatomy of large and small abdominal vessels, liver, pancreas, biliary system, intestine, kidneys, pelvis
- → frequent pathology in diseases of liver, bilopancreatic system, intestine, abdominal cavity, kidney, genitourinary tracts, and vessels
- 2. From Monday, October 24 to Wednesday, October 26, 2011, The Ultrasound Learning Center is open for hands on training for all congress participants who want to make their first steps in looking into the abdomen, again guided and trained by experienced medical colleagues. In addition, noon lectures will be held on these three days from 12:30–14:00 on special clinical ultrasonography topics as follows:

#### Monday, October 24, 2011

Abdominal emergencies; vascular complications; focal liver lesions - detection and classification; contrast enhanced ultrasonography CEUS

#### Tuesday, October 25, 2011

Endosonography – simple, advanced, and interventional; intestine-sonography with normal and with high resolution probes; case reports in a guiz fashion

#### Wednesday, October 26, 2011

Sonographic elastography, intestine, and vessels; ultrasonography guided interventions for diagnosis and for therapy – revisited; sono-psychology

## You are welcome to start your own clinician's ultrasonography seeing and learning!

For further questions, please contact our International School for Clinical Ultrasonography ISCUS at

- → www.flyingfaculty.de or
- → lucas@prof-greiner.de or
- → nuernbergdieter@gmx.de

Welcome again, sincerely Profs. Dieter Nuernberg and Lucas Greiner, FRCP, Germany



## CHARITY RUN AND PUBLIC HEALTH DAY

#### JOIN US FOR THE CHARITY SPORTS EVENT AT UEGW

The Charity Run 2011 will be held on **Sunday, October 23**, on occasion of UEGW Stockholm 2011. Registration fees will be donated to a local patient organisation.

The 5km running course will start and finish close by the congress venue.

## Join the UEGF Charity Run 2011 and help people who suffer from digestive diseases!



#### **CHARITY RUN**

Sunday, October 23, 2011

- → Course around Stockholmsmässan
- → Distance: 5 km
- → Registration fee: 10 EUR
- → Improve your health and support a medical charity!

### Charity support registration fee includes

- → Wind breakers
- → Start number and rental of timing chip
- → Finishing medal
- → Personalised certificate
- → Free runners' breakfast

#### **UEGW: FORUM FOR PATIENTS**

Members of the public are again invited to attend the public information event that will be organised on occasion of UEGW Stockholm 2011.

Representatives from local patient organisations and world renowned experts will discuss current issues in the field of alcohol related digestive diseases together with patients.



## PUBLIC HEALTH DAY FIGHTING ALCOHOL RELATED DIGESTIVE DISEASES

Saturday, October 22, 2011 Directly at Stockholmsmässan

More information on both events as well as registration options are available at **www.uegw11.uegf.org.** 





Michael Ortmann

#### WORD OF WELCOME

Dear colleagues,

On behalf of ESGENA and the Swedish Society of Endoscopy and GE Nurses and Assistants (SEGP) we have great pleasure inviting you to the 15th ESGENA Conference, which will be held during the 19th UEGW from Saturday, October 22 to Monday, October 24, 2011 in Stockholm, Sweden.

The three day conference will include state-of-the-art lectures, free papers & posters, lunch sessions, several workshops with hands-on-training and live transmissions. Interesting topics in Gastroenterology and Endoscopy will ensure a truly global context. We are hoping to provide a full and varied programme – to encourage you to meet up with colleagues from all over the world and exchange information with them. This format will encourage networking and communication between the delegates – both between individual nurses and national groups.

On Saturday, there will be an opportunity to attend several workshops organised in four parallel rooms. The workshops will have a more practical focus and will be held in smaller groups – up to 50 – to encourage discussion, questions, and exchanges of ideas. Following success at previous conferences, we will be offering hands-on training using bio simulators for nurses on Saturday and Sunday. These workshops will be organised in close cooperation with ESGE. Nurses will also have access to the UEGW postgraduate course.

The conference will officially open with the ESGENA Welcome Reception on Saturday evening. In the past, this has been a most enjoyable, informal evening with the opportunity to meet colleagues and friends from all over Europe and overseas. This evening will be organised by the Swedish nurses as local hosts of the conference.

On Sunday, the scientific programme, which includes two free paper sessions and a nurses' poster session, will offer mainly nursing-oriented lectures in two parallel halls. In addition, lunch sessions will have a more practical focus. The Plenary Session with lectures in one hall follows on Monday morning. This will bring together all the delegates and we will award the prizes for the best free paper and the best poster. The meeting will finish with invitations to forthcoming conferences.

The trade exhibition will open on Monday, and there should be enough time to browse the stands if the medical scientific programme does not tempt you back into the lecture halls.

We hope that we will be able to welcome you at the 15th ESGENA Conference in October 2011 in Stockholm, Sweden

Michael Ortmann
President of ESGENA





In conjunction with the Swedish Society of Endoscopy and GE Nurses and Assistants (SEGP)

#### **GENERAL INFORMATION**

#### **Scientific Secretariat**

Ulrike Beilenhoff

Email: UK-Beilenhoff@t-online.de

#### **ESGENA Technical Secretariat**

Rietta Schönberger Am Kastell 2 85077 Manching Germany

Phone: +49-8459-323941 Fax: +49-8459-323942 Email: info@esgena.org

You may also contact

For ESGENA → www.esgena.org

For SEGP → www.segp.nu

For Conference information → www.uegf.org

#### **ESGENA Annual General Meeting**

ESGENA Annual General Meeting will be held on Saturday, October 22, 2011 from 17:15–18:30. Access for ESGENA members only.

#### **ESGENA SCIENTIFIC PROGRAMME**

#### Saturday, October 22, 2011

→ Afternoon: 8 workshops in four parallel sessions
 → Afternoon: Hands-on training on bio simulators

#### Sunday, October 23, 2011

- → All day: ESGENA scientific programme with free paper and poster sessions and 3 parallel lunch sessions
- → All day: Hands-on training on bio simulators

#### Monday, October 24, 2011

- → Morning: ESGENA Plenary Session
- → All day: Technical exhibition and ESGE Learning Area

#### Hands-on-Training on Saturday and Sunday

- → Hands-on-training on bio simulators will be offered in 5 different sessions in co-operation with ESGE.
- → Tickets for nurses will be available at the entrance of the ESGE Learning Area one hour before starting each session.
- → Please note that there are only a limited number of tickets available in order to ensure small training groups at each station.

#### **ESGENA Poster Session**

- → Scientific posters will be displayed on Saturday and Sunday, October 22-23, 2011.
- → Two poster sessions will be held on Sunday, October 23, 2011.

#### **ESGENA Lunch Session**

- → Lunch sessions will combine state-of-the-art-lectures with hands-on-training on different stations focused.
- → On Sunday, October 23, 2011, 3 parallel lunch sessions will be offered.

#### **Scientific Deadlines for ESGENA Abstracts**

→ May 31, 2011: Deadline for submitting abstracts

#### **Conference Language**

→ The official language of the ESGENA Conference is English.



#### **PROGRAMME OVERVIEW**

SATURDAY, OCTOBER 22, 2011

	LECTURE HALLS					ESGE LEARNING AREA
13:30-15:00	13:30 – 15:00 Programme	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5 Hands-on-training on bio simulators Upper GI Bleeding ERCP Colonoscopy
				Coffee Break		
15:30-17:00	09:00- -00 <b>:00</b>	15:45 – 17:00 Workshop 6	Workshop 7	Workshop 8	Workshop 9	Workshop 10 Hands-on-training on bio simulators Upper GI Bleeding ERCP Colonoscopy
17:15–18:30	i–18:30		ESGENA General Assembly (members only)			
19:00-21:00				ESGENA <b>Welcome</b>	Recption	

#### SUNDAY, OCTOBER 23, 2011

		LECTURE HALLS	5		ESGE LEARNING AREA
08:30-10:00	Session 1 Free Paper Session	Session 2 Management			
10:00-10:30			Coffee B	reak	
10:30-12:00	Session 3 Free Paper Session	Session 4 Sedation			Workshop 11 Hands-on-training on bio simulators: ERCP Short Wire System Cook
12:00-13:00			Lunch Bı	reak	
13:00-14:30	Lunch Session 1	Lunch Session 2	Lunch Session 3	13:00-14:00 Poster Round 1	
					13:30 – 15:00 Workshop 12
14:30–16:00	Session 5 IBD	Session 6 Hygiene			Hands-on-training on bio simulators: Upper GI Bleeding ERCP Short Wire System Olympus
16:00-17:00		Coffee Break		Poster Round 1	15:30 – 17:00 Workshop 13 Hands-on-training on bio simulators:
17:00-18:30	Session 7 Education	Session 8 GI Diseases			ERCP Short Wire System Boston Upper GI Bleeding

### MONDAY, OCTOBER 24, 2011

LECTURE HALL			
08:30-10:30	New techniques and developments in Endoscopy (Presentation by Major Sponsors) Scientific Lectures Best Free Paper and Best Poster Award Invitation to next conference	10:30-11:00 12:30-14:00 15:30-16:00	Lunch Break
	Visit of Exhibition // ESGE Learning Area // UEGW Sessions	.5.55 10.00	cocc break



#### **CALL FOR ABSTRACTS**

ESGENA invites colleagues from Europe and from all over the world to present their experience, studies and projects at the 15th ESGENA Conference in October 2011 in Stockholm, Sweden. Participants wishing to submit abstracts can do so only in electronic format by sending a MS Word document with their abstract by e-mail to:

Ulrike Beilenhoff **ESGENA Scientific Secretariat** Email: UK-Beilenhoff@t-online.de

The authors will receive an official confirmation within 3-5 days after submitting their abstract. If authors do not get an official confirmation within 5 days, please send the abstract again to Ulrike Beilenhoff and a copy to the ESGENA technical secretariat: info@esgena.org.

Deadline for submitting abstracts: May 31, 2011

#### **GENERAL INFORMATION ON ABSTRACT SUBMISSION**

Participants are invited to submit original scientific abstracts for oral or poster presentation. Authors have to conform to the following guidelines for abstract submission. Those not conforming to the guidelines will not be considered for reviewing.

- → Abstracts must be submitted in English and must be presented in English.
- → Abstracts will be reviewed by a panel of experts and may be selected for oral or poster presentations, or may be rejected.
- → Notification of acceptance (for oral or poster presentation) or rejection by the Scientific Programme Committee will be e-mailed to the presenting author by June 30, 2011.
- → Detailed information, guidelines and recommendations for oral or poster presentation, as well as day, time and room will be sent in due time to duly registered presenting authors. The time allotted for each oral presentation will be 10 minutes, followed by 5 minutes of question time.
  - During the poster round, authors of posters should also be prepared to answer questions in English.
- → The presenting author of an accepted free paper or poster will receive a free registration to the ESGENA Conference.
- → Accepted abstracts will be published in the ESGENA Abstract Book, in the ESGENA NEWS and on the ESGENA website.

#### THE ABSTRACT SHOULD BE TYPED AS FOLLOWS

- → Use font that is easy to read such as Arial, Times Roman, Helvetica or Courier fonts.
- → The abstract must not be more than 500 words long or must not fill more than one A4 page, using type in 12-point font
- → A brief title, which clearly states the nature of the investigation, with the entire title in capital letters
- → Abbreviations should, if possible, be avoided in the title, but may be used in the text if they are defined on the first usage
- → The authors' names (full first name, surname) and the institution (hospital, university, organization, city and country, e-mail and fax number) where the research was carried out, with the name of the presenting author underlined
- → Use single line spacing
- → Include tables if necessary
- → The abstract should be as informative as possible
- → The abstract should have a logical, scientific structure (introduction, mains & objectives, method, results, conclusion, summary, references, learning outcomes for audience)
- → Statements such as "results will be discussed " or "data/ information will be presented " cannot be accepted
- → Please ensure that your abstracts do not contain any spelling, grammar or scientific errors, as it will be reproduced exactly as submitted
- → The abstract should have a nursing relevant content and should add to existing knowledge.
- → The abstract should have a minimum of 2 relevant references
- → The abstract should state 2 things the delegates could learn from your presentation

#### **CHECKLIST FOR ABSTRACTS**

As many of you have asked for guidelines regarding abstract submission we thought that you might find this checklist useful to see if you have complied with the requirements.

Abstracts not conforming to the guidelines will not be considered for reviewing.

	ABSTRACT SECTIONS
П	<b>Title</b> , which clearly states the nature of the investigation,
	Authors' Names (full first name, surname), please underline
	<b>Presenting Author</b> (the name of the presenting author is underlined)
	Institution (hospital, university, organization, city and country, email and fax number)
	Introduction (what is already known, what needs further study)
	Aim/Objective
	Method used
	Results/Findings
	Summary of Results/Findings
	Conclusion(s) reached (what has been learned)
	References (minimum 2)
	<b>Learning Outcomes</b> (2 things you would like the reader to learn from your presentation)
	FORMATTING
4	Clear Title

- → Abbreviations should, if possible, be avoided in the title, but may be used in the text if they are defined on the first usage
- → Presenting author <u>underlined</u>
- → Single Line Spaced
- → Abstracts must be submitted in English and checked for spelling errors
- → Use 12 point Font e.g. Arial, Times Roman, etc.
- → 500 words-max. one A4 page

The abstract should have a Nursing Relevant Content and should add to existing knowledge.



## **CONGRESS REGISTRATION**

#### **REGISTRATION FEES**

Registration and Payment received	<b>by May 16, 2011</b> EUR incl. VAT	by Sept 15, 2011 EUR incl. VAT	<b>after Sept 15, 2011</b> EUR incl. VAT
Delegate	470	600	750
Fellow in Training of UEGW*	200	225	250
Accompanying person	80	80	80
Lunch Session	55	55	55
Postgraduate Teaching Programme	250	250	250
Postgraduate Teaching Programme, Fellow in Training*	100	100	100
ESGENA Conference**	185	200	250

<sup>\*</sup> Applicants must be under 35 years of age and a certificate from the supervisor or Head of Department must be forwarded together with the registration.

Please register online for UEGW 2010: www.uegf.org

Registrations received after September 15, 2011 will be processed as on-site registrations.

## Registration fee for UEGW delegates and fellows in training includes:

- → Admission to all scientific sessions (Mon–Wed, Oct 24–26)
- → Admission to poster exhibition and technical exhibition
- → Admission to the ESGE Learning Area
- → Admission to the Ultrasound Learning Centre
- → Unlimited use of Stockholm public transportation system (Sat-Wed, Oct 22-26)
- → Congress materials (delegate bag, final programme, abstract document, etc.)
- → Coffee breaks and lunches (Mon–Wed, Oct 24–26)

#### Registration fee for accompanying persons includes:

- → Unlimited use of Stockholm public transportation system (Sat-Wed, Oct 22-26)
- → Half-day Stockholm Sightseeing Tour

#### Registration fee for ESGENA Conference includes:

- → Admission to all ESGENA scientific sessions and workshops (Sat-Mon, Oct 22-24)
- → Admission to the ESGENA Welcome Reception on Saturday, October 22
- → Admission to the UEGW scientific sessions on Monday, October 24

- → Admission to poster and technical exhibition (Sat-Mon, Oct 22-24)
- → Admission to the ESGE Learning Area (Sat-Mon, Oct 22-24)
- → Admission to the Ultrasound Learning Centre (Sat-Mon, Oct 22-24)
- → Unlimited use of Stockholm public transportation system (Sat-Mon, Oct 22-24)
- → Congress materials (delegate bag, final programme, ESGENA abstract book, etc.)
- → Coffee breaks and lunches (Sat-Mon, Oct 22-24)

## Registration fee for Postgraduate Teaching Programme and PGT fellows in training includes:

- → Admission to PGT courses (Sat-Sun, Oct 22-23)
- → Syllabus documentation
- → Coffee breaks and lunches (Sat-Sun, Oct 22-23)

#### On-site registration (after September, 15, 2011)

Participants who would like to register on-site are advised to arrive early. On-site registration does not necessarily entitle the participants to receive a delegate bag and abstract document. On-site registration will be handled upon a first-come, first-served basis, priority will be given to pre-registered delegates.

<sup>\*\*</sup> Copy of nurses' professional standing or similar identification is indispensable for proof of status (confirmation by employer, proof of education or registration as nurse)

## **CONGRESS REGISTRATION / CONGRESS INFORMATION**

#### **PAYMENT**

When registering for the UEGW 2011, please arrange payment of the registration fee. All payments must be made in EUR. You can choose between two forms of payment, credit card payment or bank transfer. We strongly recommend credit card payment as charges for bank transfers may apply twice, once in the country of origin, and a second time in the target country.

- → Credit card (AMEX, Eurocard/Mastercard, VISA)
- → Bank transfer to the congress bank account:

UEGF – United European Gastroenterology Federation Deutsche Bank PGK AG Account no.: 101 20 61 11 Bank code: 100 700 24

IBAN: DE02 1007 0024 0101 2061 11 BIC (SWIFT-CODE): DEUT DE DB BER

#### **CONFIRMATION**

Upon receipt of the registration and the corresponding payment, the congress office will send a confirmation to the participant which also serves as an invoice. Please show this confirmation of registration at the congress counter when picking up your congress material.

#### **CANCELLATION**

In the event that the attendance at the congress and the Lunch Sessions is cancelled by **May 15, 2011**, the registration fee minus a processing fee of 25% will be refunded. The attendee will have the option to prove that the expenditure for processing is less than 25% of the registration fee. No refund will be made if the registration is cancelled at a later date. Please notify the conference office of your cancellation in writing.

#### **WHO IS WHO**

Their consent provided, delegates will be given the possibility to have their name, institution, city and country listed in the list of participants published on the internet. Upon request a direct link to the homepage of the participant or his/her institution can be installed.

#### **CONGRESS VENUE**

Stockholmsmässan, the congress venue, was established in 1946 and is owned by the City of Stockholm and the Stockholm Chamber of Commerce. It is situated in the southwest area of Stockholm.

Stockholmsmässan Mässvägen 1, Älvsjö 125 80 Stockholm Sweden

#### **CONGRESS REGISTRATION DESK**

The congress counter will be located in Hall B of Stockholms-mässan.

#### **Preliminary Opening Hours**

Friday	October 21, 2011	14:00 – 18:00
Saturday	October 22, 2011	07:30 – 18:00
Sunday	October 23, 2011	07:30-18:00
Monday	October 24, 2011	07:00-18:00
Tuesday	October 25, 2011	07:00-18:00
Wednesday	October 26, 2011	07:00-16:00

#### **CONGRESS AND EXHIBITION / SPONSOR OFFICE**



Office Berlin CPO HANSER SERVICE GmbH Paulsborner Str. 44

14193 Berlin, Germany Phone: +49-30-300 669-0 Fax: +49-30-305 73 91 Email: uegw2011@cpo-hanser.de

#### **POSTER EXHIBITION**

Posters will be displayed from Monday, October 24 until Wednesday, October 26 in Hall A of Stockholmsmässan. The posters will be changed daily and are at display during the opening hours of the technical exhibition. Information regarding poster format, set-up and dismantling will be sent to the authors along with their notification of acceptance.



## **CONGRESS INFORMATION**

#### **TECHNICAL EXHIBITION**

The UEGW will be accompanied by a major technical exhibition taking place in Hall A of Stockholmsmässan. Potential exhibitors can request an exhibition/sponsoring brochure from the Congress and Exhibition/Sponsor Office, CPO HANSER SERVICE GmbH.

Email: uegw2011@cpo-hanser.de

#### **Opening Hours**

Monday	October 24, 2011	09:00-17:00
Tuesday	October 25, 2011	09:00-17:00
Wednesday	October 26, 2011	09:00-14:00

## CONGRESS INFORMATION SYSTEM CO CONGRESS ONLINE®

For the 19th United European Gastroenterology Week, the web based Congress Information System CO CONGRESS ONLINE® has been installed: www.uegw11.uegf.org

## Prior to the congress CO CONGRESS ONLINE® will provide information on:

- → Preparation of the congress
- → List of topics
- → Call for abstracts
- → Faculty
- → Preliminary scientific programme
- → Accepted abstracts
- → Satellite Symposia and Breakfast Meetings
- → List of participants (Who is Who)
- → List of exhibitors
- → Supporting programme
- → Long Term, Premium, Major Partners and General Sponsors
- → Congress venue
- → City of Stockholm
- → Hotel accommodation
- → Travel to Stockholm
- → Special news
- → Private Mailbox

#### **CONGRESS WEBSITE**

Further and updated information will be available on the internet at **www.uegf.org** (click on the button "UEGW Stockholm"). Registration, hotel reservation and submission of abstracts are available online.

#### **CONGRESS LANGUAGE**

The official language of the UEGW is English.

#### FINAL PROGRAMME AND ABSTRACTS

The final programme and abstracts will be published on the Internet at CO CONGRESS ONLINE® prior to the congress. Participants will receive a copy of the final programme and the abstract book/abstract CD ROM with their congress material.

#### **INVITATION LETTER**

The congress will be pleased to send a formal letter of invitation to any individual requesting one. It is understood that such an invitation is intended to help potential delegates to raise funds or to obtain a visa. This does not imply a commitment from the UEGF to provide any financial support.

Please request invitation letters from the congress office CPO HANSER SERVICE well in advance but no later than **September 30, 2011** as especially during the last weeks before the congress, processing time might vary.

The letters will be sent as email attachment. If an express delivery is required, the delegate shall order a courier at his/her own expense.

#### **VISA**

The entry formalities for Sweden vary according to the country of origin. Please check the current visa requirements with your travel agant or the local Swedish Consulate in your home country.

## HOTEL ACCOMMODATION

## HOTEL RESERVATION VIA CO CONGRESSHOTEL ONLINE®

CPO HANSER SERVICE is the official housing agency for UEGW 2011.

#### **Congress and Exhibition Office**



Office Berlin

CPO HANSER SERVICE GmbH

Paulsborner Str. 44, 14193 Berlin, Germany

Phone: +49-30-300 669-0 Fax: +49-30-305 73 91 Email: uegw2011@cpo-hanser.de

A major number of hotel rooms in different price categories have been reserved in Stockholm and surrounding areas for the 19th UEGW 2011. As a service for individual participants, the Congress and Exhibition Office CPO HANSER SERVICE will arrange your hotel accommodation at no extra charge. There are different hotel room ratings, ranging from 2 to 5 stars.

#### **HOTEL CATEGORIES**

Hotel	Single Room	<b>Double Room</b>
Category	min-max	min-max
5 star	_SEK 2,700-4,700	_SEK 3,000-5,100
4 star	SEK 1,900-3,550	_SEK 2,000-3,750
3 star	_SEK 1,800-3,070	_SEK 1,900-3,270

(Exchange rate of EUR 1,00 = SEK 8,96 as per January 24, 2011)

Each category has a minimum and a maximum rate based on single/double occupancy. All hotels offer bath/shower/WC, telephone and breakfast facilities. Hotels of 4 and 5 stars usually have a restaurant and a bar.

All rates (per room, per night) include Swedish VAT (12% on the room rate, 25% on breakfast) and service charge. Rates are shown for standard rooms. Other types of rooms (superior, deluxe, junior suite etc.) are available on request. These prices are indicative and may be subject to change.

Due to limited room availability in Stockholm, we do advise you to make your reservation as early as possible in order to have the best choice of available hotels.

Hotel accommodation is subject to availability and will be allocated on a "first come, first served" basis. Requests received after September 15, 2011 cannot be guaranteed, although CPO HANSER SERVICE will make every effort to meet participants' requirements.

Hotel reservations can be made online via the online hotel portal CO CONGRESSHOTEL ONLINE® at

#### www.uegw11.uegf.org.

Reservations by email or telephone will not be accepted.

If you have any further questions about accommodation, please contact CPO HANSER SERVICE at:

uegw2011@cpo-hanser.de

#### **CONFIRMATION AND PAYMENT**

Your reservation is binding for the hotel only if you guarantee the reservation with a credit card. The credit card will not be charged. The hotel bill needs to be paid directly at the hotel upon departure.

#### **CHANGES AND CANCELLATIONS**

Please address in writing all communication concerning any modifications and cancellations of your reservation to CPO HANSER SERVICE until October 12, 2011. After this date please contact the hotel directly, in writing.

In the event of cancellation before April 8, 2011, the cancellation of the booked hotel room(s) is free of charge. In the event of cancellation/reduction in the number of nights after April 8, 2011, or no-shows, the hotel is entitled to charge the agreed costs to a maximum of the entire booking period to your credit card account. These cancellation policies are only applicable to individual bookings. For information about group bookings and conditions please contact

uegw2011@cpo-hanser.de.

#### **GROUP RESERVATIONS**

Group reservations (10 rooms minimum) will be handled by separate contracts and separate regulations. Please contact CPO HANSER SERVICE directly at **uegw2011@cpo-hanser.de** for further information.



## INFORMATION ON STOCKHOLM

#### **STOCKHOLM**

Stockholm is situated on Sweden's south-central east coast, where Lake Mälaren meets the Baltic Sea. The central parts of the city consist of fourteen islands that are part of Stockholm archipelago and cover an area of about 7,084 square kilometres (2,735 square miles). The geographical city centre is situated on the water, in the bay Riddarfjärden. Over 30 % of the city area is made up of waterways. Around 40 % of the territory consists of parks or recreational areas and there are seven nature preserves within city limits which are all easily reachable by public transportation.

#### **AIRPORT AND ARRIVAL INFORMATION**

Stockholm-Arlanda is Sweden's largest airport and an important hub for both the Stockholm region and Scandinavia – primarily thanks to aviation, with 167 destinations around the world provided by over 80 airlines, but also due to its good ground transport services to and from other parts of the Stockholm region.

## TRANSPORT BETWEEN THE AIRPORT AND THE CITY/LOCAL TRANSPORTATION

The fastest and easiest way to get to the city is by the Arlanda Express (train), which takes 20 minutes or even less from Arlanda airport. Due to good road connections as for taxis and bus lines and thanks to long-distance trains and commuter trains, which go both ways from and to the airport, the city is easily accessible.

With its fourteen islands Stockholm is geographically unique. The area also covers a distance of several kilometers outside the actual city centre. Whether by taxi, Metro, commuter trains, suburban railways, ships or hundreds of bus lines, you can get to know the city easily and gain impressions of one of the world's most beautiful capitals.

#### **METRO**

The metro runs to all central areas of the city and has station entrances in the most tourist areas. They are marked with the letter "T". It runs from 05:00 to 01:00, Monday to Friday and extended all night service on weekends.

#### **TAXI**

Most people prefer to use taxis at night for speed and comfort. Taxis are available at any time. There are many taxi companies to choose from in Stockholm. Approved taxis with metered fares always bear yellow number plates.

You can easily get hold of a taxi by calling a taxi company, hailing one on the street or by taking one from a rank.

There is a manned taxi centre at Central Station that can help you with finding the right service, e.g. if you need child seats in the vehicle.

Metered fares vary depending on the time of day. However, it shouldn't cost more than SEK 300 (EUR 33,40) to travel 10 km.

#### **PUBLIC TRANSPORTATION**

Storstockholms Lokaltrafik runs the comprehensive and generally efficient transport network throughout Stockholm county, including all metro trains, commuter trains and buses. City centre buses run along fixed routes. The SL-Center is located in the basement of the Central Station. The staff can provide free timetables and also sell city and county transport maps, SL Tourist Passes and the general Stockholm Card. SL booths can be found at all metro stations, but services are usually basis.

#### **BANK AND ATM**

Banks usually open at 9:30 and close at 15:00, weekdays only, but on Thursday some branches stay open until 18:00. With an ATM card from your home bank, Swedish ATMs will allow access to cash in your account. "Bankomat" ATMs and the ForeningsSparbanken "Automat" ATMs, found adjacent to many banks and around busy public places such as shopping centres, accept Visa, MasterCard, Plus and Cirrus format bank cards, and Electron and Maestro debit cards.

#### **CLIMATE**

Despite its northernly location, Stockholm has relatively mild weather compared to other locations at similar latitude, or even further south. In October and November the average temperatures range from about 9 to 15 °C. Rain is likely.

#### **CURRENCY**

The currency is the Swedish Krona. Exchange rate of EUR 1,00 = SEK 8,96 as per January 24, 2011.

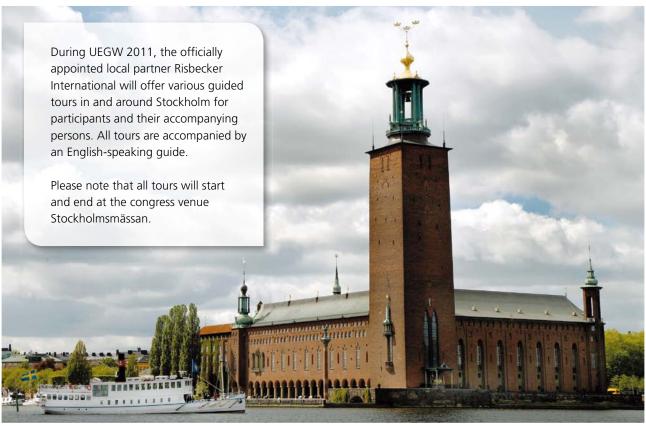
#### **ELECTRICITY**

Electricity supply in Sweden is AC 220 Volts, 50 Hertz. Sockets meet European regulations and use the round pin system.

#### **TIME ZONE**

The time zone in Sweden is Greenwich Mean Time (GMT) +1 hour in winter and +2 hours in summer.

## SUPPORTING PROGRAMME



Stadshuset (City Hall)

#### STOCKHOLM HIGHLIGHTS

A tour featur	ing all of Stockholm's note	eworthy sights!
Sunday	October 23, 2011	14:00-17:00
Monday	October 24, 2011	09:30-12:30
Tuesday	October 25, 2011	09:30-12:30

This tour is a must for anyone who has never been to Stockholm before. We begin with "Stadshuset" (City Hall). Here the Nobel Prize festivities take place every year. After having seen the City Hall we will continue and visit "Gamla Stan" (the Old Town) with its narrow cobbled streets and gabled medieval buildings. Here we will see "Storkyrkan" (the Great Church), "Stortorget" (The Main Square) and "Kungliga Slottet" (The Royal Palace). From here we travel to "Södermalm" (the Southern Island) to savor the view (bring your camera!) from "Fjällgatan" (The Mountain Street). From here we will see the major part of the central city and the port of Stockholm. This superb view of Stockholm will make it easy to understand why this city is frequently referred to as "the City that floats on water". From here the coach will travel to the royal island of Djurgården, passing along the famous boulevard called Strandvägen. We will enjoy a brief tour of this historical island before it is time to travel back to our starting point.

Cost: 360 SEK per person

#### **ROYAL STOCKHOLM**

#### **Rub shoulders with Swedish nobility**

Saturday	October 22, 2011	09:30 – 12:30
Wednesday	October 26, 2011	09:30-12:30

What better way to explore Stockholm than to follow in the footsteps of nobility? On this excursion, we will explore all things Royal starting with the Knight's Isle. This small islet is home to the majestic Royal burial church called Knight's Church. This building forms a major part of the Stockholm skyline. From here it's onto the Old Town, passing the House of Nobility and on to see the Royal Palace of Stockholm and the Great church - the venue for the recent Royal wedding between Princess Victoria & Daniel Westling. In the Old Town, we will hear about Stockholm's most famous historical event, The Stockholm Bloodbath. We will also hear the story of King Gustav III's assassination during a masquerade ball at his own opera house. From here it's on to the Royal island of Djurgården. This island is an oasis in the heart of city. Loved by all Stockholmer's, thousands flock here each week to seek a little private space, take a romantic walk or just enjoy the beautiful scenery and wildlife. It is not uncommon to see wild deer roaming the island.

Cost: 360 SEK per person



## SUPPORTING PROGRAMME

#### STOCKHOLM: A BRIEF HISTORY

#### A journey from 1252 to present day

Saturday	October 22,	2011	_14:00 – 17:00
Sunday	October 23,	2011	.09:30-12:30

During this themed program, we will follow a natural timeline, learning about the history of the city and the major events which have taken place. Starting in the Old Town, we will be guided through the winding, cobbled medieval streets of Stockholm where we will see as well as hear about the Swedish history. At the Royal palace, we will hear about the early beginnings of the city – the castles, the fires and the tragedies. Moving out onto the streets, we will see the famous statue of St. George & the Dragon. Here we will hear about the famous Battle of Brunkeberg, a battle that took place just outside the city walls between Sweden and Denmark. We will also visit the Main Square. This square is famous as being the site of a mass execution. In 1520, over 100 Swedish noblemen were hanged, beheaded or drowned in The Stockholm Bloodbath. It is here in the main square that the Nobel Museum sits. Once the Swedish Stock Exchange, this building now houses information about various Nobel Laureates and their work. From the Old Town, we will be transferred to the nearby Vasa Museum to examine the famous man of war ship The Vasa. Having sunk on her maiden voyage, the ship has been raised from the ocean bed and preserved in this, Stockholm's most visited and famous museum.

#### Cost: 440 SEK per person

#### **MARIEFRED & GRIPSHOLM CASTLE**

Monday\_\_\_\_\_09:00-15:00

We depart Stockholm by private deluxe coach and embark on a pleasant drive through the Chateau County of Sörmland. On the approach to Mariefred, we see the magnificent Gripsholm Castle. Gripsholm today is a time capsule of Swedish interior design from the 16th to the late 19th century, a unique collection of furniture and decorative arts from 400 years. The Castle is internationally known for its outstanding collection of portraits called The Swedish National Collection. It features prominent Swedes from the days of Sweden's first king, Gustav Vasa. After the guided tour of the Castle, we will walk over to the inn in Mariefred for lunch. After lunch, we can enjoy a chance to explore Mariefred, a delightful little town with a seaside feeling, before the coach departs for Stockholm.

#### Cost: 1,050 SEK per person, incl. small lunch



Vasa Museum



Gripsholm Castle

## SUPPORTING PROGRAMME

#### **DROTTNINGHOLM PALACE**

#### Home to the Swedish Royal Family

Tuesday\_\_\_\_\_09:00-15:00

The Royal Island of Drottningholm is a 30 minute drive from the centre of Stockholm. On the way to Drottningholm, we pass by the beautiful villas, gardens and recreational areas of Stockholm's western suburbs. On the other side of the Nockeby Bridge the exquisite vista of Drottningholm Palace comes into view. The history of the Palace is as fascinating as the buildings and grounds are beautiful. The first building of note at this location was built in 1581 by the King of Sweden, who finally christened the mansion Drottningholm (the Queen's island) for his wife. The famous Swedish architect Nikodemus Tessin the Elder is responsible for the current appearance of the palace as well as most of the interior. The interiors of the Palace are just as noteworthy as the breathtaking palace grounds (or English garden as it's also known). Bronze sculptures by Adrian de Vries can be found in the palace gardens. On this excursion we will enjoy a private tour of the palace and the gardens before enjoying a traditional lunch in a local restaurant.

Cost: 900 SEK per person, incl. small lunch

#### **BOOKING CONDITIONS**

- → Prior to the UEGW 2011 booking is only available online via the official UEGW website.
- → Full payment in advance is required.
- → All tours will be conducted in the English language.
- → Exceptional circumstances beyond the control of Risbecker International may incur prices to be subject to change.
- → All prices include the current VAT tax rate.
- → Confirmations will be sent out upon receipt of full payment.
- → Cancellation of tours are to be made in writing to Risbecker International.
- → All tours are based on a minimum of 25 participants.

  Tours will be cancelled if the minimum number is not reached.

  Full refunds will be available for tours which do not take place.
- → Tours cancelled after October 7th, 2011 cannot be refunded.
- → No refund will be possible for included services not taken. Lost or unused tickets cannot be refunded.
- → We accept no liability for loss, damage, delay, inconvenience, or direct or consequential loss, however caused, unless due to our employees negligence, in which case our liability is limited to a maximum of the tour cost.
- → Tours will depart from Stockholmsmässan.
- → Any dispute arising from the contract shall be settled in accordance with the law of Sweden.

#### **ORGANISER OF SUPPORTING PROGRAMME**

**Risbecker International**  $\rightarrow$  PO Box 3112, SE-103 62 Stockholm, Sweden Phone: +46-8-214707 // Fax: +46-8-240380 // Email: uegw2011@risbecker.se



Drottingholm Palace



## **ACKNOWLEDGEMENTS**

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UEGF – United European Gastroenterology Federation

#### **UEGF Secretariat**

Wienerbergstr. 11/12 A, 1100 Vienna, Austria

Phone: +43 – 1 – 997 16 39

Fax: +43 – 1 – 997 16 39-10

Fmail: office@upgf org

#### **Congress Venue**

Stockholmsmassan Mässvägen 1, Älvsjö, 125 80 Stockholm, Sweden

#### **Congress and Exhibition/Sponsor Office**

Office Berlin

CPO HANSER SERVICE GmbH – Core PCO Paulsborner Str. 44, 14193 Berlin, Germany

Fax: +49-30-300 003 0 Fax: +49-30-305 73 91 Email: uegw2011@cpo-hanser.de

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