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World Gastroenterology Anniversary

With roots going back to 1935, WGO was incorporated on 29 May 1958, with the mission to increase public awareness of, and to improve, education and training in digestive disorders. Please join us in celebrating WGO's 50th Anniversary, at the following special events:

Publications:
- WGN Anniversary Edition: WGO releases a commemorative edition of World Gastroenterology News
- Touch Briefings Five Part Global Series

Symposia/Conferences:
- 1st African/Middle East Conference on Digestive Oncology, February 2008
- DDW Symposium Training the Gastroenterologist of the Future: May 21, 2008, San Diego 8:30 – 10:00 am
- UEGW Symposium • AIGE Symposium

Events:
- WGO 50th Anniversary Reception: May 18 in San Diego, San Diego Marriott Hotel and Marina, 5:45 pm

Campaigns:
- Global Mentor Fund • Fund for the Future

Special Activities:
- 4 WGO Training Center Launches: Brazil, Colombia, Fiji, Mexico
- World Digestive Health Campaign: Optimal Nutrition in Digestive Health and Disease in collaboration with Danone


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OMGE: The Beginnings

Francisco Vilardell

The OMGE (Organisation Mondiale de Gastroenterologie, now known as the World Gastroenterology Organisation WGO) owes its initial impetus to the enthusiasm and drive of a single Belgian surgeon. Francisco Vilardell looks at the story of its early evolution, a fascinating tale of sometimes heated exchange between those who believed its responsibilities should be limited to organizing conferences, and those with a broader vision for its role.

By the end of the Nineteenth Century, a number of internists were dealing specifically with digestive disease, and in the early years of the twentieth century, gastroenterologists began to organise themselves into formal groupings. The first national gastroenterology society to see the light was the American Gastroenterological Association (AGA) founded in 1897. The Japanese Society followed in 1902. In Europe, the Polish Society was apparently the first to be created officially (1909). Two specialized journals appeared in these early days: the German "Archiv für Verdauungs u. Stoffwechselkrankheiten" (1895) and the "Archives Français des Maladies de l'Appareil Digestif" (1909).

The origins of international gastroenterology are closely linked to the personality of Georges Brohée (1887-1957), a surgeon and radiologist from Brussels, and a man of great energy. According to Ludovic Standaert who has written an excellent history of early European gastroenterology, Brohée founded the Belgian Society of Gastroenterology and a journal "Acta Gastroenterologica Belgica" which he considered essential to establish an international forum. He also devoted some considerable effort to contacting European gastroenterologists with a view to organizing an international congress.

Accordingly, in 1935, Brohée, convened the first International Congress of Gastroenterology (Brussels 8-11 August 1935). The congress was a success: in attendance were almost 600 delegates from 35 countries. On the day before closure, (10 Aug 1935) Brohée’s dream was finally fulfilled: an International Society of Gastroenterology was created, under the name “SIGE” (Société Internationale de Gastroentérologie). An International Committee was elected, chaired by Pierre Duval from Paris and Georges Brohée was confirmed as Secretary General. Membership was on an individual basis, but it was decided that each country should be represented by a National Committee.

A second congress took place in Paris in 1937 but World War Two interrupted the activities of SIGE. It remained dormant until 1947, when Brohée, active as ever, succeeded in convening a meeting of representatives of European Societies in Brussels. They decided to hold a congress in 1948 in Switzerland, as a neutral country undamaged by the war. Lausanne was chosen. As a medical student there, I was able to attend the congress which consisted mainly of presentations of the experiences of the individual speakers.

However, an important decision was taken at Lausanne, to create a European Society of Gastroenterology, independent of the dormant SIGE, with the acronym ASNEMGE (Association des Sociétés Nationales Européennes et Méditerranéennes de Gastroentérologie), with the exclusive aim of organizing a European Congress every two years. ASNEMGE was conceived as a federation of the national societies, without individual membership. It had some rules and no statutes, and the executives were appointed only to organize the next congress. A Panamerican Federation of Gastroenterology followed suit in 1948, under the name of AIGE. Both federations, ASNEMGE and AIGE later paved the way for the establishment of a World Organisation.

Successive European ASNEMGE Congresses were held in Madrid (1950), Bologna (1952) and Paris (1954), while Brohée persisted with his idea of a World Congress. He convened a meeting of SIGE where two important decisions were made: to hold a World Congress of Gastroenterology in 1958 and to alternate European ASNEMGE congresses with World Congresses. During the Fifth European Congress (London 1956), a meeting – attended by members of ASNEMGE, the President of SIGE and an American...
delegation – confirmed that the First World Congress of Gastroenterology would take place in Washington under the auspices of the AGA. They also decided that the never-active SIGE should be dissolved and turn into the World Organisation of Gastroenterology, a federation of national societies.

The original title of the new Organisation was OMGE (Organisation Mondiale de Gastroenterologie) a French name in deference to the fact that Brohée and his successors were mainly French and francophone Belgians. Dr. Henry Bockus from Philadelphia was appointed president of the Congress backed by the American Gastroenterological Association (AGA) which would provide the organisation and the initial funds for the meeting.

The First World Congress then took place in Washington in 1958. It was attended by more than 1500 specialists from 51 countries and impressed delegates with the excellent organisation as well as for the high scientific quality of the selected papers that were presented. Simultaneous translation was provided in the official languages of WGO, English, French and Spanish. In contrast with the individual presentations at previous European Congresses, the congress featured many innovations: panel discussions, symposia, poster sessions, audiovisual demonstrations and the distribution of abstracts before the sessions. Lavish entertainment was provided too, with everything from classical ballet to Latino dance bands.

The congress proceedings were published by Williams & Wilkins (1959) and major events were also recorded by R.C.A. on LPs. These are still available for consultation at the Wellcome Institute for the History of Medicine in London.

A committee of leading gastroenterologists met several times during the congress to discuss plans for the new World Organisation of Gastroenterology (WGO). On the last day of the congress, the 29th of May, the committee formally founded the World Organisation of Gastroenterology, drafted provisional Statutes and appointed an interim Governing Council which would implement the decisions of the Committee, convene further meetings and establish the organisation through appropriate Statutes. The provisional draft of the statutes was to be ratified at the following World Congress in Munich in 1962.

However, the Statutes prepared by the Secretary Dr. A. Froehlich and his Belgian and French colleagues were more or less a set of rules similar to those governing ASNEMGE. They envisaged a society which should merely deal with the organisation of further congresses. This limited view of the new organisation conflicted with the ideas of the new President, Henry Bockus, who envisioned a much wider scope for WGO, an organisation which would be mandated, in his own words, “to support and conduct research at the international scale, to organise plans for the development of graduate education, to solicit donations and to foster the organisation of national societies where these did not yet exist”. These idealistic goals were not shared by Brohée and Albert Froehlich who had replaced him as administrative secretary of both ASNEMGE and SIGE. They believed that WGO should not have any competences either in education or research, which should be left to the discretion of individual societies.

The provisional Governing Council of the new World Organisation was composed by Henry L. Bockus (USA) as President, Albert Froehlich (Belgium) as Secretary General, Norbert Henning (Germany) who would chair the Second World Congress in Munich in 1962, Laureano Falla (Cuba) President of the Interamerican Association of Gastroenterology (AIGE), Geraldo Siffert (Brazil) Secretary General of AIGE, A.J. Haex (Netherlands), President of ASNEMGE M.H. Pollard (USA) Secretary General of the Washington Congress, Thomas Hunt (UK) who had presided over the 1956 Congress in London, Joel Valencia-Parparcén, (Venezuela) president of the 1958
Panamerican Congress and Clifford Barborka (USA), president of the AGA.

With the backing of other European, American and Asian Colleagues who shared the same views, Bockus drafted another set of Statutes. These featured committees for education, finance and research, and were circulated among societies. Members of the Governing Council approved them on 16 April 1960 in Leyden. The final draft was to be submitted by the WGO General Assembly in Munich in 1962. However those wishing to keep WGO as a simple organisation strongly opposed Dr. Bockus’s decisions and presented their own version of the Statutes in Munich. After protracted and rather heated discussions, the Statutes were finally approved by the General Assembly at the end of the Second World Congress. By and large, they reflected the views of Bockus and his provisional Governing Board:

“The purpose of WGO is to contribute on a global scale to the study and progress of gastroenterology, to maintain active contact with all organisations interested in gastroenterology and allied fields, to encourage and support cooperative research, particularly in relation to the epidemiologic study in gastrointestinal diseases, to tabulate and file existing areas of graduate training in Gastroenterology and to consider the study of future plans for the development of graduate education.”

These are still the main tasks of WGO.

Dr. Thomas Hunt (London) succeeded H.L. Bockus as WGO President and Dr. Geoffrey Watkinson (Leeds) replaced Albert Froehlich as Secretary General. Dr. C.J. Barborka, president of the AGA was appointed chairman of the Research Committee and Dr. Geraldo Siffert (Brazil) as chairman of the education committee. Dr. Bockus also took the initiative of publishing a WGO bulletin to be distributed worldwide. Three bulletins appeared as early as 1959. Since then, bulletins have been published regularly, albeit under different names.

Running WGO obviously required funding, and to this end the help of the AGA was crucial. The AGA Council voted to donate USD 2,500 from the residual World Congress moneys to WGO and voted moreover that an additional USD 2,500 be transferred to WGO in the following year. Moreover, there were donations from the British Society of Gastroenterology and the Japanese Society, which was invited to organise the third World Congress in Tokyo in 1966.

The statutes have been modified many times since the approval of the first ones in 1963, but the aims of WGO, as stated therein, remain essentially the same. I believe that we can proudly look back at what has been achieved in the fields of international research, education, ethics, and the practice of gastroenterology as well in encouraging and promoting the creation of new continental associations.

Francisco Vilardell, MD
Past President, WGO
Evolution of a World Body

Ian Bouchier

Past President Ian Bouchier provides a fascinating look at how the WGO has evolved over the course of its proud history, and an informative overview of how the organisation is structured today.

My association with the World Gastroenterology Organisation began in 1962 when I presented a paper at the 2nd World Congress of Gastroenterology held in Munich. In 1970 I became secretary to the Research Committee. Thereafter, until 2002, I had an unbroken period of membership of the Governing Council, eventually serving as Secretary General and President. So I have been fortunate to have been involved actively or as an observer in many of the changes through which the organisation has developed and grown.

This will not be a detailed history of WGO. Rather it is a brief review of how the Organisation evolved, the many changes which led to WGO becoming a major player in world gastroenterology, and how it is structured today. The story is necessarily selective and will contain few dates and names.

The American gastroenterologist Henry Bockus was the leading force behind the establishment of the World Gastroenterology Organisation. He was its first president in 1958 and he is remembered by a named lecture and medal presented at the time of a World Congress.

At the time of its inception the Organisation was named the World Organisation of Gastroenterology and had three official languages, French, English and Spanish. Soon it was generally referred to as Organisation Mondiale Gastroenterologie, with the acronym OMGE. Over the years the cost of providing translations in three languages became prohibitively expensive and English was adopted as the common language. At the beginning of the 21st century this change was recognised with the alteration of the name to the World Gastroenterology Organisation, or WGO.

The Organisation is formed by national gastroenterology societies and associations and, importantly each member of an affiliated society automatically is a member of WGO. In addition there have always been large regional groupings of national societies and these participate actively in the work of WGO: the InterAmerican Gastroenterology Association (AIGE), the Asian-Pacific Association of Gastroenterology (APAGE), the European gastroenterological societies, originally the Association of North European and Mediterranean Societies of Gastroenterology (ASNEMGE) which reorganised in the 1980’s to the United European Gastroenterology Federation (UEGF). The formation of an equivalent grouping of African societies was a long time coming, but in the 1990’s the African/Middle East Association of Gastroenterology (AMAGE) was established.

The mission of WGO is to promote gastroenterology worldwide, to enhance the standards of practice and to actively undertake education and training. It does this through a number of committees answerable to the General Assembly, which convenes at each quadrennial World Congress of Gastroenterology. Committee members receive no payment but the chairmen/coordinates of committees are provided a budget which is reviewed annually.

Development of the WGO Structure

Governing Council

The council is responsible for the conduct of WGO. During the first decades of the Organisation, central planning and administration were weak and very dependant on the efforts and input of the President and Secretary General. A meeting of the Governing Council took place at the time of a World Congress but there were generally limited activities during the ensuing four years, often because of financial constraints.

In 1982 F. Vilardell was voted President and he immediately set about stabilising and revitalising the Organisation. He, and I as the Secretary General, met at least twice a year to review progress on the various activities he had initiated. Meetings of the Governing Council were held more frequently – at least one being held each year at the time of the American Gastroenterological Association meeting, a cost saving exercise as most council members were attending the AGA meeting.

Over the decades Council membership increased to reflect the growing influence of WGO in world gastroenterology. On Council are the President, Past President, Vice
President, Secretary General, Past President of the World Congress, Presidents of the four regional gastroenterological associations, chairmen/coordinators of the various committees, officers of the Executive Secretariat, and various other individuals co-opted as required. A core function of Council is to maintain a relevant mission statement and up-to-date statutes and by-laws. This process involves preliminary documents being prepared by the President and Secretary General, followed by detailed discussion and analysis at Council meetings. The final documents are presented to the General Assembly for discussion and ratification.

At the end of Vilardell’s term of office in 1986 the General Assembly asked him and me to remain in office for a further four years. It was appreciated that, at that critical stage of WGO affairs, continuity of the senior officers of the organisation ensured a more stable Governing Council. And when I succeeded Vilardell as President with M. Classen as Secretary General we too were asked to continue in office for a second four year term. Classen followed me as President in 1998 and at the conclusion of his four years he decided that it was appropriate to revert to the established pattern of replacing the President four yearly. This decision was endorsed by G. Tytgat who succeeded Classen as President. WGO was functioning effectively and efficiently.

Much of the credit for the recent successes of the organisation must go to the Executive Secretariat, which was established by Classen, and is headed by Bridget Barbieri. Among the many successful initiatives of Council in recent years has been the formation of AMAGE and the successful election of the Chinese Society of Gastroenterology to WGO. More recently is the initiation of a Digestive Cancer Awareness Campaign directed by M. Classen and S. Winawer.

Secretariat

In the early years the Secretary General operated with little office support other than from his own academic department or clinical practice. As the Organisation’s activities expanded it became clear, in 1982 specifically, that this situation was unsustainable. Fortunately T. de Dombal, then Chairman of the Research Committee, was able to offer a dedicated secretary to support the Secretary General. This worked well for a number of years, but the system was flawed – hence the creation of the Executive Secretariat, which now provides support not only for the Secretary General and Governing Council but also for the committees. Documents such as the mission statement, statutes and by-laws, and reports from committees can now be prepared and circulated promptly. The secretariat also plays an important role in the preparations for a World Congress.

Treasurer

Over 50 years WGO has had only four treasurers: M. Pollard, K. Henley, J. Geenen and now D. La Brecque. While the office of a committee has changed with each new chairman, continuity in banking arrangements is essential, so the treasurer’s office has always been in the USA. The treasurer has the complex task of maintaining financial stability as the organisation’s resources have always been limited. The main sources of income are from dues (based on membership) paid by every affiliated society, investment income, donations from industry and money earned from a World Congress, the last being essential but unpredictable.

Education and Training

Education has always been a priority for the WGO. J. Myren, Chairman of the Education Committee during the 1970’s, had a passionate commitment to increasing standards of clinical practice in our speciality and he undertook a survey of how gastroenterology societies were founded, how they functioned and how they regulated clinical practice and training. Myren published his findings in a series of influential supplements of the Scandinavian Journal of Gastroenterology. Training has now become an important component of the education program under the Coordinator for Education and Training, J. Touuli.

Training centers have been established around the world for young gastroenterologists in developing nations. It has subsequently became apparent that some senior gastroenterologists who participate in the training of junior staff need to become familiar with the more modern educa-
tional tools available to teachers and so in 2000 a Train the Trainers course was established. This has proved to be an outstanding success – the course is now in much demand, and is offered at least three times a year in each of the four regions, with partnerships being formed with national societies, thereby reducing costs. Since 2001 this program has trained more than 400 individuals from 70 countries.

Guidelines and Publications

It is now common practice for national societies to produce practice guidelines, and here WGO plays its role too, with a responsible committee chaired by M. Fried. Only the WGO guidelines are published in all the major languages, and they include cascades of options for practitioners. The guidelines frequently focus on practice in developing nations – for example on the treatment of Helicobacter pylori.

Research

From its beginnings WGO has recognised the need to undertake research, with early projects including gallstone disease and abdominal pain. In the 1970’s and 80’s T. de Dombal led a highly successful program on inflammatory bowel disease, which resulted in many important publications and a book which ran to a number of editions. However by the end to the 1990’s it became clear that the Organisation was not in a position to mount high quality collaborative studies and the focus changed. The committee, with R. Kozarek as Coordinator of New Projects, now provides advice and modest research funding to young investigators.

Ethics

F. Vilardell having recognised the need for the Organisation to highlight ethical issues in gastroenterology, established a committee with J. Siderov as chairman that sponsored meetings at which topics such as transplantation and care of the elderly patient with a gastroenterological disorder were debated. In time new approaches were employed and C. Stanciu introduced a program of seminars and discussion groups on ethical topics, which were presented during the meetings of national societies.

At present, ethical issues have been subsumed into the Education and Training committee.

Nominations

This committee has the important task of identifying gastroenterologists who are prepared to devote some of their time, free of charge, to work on WGO committees. All affiliated national societies and regional associations are asked to forward names of individuals willing to serve as officers or members of committees. The committee, under the chairmanship of the Past President, draws up a list of names for consideration by Governing Council and once agreed a final list is presented to the General Assembly for ratification.

World Congress of Gastroenterology

Organising a World Congress is a large and complex task and space permits only the briefest account of what is entailed in presenting an event of major importance to gastroenterologists. The quadrennial congress is organised jointly by WGO, OMED, and in collaboration with the Regional Associations. The main purpose of the congress is educational and there are lectures by international authorities, seminars, panel discussions, interactive sessions and poster demonstrations. This is the opportunity for committees to communicate their work to the gastroenterological community. It is an occasion when the younger delegates can meet established gastroenterologists from around the globe, exchange ideas, and develop friendships and perhaps collaborations. It is at the congress that the General Assembly, comprising two delegates from each affiliated society, convenes to review and ratify the work of the Governing Council and its committees, and, importantly, decide which society will host the next World Congress.
The planning of a World Congress is complex and has to take account of scientific, social, organisational and commercial issues. Previously a deficiency of the system was that the planning process had to be re-invented every four year cycle. Once the Executive Secretariat was in place it was possible for WGO to assist the societies in the bidding and planning processes. A bid manual is now available to indicate what is required: identification of a suitable congress site, agreement from the local and national authorities, adequate and efficient transport, hotel and hostel accommodation, a high quality scientific program and appropriate social events. To this end, the host society nominates the President of the World Congress and establishes a number of committees to undertake the various tasks. It is possible for WGO to offer advice and secretarial assistance and this together with the benefit of past experience can greatly add to the smooth running of the congress. Sound financial arrangements are essential to ensure that not only does the congress make a profit but also that this is shared equitably between the organisers. Harmonious relations with the industrial exhibitors is crucial, and M. Schapiro has been of considerable help in creating a structure which ensures that commercial arrangements are acceptable to all parties.

**Conclusion**

More detailed information about the history of WGO can be found in archival material held by the Wellcome Trust in London and in records kept by the Executive Secretariat in Munich. Much to the surprise of the sceptics, WGO has flourished over fifty years. It has shown itself to be forward-looking, resilient, imaginative and adaptable. It is universally admired for its role in education particularly in the developing countries. The Organisation is a respected voice in world gastroenterology. Global political and economic uncertainties will undoubtedly affect the WGO, but it is sufficiently well-established to meet the challenges that lie ahead.

Ian Bouchier, MD
Past President, WGO

Held in Washington D.C., USA, the First World Congress was hailed by the international press as “one of the greatest gatherings of medical minds in history”. The meeting was attended by over 2000 participants, who received a recorded transcription of highlighted lectures, courtesy of the Radio Corporation of America.

The inaugural address was given by Associate Justice of the United States Supreme Court, William O. Douglas, who addressed the cold war climate: “there is no one who can get closer to the people than the doctor. They are the best evangelists we have of the democratic way of life. We must make them, rather than the military, our representatives and spokesmen. They can best carry the democratic ideal to peoples of the earth.”

Before the shuttle bus: Ford Motor Company and General Motors provided automobiles for the use of World Congress officials.

Ladies: Women were invited to attend lectures, and organised a fashion show as part of the WCOG evening program.
In this special newsletter you will read of the illustrious history of the World Organisation and will learn of the transformation of the organisation from one whose primary focus was a quadrennial world congress of gastroenterology (WCOG) to the WGO of today which is involved on a year round basis in serving the gastroenterology community across the globe.

What is the current status of WGO? Is WGO having an impact on gastroenterology and in the care of digestive disorders across the world? Where do we go from here? To address these questions my first instinct was to collect and collate data from our various programs, each of our Training Centers, all Train the Trainer (TTT) programs and statistically assess the impact of WGO global guidelines and other educational programs. However, experiences gained on a recent visit to two of our Training Centers in Latin America provided much more direct and vivid examples of WGO in action.

The Santiago Training Center: providing access to advanced endoscopic training, putting TTT principles into action!

Located at the elegant and ultra-modern Clinica Alemana, in Santiago, Chile, this training center provides, at any given time, training in advanced endoscopy to eight young gastroenterologists, primarily from Latin America but also from across the globe. Current and prior trainees have come from as far afield as Australia, India, Malaysia, Europe and the United States. Trainees spend four months at the center under the direction of Dr Claudio Navarette, director of endoscopy and Dr Roque Saenz, co-director of the center. Though located in one of Chile’s finest private hospitals, the center provides access for advanced endoscopic procedures, free of charge, to all who need such care. This center achieves one of WGO’s primary goals: the provision of high quality specialized training in aspects of gastroenterology not available in the home country of the prospective trainee. Critically, this training, which is at a level comparable to that provided at the very top centers in Europe, North America or elsewhere, is now provided in South America for South Americans: i.e. relevant, regionally-provided training. Furthermore, through the influence of Dr Roque Saenz, a member of our TTT faculty, the TTT approach to small group, interactive teaching, including the active application of such TTT-taught techniques as critical appraisal, has been actively adopted at the center. The Santiago center provides a vivid example of the commitment of its faculty to the training and
education of the future leaders in gastroenterology in the region; regular contact is maintained with all graduates of the program and their progress and achievements monitored with considerable pride. It is to be hoped that these young gastroenterologists, inculcated with a passion for teaching and a commitment to the provision of the highest quality of care to all, will go on to provide a similar level of mentorship to their own students and trainees in their home institution.

It should be noted that Chile has also recently played host to a major symposium organised by our digestive oncology division, the International Digestive Cancer Alliance, where the high prevalence of gastric cancer in the region was appropriately highlighted.

The WGO Latin America Training Center, La Paz, Bolivia: providing regionally relevant, socially-conscious, comprehensive training for young Latin American gastroenterologists

The two hour flight from Santiago to La Paz takes one from sea level to over 3000 meters to the spectacular city that is La Paz and to a country that is culturally quite different from Chile. At the Japanese-Bolivian institute for Gastroenterology in La Paz, many truly wonderful collaborations come together to make the La Paz training center, under the direction of the indefatigable Dr Guido Villagomez, the success story that it is. Through decades of support from the Japanese government’s overseas development authority, JICA, the institute in La Paz is designed, staffed and equipped to provide a broad experience in regionally-relevant aspects of gastroenterology, including live demonstrations of endoscopy and ultrasonography, to trainees from across the continent. Here again, the educational approach is based on small group interactive teaching with a comprehensive assessment of the experience by all trainees at the end of each course. The La Paz center also illustrates several other guiding principles of WGO’s philosophy in action:

- **collaboration with national gastroenterological societies.** In the first instance, the Bolivian GI society and its members from across the nation actively participate in teaching and training at the La Paz center. Secondly,
several national societies, including the Canadian Association of Gastroenterology, the American Society for Gastrointestinal Endoscopy and the Asociacion Espanola de Gastroenterologia actively support the center through the provision of international faculty.

- **collaboration with local governments and governmental and non-governmental agencies.** A high point of each course in La Paz is a formal reception by the Mayor of La Paz, in recognition of the contributions of the center to the people of the city and the country. The government of Japan, in the person of the Ambassador of Japan to Bolivia, as well as JICA, continues to actively support the center.

- **collaboration with biomedical industry;** while several local companies support the La Paz center, biomedical support to the center has been provided most notably by the Olympus corporation through direct support, provision of equipment and technical expertise.

- **development of an awareness of the needs of the community;** a unique aspect of the La Paz course is its two-day outreach community program. On these days, placed right in the middle of the 14-day course, trainees and faculty take a two and one half hour spectacular bus ride though the Altiplana and along the shores of Lake Titicaca to the town of Copacabana accompanied by all of the equipment and accessories that will be required for the clinical services to be provided. Over the following 48 hours, and reflecting the prevalence of peptic ulcer disease, gastric cancer and cholelithiasis in the region, trainees and faculty perform almost 200 gastroscopies and abdominal ultrasonographic examinations. Meanwhile, surgical colleagues perform laparoscopic cholecystectomies and nursing and dietetic staff from the La Paz center provide public information sessions on gastroenterological topics to the local community; an example of WGO’s commitment to public awareness and education in action. This is truly a unique and life-changing experience for all involved and could not provide our trainees with a more vivid and rewarding experience of the potential impact of modern GI care on a community.

The outreach program at the Eva Peron Hospital in Rosario, Argentina. From a small beginning...

One of the faculty at the course in La Paz was Dr Diego Murature, chief of endoscopy at the Eva Peron hospital in Rosario, Argentina. A few short years ago, as part of a joint WGO-OMED initiative, some endoscopic equipment was procured for this public hospital which had endured significant hardships in the preceding years. Dr Murature’s account of the development of his unit from this small beginning was truly amazing: this unit now provides a comprehensive endoscopic service to its local population and trains aspiring gastroenterologists, as well as gastroenterology nurses and assistants from across the region, in basic and advanced endoscopic techniques.

Is WGO making a difference?

In preparing this piece I have chosen to illustrate the impact of WGO by my recent experiences in Santiago and La Paz. The very same story would have emerged from our training centers in Soweto, Rabat, Cairo, Karachi, La Plata, Rome and Bangkok, each providing locally-relevant, high quality, modern education and training to young and aspiring gastroenterologists and digestive surgeons from their respective regions. The recent highly successful first African-Middle East congress on digestive cancer held at the Rabat center, the focus, at the Cairo center, on portal hypertension and the commitment of the Soweto center to providing comprehensive gastroenterological training to doctors from sub-Saharan Africa, are further examples of the commitment of these centers to providing locally-relevant education and training in the region and, in this way addressing the brain drain of medical professionals which so afflicts many emerging nations. Up to 37% of medical doctors that emigrate:

- South Africa: 37%
- Ghana: 27%
- Angola: 19%
- Ethiopia: 17%

*The world health report 2006 – working together for health*  
WHO 2006
WGO HISTORY

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WGN, Vol. 13, Issue 1

graduates from African medical schools emigrate, thereby denying their home nation of the skills and expertise it so badly needs. WGO, by allowing these graduates to continue their training close to home at its training centers and in supporting them in their own locale through their ongoing participation in a global educational community, is, indeed, having an impact on the care of digestive disorders in these needy communities.

Despite its limited resources and the relative youth of many of its programs, the impact of WGO is palpable and quantifiable in several other areas. The enthusiasm of national societies from every corner of the globe to co-host TTT programs, as well as the growing waiting list of applicants and the outstanding attendee evaluations of prior courses, speak volumes in regard to the impact of the Train the Trainers program, uniquely provided to gastroenterology trainers by WGO. The adoption of our guidelines by national societies, the frequency with which they are accessed through our web-site, as well as the enthusiastic endorsement of our unique cascade methodology by international experts, attests to the success of our guidelines program and, in particular, of the strategy it has adopted to address global topics to produce recommendations that are relevant and applicable in countries of varied socio-economic status. Public awareness is also a key initiative of WGO; we pursue this every year through our World Digestive Health Day (WDHD) Campaign as well as through the many initiatives of IDCA. WDHD provides a further opportunity for WGO and member national societies to collaborate to bring to the attention of the general public, national governments and non-governmental agencies alike, major issues in the recognition, prevention and management of major clinical problems in gastroenterology by hosting local activities based on a single theme. Based on the success of prior campaigns on Helicobacter pylori and hepatitis, we will this year extend the concept of WDHD to highlight a topic throughout the entire year. This year the theme will be “Optimal Nutrition in Health and Disease”; we look forward to your enthusiastic participation in local, national, regional and global events to highlight this critical issue in gastroenterology and, indeed, in all aspects of health and disease. We are grateful for the support of the Danone corporation in this year’s campaign.

Where do we go from here?

WGO has a clear mission and well-developed goals. These goals include the extension of our training center network to several other regions of the world, interlinking these centers through an electronic network and providing validated curricular support and prospective outcome and impact assessment instruments to each center. We also plan to expand our TTT programs and introduce an “advanced TTT” or “TTT-II” for those who have attended the current course but who seek further immersion in educational theory and practice. More guidelines should be produced and coupled to a rigorous impact assessment; outreach programs need to be extended to other areas of need. Public awareness, advocacy and education on issues of digestive health and disease deserve much greater emphasis; WGO is committed to this cause.

To achieve these ambitious, but much-needed, goals WGO needs resources and your continued support. We could not have achieved what we have without the unselfish, unstinting and committed support of our friends and colleagues from across the world. We call on you now to help us to sustain the WGO mission through identifying and soliciting support for our foundation. Working together we have made a difference; let us together continue on this wonderful journey to bring high quality care of digestive disorders to the world.

Eamonn Quigley, MD
President, WGO

On May 29, 2008 WGO will launch its annual world digestive health campaign: **Optimal Nutrition in Digestive Health and Disease** in collaboration with Danone.

Around the campaign, the following activities are planned:

- publication of the original findings of a 20 country study into Digestive Disorders (DD) for reference by nutritional scientists and the media
- publication of nutritional recommendations to improve health and reduce DD developed by a WGO Scientific Task Force
- publication of two WGO Global Guidelines on Probiotics and Obesity
- a special issue of World Gastroenterology News and E-News on Nutrition and Probiotics in Digestive Health
- emphasising the theme as part of the curriculum in all 13 WGO Training Centers around the world

WGO invites all members to initiate World Digestive Health Day educational activities and programs in their communities. Let us know what you have planned: info@worldgastroenterology.org
November 21-25, 2009
ExCeL London
www.gastro2009.org
November 21-25, 2009
www.gastro2009.org

Gastro 2009 UEGW/WCOG, London - a new meeting for the new millennium: The World Gastroenterology Organisation (WGO), the United European Gastroenterology Federation (UEGF) together with the British Society of Gastroenterology (BSG) and the World Organisation of Digestive Endoscopy (OMED), are jointly organising a landmark meeting in London in November 2009. The meeting will take place at the ExCel centre in the east of London which is close to the rapidly expanding regeneration zone of the city currently being prepared for the 2012 Olympics. The riverside location will be an extremely attractive place to spend 4 or 5 days but it is in extremely close proximity to all the attractions of central London; theatres, museums and some of the world’s best restaurants! Please put the dates in your diary now: November 21-25, 2009.

Visit www.gastro2009.org for more information

PROGRAMME COMMITTEE
Chair: Michael Farthing (UK)
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Guido Costamagna (Italy)
Jean Paul Galmiche (France)
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Peter Milla (UK)
Eamonn Quigley (Ireland)


- HCV genotypes 4, 5, 6: The neglected genotypes; Syrian Society of Gastroenterology
- Gastrointestinal neuromuscular pathology-classification and guidelines on histopathological reporting; British Society of Gastroenterology
- The development of a histopathological classification system for gall bladder cancer and precancer; British Society of Gastroenterology
- Worldwide guidelines for quality assurance and credentialing in digestive endoscopy; World Organisation of Digestive Endoscopy
- Post-infectious irritable bowel syndrome; European Society of Neurogastroenterology and Motility
- Improving the recognition and detection of oesophageal neoplasia: the Barrett’s oesophagus related neoplasia (BORN) project; IWGCO
- The positioning of biological therapies in inflammatory bowel disease (includes when to start, in which patients, how long, room for flexible therapy); European Crohn’s and Colitis Organization
- Guidelines for evaluation of new screening tests for colorectal cancer; World Organisation of Digestive Endoscopy/International Digestive Cancer Alliance
WGO Training Center Mission:

- To promote the highest standards in training in gastroenterology and endoscopy in a selected region
- To develop a curriculum for training in gastroenterology based on current science, ethical principles and relevant to local and regional health care needs
- To expose young gastroenterologists-in-training to the most current knowledge in gastroenterology
- To foster interactions between international and regional experts in the field of gastroenterology
- To promulgate best practice guidelines in gastroenterology and endoscopy

WGO is honoured to announce the launch of 4 new training centers in 2008:

Brazil, Colombia, Fiji, Mexico.


www.worldgastroenterology.org
From humble beginnings with the first Center in South Africa, there are 13 WGO training Centers around the world, and potentially double that number in the making. Their success is a combination of great need – and the innovation and dedication with which that need has been met.

A gastroenterologist with a vision saw the need to provide a basic standard of training in gastroenterology to colleagues working in the developing world who had no training in our specialty. Using minimal funds and the generosity of a wealthy international company he developed a program which taught the basics of this specialty to physicians from sub Saharan Africa.

These physicians, armed with their newly-gained knowledge, returned to their home and made a difference. Such were the beginnings of the WGO Training Centers; the place was the African Gastroenterology Training Institute based at the Baragwanath Hospital, in Soweto, South Africa. The visionary was Dr. Issy Segal, Professor of Medicine, University of Witwatersrand, and Head of Gastroenterology at that hospital. He brought his ideas for the training centers to the Education Committee before the WGO and this has become the model for the development of the WGO Training Centers.

The thought has always been that if it can work at one center, why not in many other parts of the world where there is a need for the training of gastroenterologists and GI surgeons? The regions of the world are not homogeneous, however, and their needs are different. Consequently, having conveyed this idea to the member societies of WGO, the Education Committee has entertained and supported a diversity of ideas as to what a Training Center should be. The underlying principle however, is that a Training Center ought to provide training in either all aspects of gastroenterology and GI surgery or elements of the specialty for a substantive period of time to individuals who would then return and contribute in their home environment – not only as deliverers of care, but also as educators of their colleagues.

The WGO has provided the stimulus for the development of these centers, as well as a limited amount of funding and support. Further funding has come from the generosity of the biomedical industry and other benefactors. In addition, the WGO has developed these centers, in discussion with officials from national societies, governments and academic Institutions. During their develop-
ment, members of the Executive of WGO have met with government officials and royalty of countries which have been stimulated by the idea of basing a Training Center in their region, so as to provide the necessary education for colleagues from surrounding countries in need of training in the specialty of gastroenterology and GI surgery.

Furthermore, meaningful relationships have been fostered with societies which have generously provided trainers to assist in the educational programs at the Training Centers. Indeed the call for training at one of the centers, which is about to commence its activities in 2008 so overwhelmed the organisers that they need to develop a roster system of volunteers to assist in the training of their colleagues.

The Training Centers have evolved gradually and their makeup has been characterised by the identity of the country and the individuals who have directed them. In order to provide some distinction between these centers, the WGO originally specified three categories of center – primary, advanced and comprehensive. However, as time has gone on, it has become clear that these distinctions are arbitrary and cannot serve any particular need. Consequently, as we move into our 50th year anniversary and beyond a decision has been made to designate all of these centers as WGO Training Centers, with an underlying aim of providing meaningful training in gastroenterology and GI surgery. Individuals from the developing world will then return to their home and enhance the provision of service to their community, but in addition, educate other colleagues so that the standard of care in gastroenterology and GI surgery in that country shall improve.

Another underlying principle which WGO wishes to foster are the relationships between the centers and national societies, from developed countries, who might wish to assist in the educational activities of the centers. Such an association is very popular in a number of the centers and illustrates the enormous generosity and will to volunteer amongst the gastroenterology community.

The centers, as they expand, shall become the focus of the majority of the educational activities of WGO. The organisation is actively looking at ways of linking the centers electronically, with the ultimate aim of forming an educational curriculum which might be delivered throughout the calendar year and be accessible to all of the centers. A subcommittee of the Education Committee has developed a curriculum for gastroenterology, aspects or the entirety of which might be delivered at the center. The curriculum is comprehensive and has been developed with input from a large number of the national societies. Potentially, this curriculum might serve as an international standard for the training of gastroenterologists and GI surgeons.

As they evolve, the WGO training centers have the opportunity of bringing together the world of gastroenterology from the developed and the developing world, with the one ultimate aim of improving the education of those who deliver care in gastroenterology and GI surgery for patients all over the world.

WGO Training Centers are situated in the following countries: Argentina, Bolivia, Brazil, Chile, Colombia, Egypt, Fiji, Italy, Mexico, Morocco, South Africa, Thailand, and Pakistan. There are ongoing discussions for Centers in Ghana, Nigeria, Sharjah and other regions of the world.

James Touli, MD
Coordinator, Education and Training, WGO
Since the inauguration of the first WGO Training Center in 2000 in South Africa, WGO has proudly endorsed a further 12 centers around the world. Reports on the origins and offerings of the first 9 centers are presented here.

**EUROPEAN ENDOSCOPY TRAINING CENTER, UNIVERSITA’ CATTOLICA DEL SACRO CUORE ROME, ITALY**

Since its inauguration in July 2003, the European Endoscopy Training Center (EETC) under the leadership of Scientific Director, Prof. Guido Costamagna at the Gemelli Hospital in Rome (Italy) has been running on average 20 courses per year. Over 1500 gastroenterologists, endoscopists, surgeons and nurses from around the world have been trained in a wide range of clinical and technical issues, such as bilo-pancreatic therapeutic endoscopy, polypectomy and mucosectomy, metal stent insertion, videocapsule endoscopy, endotherapy of the esophagus and colon and upper-GI bleeding.

Furthermore, this scientific center annually welcomes an average of 15 advanced fellows (one of whom is a dedicated WGO trainee) who are included in the endoscopy unit’s daily activities in ERCP, gastroscopy, colonoscopy, EUS, videocapsule endoscopy, pH-manometry and ESWL. They complete their year of training by participating at the EETC’s advanced training courses where they also have the opportunity of practicing on electronic simulators and EASIE models and enjoy the full use of state-of-the-art accessories and fully equipped endoscopic columns.

For the variety and quality of its training program, the EETC has been recognised by the most important scientific societies as the official advanced training Center for the World Gastroenterology Organisation (WGO), the Organisation Mondiale d’Endoscopie Digestive (OMED), the European Society of Gastrointestinal Endoscopy (ESGE) and the Italian Society of Digestive Endoscopy (SIED).

**TRAINING CENTER KARACHI, PAKISTAN**

The Karachi Training Center was opened in May 2003. To celebrate the opening, a video telemedicine conference was organised between the Aga Khan University and Klinikum Rechts der Isar in Munich, Germany. Over 300 young doctors simultaneously attended the event in Pakistan and Germany, and worked together on a chronic hepatitis case study.

Since then, the center’s activities have been characterised by their energy and innovation. In April 2007 a full day workshop on Hepatitis was organised by the center. Participants from all over Pakistan attended this activity, and different speakers educated the audience regarding
The Santiago Training Center offers training programs to endoscopists, nurses, GI assistants, and anesthesiologists. It also offers selective training or upgrade courses (CME) to trained therapeutic endoscopists. In addition to the ongoing training courses, the center holds biennial international courses on therapeutic endoscopy. More than 1200 participants have attended the past 5 courses. Six practical workshops (Thematic Courses) have also been held at the center, one of them was devoted to the topic “Models in Endoscopy”.

The Santiago Training Center offers training programs to endoscopists, nurses, GI assistants, and anesthesiologists. It also offers selective training or upgrade courses (CME) to trained therapeutic endoscopists. In addition to the ongoing training courses, the center holds biennial international courses on therapeutic endoscopy. More than 1200 participants have attended the past 5 courses. Six practical workshops (Thematic Courses) have also been held at the center, one of them was devoted to the topic “Models in Endoscopy”.

The center collaborates in numerous other projects, for example, editorial committees, publishing of books, development of guidelines and training protocols etc. The Training Center allocates 3 training positions per year to the World Gastroenterology Organisation and a special “Elbio Zeballos Award” requires specific application. Recently, a new NOTES laboratory for animal models training has been inaugurated.
In May 2007, the World Gastroenterology Organisation nominated the Department of Gastroenterology of the San Martín Hospital, in La Plata, Argentina, as a Training Center, in recognition of the center’s outstanding performance in Latin America in the fields of patient care and training. The facility is managed by Néstor Chopita M.D. and Néstor Landoni M.D.

The Department of Gastroenterology is situated in the heart of a 400-bed interzone hospital for acute patients. The hospital, which is run by the Ministry of Health of the Buenos Aires Province, and is home to the Provincial Gastroenterology Residency, provides state-of-the-art emergency and high complexity care.

Furthermore, the Department hosts the Graduate Department of Gastroenterology of the La Plata National University’s School of Medical Sciences, responsible for the fellow postgraduate degree in Gastroenterology.

Both programs take place simultaneously and consist of 4 or 6 month rotations, plus weekly active duty at the Bleeding Patient Unit; over three years, graduate students rotate through the various departments (Endoscopy, Hepatology, Neuro Gastroenterology, Oncology and Admissions).

In addition to these programs, the hospital’s infrastructure makes other extracurricular activities possible, notably a basic and advanced GIT endoscopy course and a biliary tract course, both six months in duration. The facility also offers two intensive theoretical and hands-on courses in therapeutic endoscopy per annum, using animal models, and runs annual e-courses in gastroenterology and continuing medical education.

All educational activities provide certification and recertification credits for the specialty.

TRAINING CENTER
LA PLATA, ARGENTINA

The training center in Bangkok, Thailand, was opened on March 20, 2006. The center is based in Siriaj Hospital, one of the largest facilities in the region with 2500 beds and a medical school. Professor Sathaporn Manatsathit is the Director of the center.

WGO was honoured to have the center officially opened by Princess Sirindhorn, a member of the Thai royal family. To commemorate the opening, a live 2 day ‘Advanced Therapeutic Endoscopy Course’ was offered to local doctors, in the WGO tradition of providing practical resources for practitioners on the ground.

Bangkok is a significant city in a region with enormous population density. This means the WGO Center has to work particularly hard until more centers are opened in Southeast Asia. Thus the Bangkok Center offers several training opportunities every year and encourages applications from Southeast Asian physicians from Laos, Cambodia, Myanmar, and Vietnam, as well as other countries.

TRAINING CENTER
RABAT, MOROCCO

The Center, which was opened in 2003, is situated in the Faculty of Medicine and Pharmacy of the Mohammed V-Souissi University.

It is open to all French speaking gastroenterologists, in particular from Africa, willing to improve their theoretical
The Cairo Training Center (CTC) was established in March 2004 as an international non-governmental project in collaboration with the World Gastroenterology Organization, and is administered by Professor Ibrahim Mostafa.

Since its opening in January 2003, the Center has organised regular training sessions ranging from ten days to internships of 4 years. Attendees have come from all over Francophone Africa and the Indian Ocean Islands, and over 350 practitioners have already received training. The training program includes theoretical courses and practical applications of techniques, particularly in endoscopy and echography. All the sessions are conducted by experts, who are well known and renowned for their knowledge and their educational methods.

The multimedia library is an excellent resource for trainees, allowing them access to the best electronic documents in their chosen discipline, and the new teleconferencing facility gives the Institute access to the best minds in gastroenterology anywhere in the world.

The center enjoys productive partnerships with various national and international bodies too numerous to mention here. In practical terms, these partnerships represent access to experts, and modern educational technical materials, as well as grants or funds helping the African practitioners to attend training at the center – travel funding having emerged as a particular challenge faced by delegates.

The WGO Center in Rabat takes its national, African and international responsibilities very seriously, and is with the assistance of the international community, seeking to develop its offering to students, ensuring that they have continued access to the best in both instruction and technology.

**THEODOR BILHARZ RESEARCH INSTITUTE CAIRO, EGYPT**

The Cairo Training Center (CTC) was established in March 2004 as an international non-governmental project in collaboration with the World Gastroenterology Organisation, and is administered by Professor Ibrahim Mostafa.
WGO PROGRAMS AND ACHIEVEMENTS: TRAINING CENTERS

The JICA Training Center, which is located in the Bolivian-Japanese Institute of Gastroenterology, started its activities in 2005, through an agreement with the Bolivian Secretary of Health, WGO and the Japanese International Cooperation Agency (JICA).

In March this year, the IV International Course on Advances in Gastroenterology and Digestive Endoscopy, was held from 10–24th of March, with 45 attendees/trainees from all South American countries, Mexico and Costa Rica. These delegates also participated in a module on new tendencies and innovations in gastroenterology and digestive endoscopy.

Also this year, the center’s activities are dedicated to the 50th Anniversary of WGO and for this purpose its President, Professor Eamonn Quigley was invited to participate as a faculty member together with invited guests from Japan, Spain, United States, Canada, Colombia, Chile and Venezuela.

The program is based on conferences, interactive workshops, live cases and a community service to the rural town of Copacabana, in the Lake Titicaca region, where more than 300 patients were evaluated jointly by the trainees and invited faculty. During the course a commemorative plaque for the 50th anniversary, sent by WGO, was unveiled.

As in previous years, the trainees attend the course as beneficiaries of grants provided by JICA and WGO.

AFRICAN INSTITUTE OF DIGESTIVE DISEASES
SOWETO, SOUTH AFRICA

The African Institute of Digestive Diseases was officially opened on 23 June 2000, at Baragwanath Hospital in the historic Soweto township. The institute was pioneered by Professor Segal, who was succeeded on his retirement by Professor Reid Ally.

The Institute renders four categories of service – patient care, which is provided daily by the gastroenterology unit for both in- and outpatients, research, teaching and congresses and meetings. The institute provides both basic ongoing scientific research and contract research for pharmaceutical companies. The results of this work are presented at the annual SAGES congress.

Specialist surgeons and physicians are trained at the institute and medical and surgical registrars rotate through the unit as part of the postgraduate training. Undergraduates from the University of the Witwatersrand are taught in both problem based learning modules and seminars, and the institute regularly hosts a number of undergraduates from other African countries.

Finally, the institute organises meetings both locally and internationally via teleconferences. Weekly CPD Journal and presentation meetings are held within the unit and with private gastroenterologists. The institute convenes the annual SAGES meeting, and holds various pharmaceutical advisory lectures through the year.

Recently, the institute was “adopted” by the South African Gastroenterological Society (SAGES) and the highly successful training program has been extended to include other centers around South Africa. The program is now known as the South African Gastroenterological Society Academy of Digestive Diseases (SAGES-ADD).
If the care of digestive diseases across the globe is to improve, standards in the training and education of those who care for those stricken by these ailments must also improve.

WGO’s Train the Trainers program addresses this problem by bringing together trainers for an intensive and interactive session dedicated to the development of teaching and training skills.

Since 2001, TTT workshops have trained over 400 doctors from 70 countries.

TTT workshops 2008: CROATIA • USA • INDIA

www.worldgastroenterology.org
WGO’s Train the Trainer (TTT) program has been an unprecedented success, combining experience and enthusiasm to advance the quality of teaching in our field in a series of innovative international workshops.

The subject of a Train the Trainers (TTT) program was first discussed at the newly formed Education and Training Committee of WGO. The idea was to run workshops with a small number of people, exploring aspects of the education of a gastroenterologist or GI surgeon (e.g. methods for conveying the cognitive and procedural aspects of the specialty), as well as exploring research methodologies and critical appraisal.

Such a program had never been run before in specialist medicine – let alone with an international faculty and international participants bridging a diversity of cultural and educational backgrounds. Consequently, right from the outset, it was felt that the workshops would be structured in such a way so that participants would learn from each other and thus move forward together in the ongoing development of a successful program.

The first workshop was held at Kalimera Kriti, an isolated resort in Crete, during the off-season, so as to both make it affordable and also to position it away from any distractions. National societies were invited to nominate two participants per society, one a more senior trainer, and the second a younger, upcoming academic gastroenterologist or GI surgeon – an ideal mix of experience and enthusiasm. The program was designed to run over three days, with the selected faculty meeting the day before the workshop to share experiences and knowledge.

The education gods were certainly smiling upon us during this first workshop. Given the time of year, which was April, we had brilliant weather in what turned out to be a fabulous setting. The attendees were enthusiastic and the faculty were inspired by their enthusiasm. We all learnt a lot from each other and in the end we knew that we had a successful program.

We debriefed and took note of many of the comments made by the participants. We identified potential new faculty from the participants, and decided that we would do it all again. That initial format has served us well and Train The Trainers (TTTs as it has now become known) has continued to evolve.

The current program is very different to that which was delivered at the very first workshop in April 2001. Every participant has contributed to changing the program and currently we believe that we are running as close to the initial aims of the workshop as we would hope to be. It has become a very popular program, requiring us to expand the number of workshops to three per year. In order to make it affordable, different financial arrangements have had to be made so that national societies, who contribute the participants, assist with the funding. Indeed the current arrangements are a partnership between the World Gastroenterology Organisation (WGO) and a national society which wishes to co-host the workshop.

The society selects half of the 50 participants, whilst the remaining 25 are nominated by the other member societies of the WGO. We still aim to have a mix of experienced and less experienced educators. We also aim for a balanced gender mix and are enthusiastic about incorporating gastroenterologists and GI surgeons of all cultures and backgrounds. The workshops are now being run in both developed and developing countries and have had a mix of participants from all of these backgrounds.

The workshops have expanded to four days and we continue with a faculty preparation day so that all of the workshops can be prepared the best as possible. The workshops are made up of a mixture of introductory talks, small group discussions and presentations by the participants. They are conducted in a convivial environment aiming to encourage friendship, working in groups and team building events. One of the requirements for participation at TTT is a commitment to spend the whole time at the workshop, as the workshop is structured to

“The TTT course was excellent and it will change the way I teach – I will now follow international educational standards and not just do it my way.”

— Participant from Uruguay
When selecting medical equipment...

... It’s a matter of quality, rather than quantity.
having a beginning, a middle and an end; these components cannot be separated or taken separately. The faculty makes a similar commitment and indeed theirs is even greater as they prepare prior to coming to the workshop, come a day early to meet as a team and stay later to debrief. All of these elements are important in making for a successful workshop.

As we move on it is important not only to feel good about TTTs but to also have objective data in order to establish whether the workshop is being effective in changing methods of education. Consequently, we are currently in the process of evaluating the most recent three workshops with questionnaires which have been sent to the participants. We expect that the results of the questionnaire will provide objective data as to the value of the WGO TTT program.

TTTs have an assured future as they remain very popular amongst the gastroenterology and GI surgical community. WGO are currently running three of these workshops per year, and all of the 2008 workshops are fully subscribed, with plans already being made for 2009 and beyond. Previous participants of TTTs – the alumni – have made a number of useful suggestions regarding the expansion of the program. A number of aspects of the topics introduced at TTT need expansion – often the participants feel they have had their appetites whetted, and would like the opportunity to further explore the issues relating to these topics. The suggestions have been taken on board and the faculty are currently looking at a possible advanced workshop which may follow.

Unfortunately, the expansion of the TTT program is limited by funding. The current formula of partnership with national societies serves us well, but WGO still has to find a substantial amount of funds in order to support the program. The biomedical industry has been supportive in providing material for running the workshops, but have been reluctant to provide funds to support the faculty and participant costs. It is hoped that the philanthropy channeled through the WGO Foundation may provide the required support for TTTs, a program which has become one of the jewels in the WGO crown.

TTT has been held in the following countries: Brazil, Croatia, Greece, New Zealand, Portugal, South Africa, the United States of America and Uruguay. Over 400 doctors from over 70 countries have been trained at ten TTT workshops in the last seven years. There are plans to hold TTT in Croatia, USA, India, Chile, Argentina and Canada.

James Toouli, MD
Coordinator, Education and Training, WGO
TRAINING THE GASTROENTEROLOGIST OF THE FUTURE: A GLOBAL PERSPECTIVE

Wednesday, May 21, 2008, 08.30–10.00
Digestive Disease Week, San Diego, USA

Chairs: Eamonn Quigley, Cork, Ireland and Henry Cohen, Montevideo, Uruguay

- One size fits all? Can one develop relevant and applicable global standards for GI training?
  Cihan Yurdaydin, University of Ankara, Ankara, Turkey
- Training the Trainers; the WGO experience with an educational program targeted at those who train in gastroenterology
  James Toouli, Flinders University, Adelaide, South Australia
- Whither the ‘scope? The skill set of the gastroenterologist of the future
  Guido Costamagna, Digestive Endoscopy Unit, Catholic University, Rome, Italy
- Providing training locally – why this is superior to training abroad
  David Bjorkman, University of Utah, Salt Lake City, Utah, USA

IDCA/WGO MEETING ON DIGESTIVE ONCOLOGY
50th Anniversary of WGO
Sunday May 18, 2008, 07.30–12.30
Santa Rosa Room, Hilton San Diego Gaslamp Quarter
401 K Street, San Diego, California, United States 92101

07.30–08.00 Continental Breakfast
08.00–08.20 50th Anniversary of WGO: Achievements and Future Goals
  E. Quigley, Ireland
08.20–08.30 Discussion
08.30–09.00 Business Meeting with Discussion:
  New European and African/Middle East Digestive Oncology groups, Organisational changes
  M. Classen, Germany and S. Winawer, USA

UPPER GASTROINTESTINAL CANCER
Chairs: W. Schmiegel, Germany and B. Levin, USA

09.00–09.20 Familial Pancreatic Cancer
  R. Kurtz, USA
09.20–09.35 Discussion – opened by J. Geenen, USA
09.30–09.55 Charles Moertel Distinguished Lecture in Digestive Oncology
  Chair: B. Levin, USA
  Endoscopic Treatment of Barrett’s Esophagus
  G. Tytgat, Netherlands
09.55–10.10 Discussion
10.10–10.40 Coffee Break

COLORECTAL CANCER
Chairs: R. Lambert, France and John Bond, USA

  D. Lieberman, USA
11.00–11.15 European Countries CRC Surveys: Initial and 2008 Follow-up
  M. Classen, Germany
11.15–11.35 IDCA/WGO Guidelines: Cascade Concept
  S. Winawer, USA
11.35–11.50 New Screening Colonoscopy Studies and risks of the small adenoma
  A. Zauber, USA
11.50–12.10 Discussion
12.10–12.30 Future Projects and IDCA Meetings
  S. Winawer, USA and M. Classen, Germany
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November 21 – 25, 2009 • ExCel London
Global guidelines:  
a short history of a successful WGO program for developing countries

Michael Fried and Justus Krabshuis

Introduction
The Global Guidelines program is one of the World Gastroenterology Organisation’s central projects. It currently includes 21 guidelines, five of which are new-style guidelines using cascades. All of the guidelines have been translated into the world’s six major languages, and the publication program is backed up by a sophisticated Graded Evidence service and an “Ask a Librarian” service. Usage is growing by more than 50% per year (Tables 1 and 2; Fig. 1)

Table 1  Visits to non-English guidelines on the WGO website. Visits increased 13-fold in 2003–2006, with non-English guidelines generating more than half the usage (53%)—emphasizing the global reach of WGO’s message.

<table>
<thead>
<tr>
<th>Language</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>French</td>
<td>36%</td>
</tr>
<tr>
<td>Spanish</td>
<td>31%</td>
</tr>
<tr>
<td>Russian</td>
<td>14%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>14%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>5%</td>
</tr>
</tbody>
</table>

Table 2  New-style guidelines using cascades.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute diarrhea in adults (Michael Farthing)</td>
<td>Completed 2007, released 2008</td>
</tr>
<tr>
<td>Colorectal cancer screening (Sidney Winawer)</td>
<td>Completed and released 2007</td>
</tr>
<tr>
<td>Hepatitis B (Jenny Heathcote)</td>
<td>Due for release May 2008</td>
</tr>
<tr>
<td>Treatment of esophageal varices (Peter Dite)</td>
<td>Due for release May 2008</td>
</tr>
<tr>
<td>Probiotics (Francisco Guarner)</td>
<td>Due for release May 2008</td>
</tr>
<tr>
<td>Obesity (James Touli)</td>
<td>Due for release May 2008</td>
</tr>
</tbody>
</table>

The early beginnings
Guido Tytgat, one of the prominent members of the executive committee and former President of the WGO, signed the agreement to initiate the WGO Guidelines project in the late 1990s, at the Academic Medical Center (AMC) teaching hospital in Amsterdam.

Initially, the WGO guidelines were based on extensive summaries of key papers and existing guidelines. Gradually however, it was realized that these key papers always focused on evidence, on best practice, and on the latest technology—on the gold standard, in other words. But this type of evidence-based medicine is resource-blind. Trials are never carried out to compare and assess yesterday’s tools and technologies. The WGO guidelines were therefore written more or less on the basis of the experience and opinions of one or several experts. In addition, there are many diseases that typically affect developing countries, such as strongyloidiasis, and of course there is often no evidence that is directly relevant to resource-poor situations. This is because few trials are done in these countries. The trials that are conducted are the ones for which finance is available, so that there is a bias towards trials comparing drugs against a placebo, rather than one drug against another drug.

In 2001, Michael Fried (University Hospital Zurich) took over from Guido Tytgat, who had been elected President of the WGO. Two very important innovations were started: firstly, the formation of specialist review teams for each guideline. The review teams always have to include experts on a given topic from Latin America, Asia, and Africa—areas of the world that are not very well served by existing evidence-based guidelines. The second innovation was the organisation of a symposium on global guidelines, with the specific aim of summarizing what is known in the field. Thinking about the subject gradually evolved, and guidelines started to take account of available resources and global epidemiology.

Fig. 1  Total visits to the WGO guidelines website are growing by 50–60% per year.
Today, the aim of the WGO guidelines is to focus on diseases in developing countries. The guidelines are intended to be resource-sensitive, and they are always translated into five different languages and backed up by the Graded Evidence and Ask A Librarian services.

**Guidelines today**

The WGO publishing program currently features 21 guidelines. WGO guidelines go through a rigorous process of authoring, editing, and peer review. WGO guidelines are as evidence-based as possible. Topics such as needlestick injury, for example, do not lend themselves to a conventional literature analysis based on online and offline searches for published randomized controlled trials in this area. In addition, it is often the case that no randomized trials have been carried out in resource-poor settings. The gold standards presented in the guidelines published by the American Gastroenterological Association, American College of Gastroenterology, and American Society for Gastrointestinal Endoscopy guidelines are often only partly applicable.

Ultimate responsibility and editorial control lies with the WGO Practice Guidelines and Publications Committee, the members of which come from all over the world (Table 3).

**Cascades today**

A cascade is a hierarchical set of diagnostic or therapeutic techniques for the same disease or diagnosis, ranked by available resources. There is no published literature about cascades. The concept of cascades was developed specially by the WGO Guidelines Committee in order to meet the needs of gastroenterologists in resource-poor settings. No other applications of it exist, apart from similar efforts being made by the Breast Cancer Initiative—the Breast Health Global Initiative, developed by Dr. Benjamin Anderson.

The production and implementation of cascades involves a hazardous intellectual journey that goes against established practice. Global guidelines with the important element of cascades are a concept that appears to oppose the strong trend toward "evidence-based medicine." However, lives can be saved when diagnosis and treatment are linked to the available resources. The work of the Breast Health Global Initiative (http://www.fhcrc.org/science/phs/bhgi/) is a good example of this, with single film being recommended in low-resource countries. The loss of sensitivity and specificity involved is not significant, but the approach saves a great deal of money. This is cascade thinking.

Cascade-based guidelines always have to take account of the gold standard for treatment and diagnosis. In addition to that, however, they have to identify other ways of achieving the best possible outcome, taking the available resources into account (Tables 4, 5).

**Translations facilitate access**

More than 50% of readers visiting the WGO Guidelines site choose to download non-English versions of the guide-
We are therefore working hard to improve access by translating all of the guidelines into French, Spanish, Portuguese, Mandarin, and Russian. More than 50% of guideline visits are to the non-English versions.

**Graded evidence**

The WGO’s Graded Evidence service (www.worldgastroenterology.org/graded-evidence.html) has been set up to help national gastroenterology societies and all those interested in the practice and research of gastroenterology to keep track of literature on topics covered by the WGO guidelines. Traditional, fully evidence-based guidelines take a long time to produce and are very costly. By focusing on cascades and graded evidence instead, WGO can fast-track guideline-making whilst not forgetting to include gold standards as published by the world’s top gastroenterology associations. Once these appear, however, the evidence may already be a few years out of date. To help national societies bridge this gap, WGO provides the Graded Evidence and Ask a Librarian services. These two services bridge the evidence gap so that guideline users are informed about the latest evidence. The Graded Evidence service is managed by Professor André Elewaut from Ghent, Belgium. This is a unique WGO service—there is no other guidelines project that tracks the relevant published evidence for its readers after a guideline has been published.

**Ask a librarian**

This is a unique service for those who do not have easy access to high-quality clinical and research information. The WGO “Ask a Librarian” service (http://www.worldgastroenterology.org/ask-a-librarian.html) can help identify a simple citation or provide support for complex searches of the evidence-based gastroenterology literature. This free service is available to countries with poor access to medical information as defined by the Health InterNetwork Access to Research Initiative (HINARI) criteria.

**The future of guideline-making**

We need to make colleagues more aware of the limitations of evidence-based guideline-making. Evidence-based guidelines are important and should be the goal of every guideline producer. But the WGO Guidelines Committee, with its global mission, is motivated by ideas such as those of Pang et al. (“A 15th grand challenge for global public health,” Lancet 2006;367:284–6), where they write: “applying what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade.”

The great challenge for the WGO is to make guidelines that matter—guidelines that can be used in all parts of the world, not just in New York or London. This means we need to listen better—to listen to what our colleagues require (including those living in remote and poor areas) and to listen to those who have studied the impact of guidelines and how guidelines can be designed to facilitate uptake and participation. And we also need common sense as we face the great ills of the world—sometimes shoes, sanitation, and good drinking water are much better than high-tech medicine.

Michael Fried, MD  
Guidelines and Publications Committee Chair, WGO

Justus Krabshuis  
Highland Data, Tourtoirac, France

**Table 4**

<table>
<thead>
<tr>
<th>Cascade for acute bloody diarrhea with mild to moderate dehydration.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Oral rehydration solution (ORS) + antibiotics</td>
</tr>
<tr>
<td>Consider:</td>
</tr>
<tr>
<td><em>Shigella dysenteriae</em></td>
</tr>
<tr>
<td><em>Entamoeba histolytica</em></td>
</tr>
<tr>
<td>Severe bacterial colitis</td>
</tr>
<tr>
<td>+ Diagnostic tests: stool microscopy/culture</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td>ORS + antibiotics</td>
</tr>
<tr>
<td>Consider:</td>
</tr>
<tr>
<td>Empirical antibiotics for moderate/severe illness</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
</tr>
<tr>
<td>ORS</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
</tr>
<tr>
<td>“Home-made” ORS: salt, glucose, orange juice dissolved in water</td>
</tr>
</tbody>
</table>

**Table 5**

<table>
<thead>
<tr>
<th>Cascade for esophageal varix treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Band ligation + vasoactive intravenous drug therapy: octreotide or terlipressin</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td>Band ligation + sclerotherapy</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
</tr>
<tr>
<td>Sclerotherapy</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
</tr>
<tr>
<td>Balloon therapy</td>
</tr>
</tbody>
</table>
Digestive cancers account for the largest number of cancers each year worldwide. This year there will be approximately 3 million new cases of digestive cancer globally, with 2.2 million deaths. In a worldwide survey, the majority of WGO member societies deplored the lack of public information in this field. In order to raise global awareness of digestive cancers, a dedicated group within WGO was founded in 2002—the International Digestive Cancer Alliance (IDCA).

Gastroenterologists have so far concentrated on primary prevention, diagnosis, endoscopic therapy, and palliation of carcinomas in their own areas of specialization. The global survey showed that an increasing number of gastroenterologists are also carrying out modern chemotherapy, immunotherapy, and biological treatments. In some European countries, gastroenterologists are being encouraged to seek further qualifications in the field of digestive oncology, with a view to treating all tumors in their area of specialization. However, in North America and elsewhere, this is still an unresolved issue and a future project for gastroenterologists.

To give digestive oncology a stronger presence, two regional chapters have already been founded. A European Chapter was founded at the United European Gastroenterology Week (UEGW) in Paris in October 2007. Philippe Rougier (Paris), Eric Van Cutsem (Leuven), and Wolff Schmiegel (Bochum) were elected as a working group to explore the legal prerequisites and organisational structures. The European Chapter of the IDCA is seeking collaboration with the United European Gastroenterology Federation (UEGF) and intends to hold a postgraduate course at the UEGW meeting in Vienna in 2008.

Another regional chapter, the African–Middle Eastern Digestive Cancer Alliance (AMDCA), was founded during the First African–Middle Eastern Congress on Digestive Oncology, held in Rabat in February 2008. Professors Reza Malekzadeh (Teheran) and Suliman Fedail (Khartoum) were elected as co-chairmen. Conferences are to take place at two-year intervals. The next conference is scheduled for 2010 in Cairo, under the direction of Professor Ibrahim Mostafa. Topical symposia are to be organised during the intervening years. All national gastroenterology and surgery societies in Africa and the Middle East, as well as individuals, will be eligible to join. The WGO Training Centers in the regions concerned are to be used by the IDCA chapters for postgraduate training courses in digestive oncology.

IDCA developed as the WGO’s digestive oncology division and has been the catalyst for the development of these new regional digestive oncology chapters. We look forward to a productive relationship between these new groups and the IDCA and WGO. The IDCA’s vision is “working together to save lives.” Digestive cancer is a worldwide problem that kills more than 2 million people each year. It undoubtedly deserves our attention, both scientifically and in clinical practice. Working together, we can all make a difference.

Meinhard Classen
Co-Chair IDCA

Sidney Winawer
Co-Chair IDCA
On February 2, 2008, an interactive round table teleconference on “Hepatitis induced liver cancer: What’s going wrong in Africa? An attempt to formulate a declaration” was held as part of the First African-Middle East Congress on Digestive Oncology, sponsored by the WGO and IDCA at the WGO Rabat Training Centre in Rabat, Morocco. An expert panel, chaired by Douglas LaBrecque, WGO Treasurer (USA) and R. Al Zayadi (Egypt), and including H. Asselah (Algeria), J. Belghiti (France), R. Hultcrantz (Sweden), V. Paradis (France) and N. Amrani (Morocco) and the nearly 300 delegates from 35 African and Middle Eastern countries and 10 western countries, plus physicians in Port Elizabeth, Johannesburg and Cape Town, RSA, joining in by teleconference, discussed the above problem and approved a proposal to address this problem drafted by D. LaBrecque with assistance from M. Manns (Germany) and Jean Marie Dangou (D.R. Congo). Additional review was provided by M. Kew (RSA), R. Kirsch (RSA) and M. Voigt (USA). A brief summary of the proposal and their recommendations follows. A formal “Declaration of Rabat” will be published in its complete form in the near future.

Hepatocellular carcinoma is the fifth most common cancer worldwide and the third most common cause of death from cancer. The distribution of these cases is far from uniform with >80% of HCC cases occurring in sub-Saharan Africa, South-East Asia, including China, and the eastern Mediterranean countries, where rates of chronic hepatitis B infection range from 8% to >20%. Over 60% of the population will be infected during their lifetimes, and 45% of the world’s population lives in these geographic areas. Hepatitis B infection increases the risk of developing HCC 100-fold and is secondary to only tobacco as a known carcinogen. In contrast, in Northern Africa, hepatitis C infection is responsible for up to 75–100% of HCC cases in Egypt and Morocco. Additional risk factors for HCC include exposure to the environmental carcinogen, aflatoxin B1, and dietary iron overload, a problem unique to Africa. Frequent co-infection with the HIV virus also increases the rate of progression to cirrhosis and HCC. The viruses of hepatitis B and C are carried in the blood and bodily fluids. Transmission, particularly of hepatitis B virus, occurs primarily during the first five years of life, due to mater-social contact with cuts, skin sores, scrapes, bites and scratches (horizontal transmission). The virus can also be passed from infected mother to child at the time of birth, when blood exposure always occurs (perinatal transmission). This infection during early childhood leads to chronic infection in up to 95% of those exposed. Acute hepatitis is uncommon in infants and children and most infections are asymptomatic. Those acquiring infection later in life usually are infected through sexual intercourse or unsafe and unnecessary injection practices with non sterilized needles or syringes.

A safe and effective vaccine to prevent infection with hepatitis B virus has been available since 1982. New cases of hepatitis B virus infection could eventually be eliminated with the institution of universal vaccination against hepatitis B.

Hepatitis B vaccine is the first true anti-cancer vaccine and it has already been around for 25 years. Success of hepatitis B vaccine programs is well-documented in highly endemic areas e.g. Taiwan and Gambia, where the prevalence of chronic hepatitis B infection in children was reduced from 10% in both countries to 1.1% and 0.6%, respectively, after the introduction of routine immunization of infants. However, as of 2006, 16 of 52 African countries still had no hepatitis B vaccine programs and 6 programs had been in existence for 3 or fewer years.

The declaration calls on all African nations to recognize viral hepatitis B and C and hepatocellular carcinoma as major health problems for their citizens and urges the leaders and health authorities of these countries to provide these diseases equal priority to the currently designated three major infectious diseases of HIV, malaria and drug resistant tuberculosis and to develop an action plan to rid the continent of these preventable diseases.
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In Japanese, “観る” means “to look” as in an “in-depth examination”. At Olympus, our mission is to improve healthcare — serving as a doctor’s “eyes” and helping them look closer, see more, and offer better solutions.
A list of fundamental required elements of such an action plan was developed and will be spelled out in detail in the final declaration. Key elements of the action plan include:

A. Awareness and Education
   - African nations should together develop a comprehensive strategy to prevent infection with hepatitis B and C viruses and treat them expeditiously.

B. Universal Hepatitis B immunization
   - Hepatitis B immunization should be incorporated as part of each national immunization program, with the first dose being given as close to birth as possible (<24 hours).
   - Children and adolescents not previously vaccinated, all health care workers, and adults at risk should receive the full course of immunization.

C. Injection Safety
   - Governments should enact policies to ensure that safe and appropriate use of injections is achieved and that all blood products for human transfusion are fully screened for hepatitis B, hepatitis C and HIV viruses.

D. Recommendations for Africa-wide surveillance and screening for hepatitis B and C viruses and HCC were developed along with recommendations for detection and treatment.

E. A call was raised to secure appropriate and sustainable resources to achieve the above goals, with the first priority the achievement of universal vaccination.

Meinhard Classen, Munich
Coordinator
Cancers of the colon and rectum (colorectal cancers) are the second most common malignant tumours in Europe and also rank second in mortality. Every year, more than 400,000 people in Europe are newly diagnosed with the disease while 212,000 die from it. Almost one million people suffering from colorectal cancer are going through cost-intensive treatments, putting a heavy burden on the health budgets of the individual member states. These figures acquire an even greater importance when taking into consideration that nearly all cases of colorectal cancer can be prevented or cured through screening and the detection of either pre-cancerous stages (adenoma) or early stages of malignant tumours.

In its cancer screening recommendations from 2003, the European Commission has advised the member states to launch comprehensive colorectal cancer screening programs on a national scale. So far, no more than half of the member states have followed this recommendation. Scope and quality of the existing screening programs as well as the survival rates of colorectal cancer vary widely within the European Union, and almost all programs have failed to make specific arrangements for the screening of high-risk groups with an inherited susceptibility to colorectal cancer that are at an increased risk of contracting the disease at a much earlier age than the general population.

Although the EU Commission has no powers to enforce the implementation of national screening programs, it can issue practical recommendations capable of improving the general health of European citizens and of correcting inequalities. The outcome of the Commission's attempt to combat breast cancer by quality-assured screening has demonstrated the potentially normative effect of its recommendations on the national public health policies.

In order to level the existing inequalities in colorectal cancer screening and to achieve a sustainable improvement of the survival rates, the below listed signatories of the Declaration of Brussels call upon the European Commission to use its authority to launch quality-assured colorectal cancer screening programs in all member states as soon as possible. In particular the following measures are considered necessary to implement:

1. Action plan and European guideline

The European Commission should set up a European action plan making the prevention of colorectal cancer a high priority task on the European healthcare agenda. The health ministers should, as soon as possible, be provided with a European guideline supporting the introduction and
quality-assured implementation of national screening programs. In addition, the guideline should include measures for the screening and handling of high-risk groups with an inherited susceptibility of contracting the disease.

2. Information and education campaign
The European guideline should advise member states to include a national awareness campaign in any national screening program they are about to launch. This campaign should inform the public as well as doctors about the benefits of colorectal cancer screening.

3. Quality assurance of the colorectal cancer screening program
The European guideline should advise member states to implement any national screening program they are about to launch on the basis of a quality-assured and quality-controlled infrastructure.

4. Training of personnel
The European guideline should advise member states which are about to introduce a national screening program to provide appropriate training to the personnel, involved in the screening procedures. This includes personnel involved in pre-screening consultation, the screening itself and, if necessary, the subsequent diagnosis.

5. Promotion of research programs
The European Commission should establish a designated research program to evaluate the methods of the prevention and early detection of colorectal cancer which have not yet been evaluated sufficiently and to investigate new screening methods which have a potential for the future.

6. Establishment of a pan-European network
The European Commission should use the panel of European experts from the Brussels Conference on Colon Cancer Prevention as a platform for the establishment of a „Pan-European Network against Colorectal Cancer“. In addition, the network should also feature representatives of health politics, health insurance providers, patients’ organisations and high-risk groups from different European countries. Only with such a joint effort will it be possible to level the extensive inequalities in the colorectal cancer survival rates in the foreseeable future.

SIGNATORIES OF THE BRUSSELS DECLARATION

Politicians of the Republic of Slovenia
Janez Janša, Prime Minister
Andrij Brčan, Minister of Health
Ljubo Germič, Chairman of the Health Committee within the National Assembly
Alojz Peterle, Member of the European Parliament / Chair of MEPs Against Cancer (MAC)

Scientific Societies
Union Internationale Contre le Cancer (UICC)
World Gastroenterology Organisation (WGO)
International Digestive Cancer Alliance (IDCA)
United European Gastroenterology Federation (UEGF)
Union Européenne des Médecins Spécialistes (UEMS)
European Association for Gastroenterology and Endoscopy (EAGE)
European Research Council (ERC)
European Organisation for Research and Treatment of Cancer, GI Group (EORTC)
European Society for Medical Oncology (ESMO)
Belgium Group Digestive Oncology (BGDO)
Cancer Research UK
Professional Association of Gastroenterology in Germany (BVG)
German Society of Digestive and Metabolic Diseases (DGVS)
German Cancer Society

Cancer Leagues
European Cancer Leagues (ECL)
Colorectal Cancer League of Canada (CCAC)
Israel Cancer Association (ICA)
German Cancer Aid
Members of the European Parliament
Alexander Alvaro
John Bowis
Frieda Brepoels
Milan Cabrnoch
Michael Cashmann
Jorgo Chatzimarkakis
Edite Estrela
Karin Jöns
Silvana Koch-Mehrin
Edward McMillan-Scott
(Vice-president European Parliament)
Angelika Niebler
Alojz Peterle
John Purvis
Alexander Radwan
David Sumberg
Thomas Ulmer
Anja Weisgerber

Patient Organisations
europacolon
European Cancer Patient Coalition

German Public Health Insurers
Public Health insurance company
AOK Public Health Insurance company TK

Foundations/Charities
Jay Monahan Center for Gastrointestinal Health, New York NY
Prevent Cancer Foundation, Alexandria, VA
Felix Burda Foundation, Germany
Lebensblicke Foundation, Germany
Network against Colon Cancer, Germany

Scientists/Speakers of the Conference
The Declaration of Brussels has been signed by large numbers of European scientists and medical experts, including all the speakers of the European Conference on Colon Cancer Prevention (see www.future-health-2007.com).

The first issue of World Gastroenterology News was printed in 1993. Today, WGN is distributed to over 50,000 gastroenterologists in 103 countries and is the only truly global gastroenterology community publication.
SCREENING AND MANAGEMENT OF COLORECTAL CANCER IN EUROPE
ACTUAL PRACTICE AND FUTURE TRENDS

Conference in Prague

organized by
Czech Society of Gastroenterology and International Digestive Cancer
Alliance, the Cancer Division of the World Gastroenterology Organisation

June 13 & 14, 2008

IDCA 2008 – Municipal House – Prague – Czech Republic

Topics: colorectal cancer screening, surgery for colorectal cancer, endoscopy in colorectal cancer

Faculty: M. Classen (D), S. Winawer (US), G. Tytgat (NL), E. Kuipers (NL), R. Busse (D), C. Aldige (US), C. Maar (D), C. O’Morain (IRL), M. Ebert (D), N. Segnan (I), W. Schmiegel (D), J. Faire (F), R. Steele (UK), W. Weiss (A), T. Olvanen (FIN), H. Feussner (D), S. Kubicka (D), E. Van Cutsem (B), P. Rougier (F)

You will find more information on the website www.idca2008.cz
WGO Global Network:
The World Gastroenterology Organisation is made up of 50,000 members in 103 countries.

This global community of gastroenterology professionals is the largest in the world, and includes unique partnerships with the United European Gastroenterology Federation (UEGF), the African-Middle East Association of Gastroenterology (AMAGE), the Asian-Pacific Association of Gastroenterology (APAGE), the Inter-American Association of Gastroenterology (AIGE), and the Association of National European and Mediterranean Societies of Gastroenterology (ASNEMGE).

WGO Members join WGO in celebrating its 50th Anniversary:

Albanian Association of Gastroenterology
Società Italiana di Gastroenterologia
Gastroenterological Society of Australia
Malaysian Society of Gastroenterology & Hepatology
Société Royale Belge de Gastroentérologie
Société Française de Gastro-Entérologie
Societa Italiana di Gastroenterologia
Flemish Society of Gastroenterology
Société Nationale Francaise de Gastro-Entérologie
Bolivian Society of Gastroenterology and Digestive Endoscopy
Société Algérienne d’Hépatogastroentérologie
Société Camerounaise de Gastro-Entérologie
Société Marocaine des Maladies de l’Appareil Digestif
Société Sénégalaise de Gastro-Entérologie et d’Hépatologie
Societe Luxembourgeoise de Gastro-Entérologie
Deutsche Gesellschaft für Verdauungs- und Stoffwechsel Krankheiten
The Hong Kong Society of Gastroenterology Ltd
Hungarian Society of Gastroenterology
The Icelandic Gastroenterology Society
Indian Society of Gastroenterology
Iranian Society of Gastroenterology and Hepatology
Iraq Society of Hepatology & Gastroenterology
Irish Society of Gastroenterology
Israel Gastroenterological Society
Societa Italiana di Gastroenterologia
Japanese Society of Gastroenterology
Jordanian Society of Gastroenterology
Gastroenterology Society of Kenya
Lithuanian Society of Gastroenterology
Société Suisse de Gastro-Entérologie et d’Endoscopie Digestive
Sudanese Society of Gastroenterology
Swedish Society for Gastroenterology
Syrian Society of Gastroenterology
The Gastroenterological Society of Taiwan
Gastroenterological Association of Thailand
Netherlands Society of Gastroenterology
Tunisian Society of Gastroenterology
Turkish Society of Gastroenterology
Ukrainian Gastroenterology Association
British Society of Gastroenterology
American Gastroenterological Association Institute
American College of Gastroenterology
Associaçao Mexicana de Gastroenterologia
Societé Camerounaise de Gastro-Entérologie
Byelorussian Gastroenterology Association
Chinese Society of Gastroenterology
Gastroenterological Scientific Society of Russia
Saudi Gastroenterology Association
Hellenic Society of Gastroenterology
Indonesian Society of Gastroenterology
The Korean Society of Gastroenterology
Lankan Association of Gastroenterologists
Lebanese Society of Gastroenterology
Polish Society of Gastroenterology
Slovak Society of Gastroenterology
Asociacion Puertorriqueña de Gastroenterología
Société Marocaine des Maladies de l’Appareil Digestif
Federación Argentina de Gastroenterología (FAGE)
Kazakhstan National Gastroenterological Society
Uganda Gastroenterology Society
Myanmar Gastroenterology & Liver Society
Myanmar Gastroenterology Society
Egyptian Association for Study of Gastrointestinal and Liver Diseases
Association of West Indian Gastroenterologists
Sociétè Sénégalese de Gastro-Entérologie et d’Endoscopie Digestive
Asociación Española de Gastroenterología
Yemen Gastroenterological Association
Emirates Gastroenterology Society
West African Society of Gastroenterology
Afghanistan Gastroenterology and Endoscopy Society
Sociedad Nicaraguense de Gastroenterología y Endoscopia Digestiva

WGO Members join WGO in celebrating its 50th Anniversary:

Gastroenterological Society of Singapore
Slovenian Society for Gastroenterology and Hepatology
South African Gastroenterological Society
Sociedad Española de Patología Digestiva
The Gastroenterological & Digestive Endoscopy Soc. of Sri Lanka
Sociedad de Gastroenterología del Uruguay
Société Royale Belge de Gastroentérologie
Swiss Society of Gastroenterology
Syrian Society of Gastroenterology
The Gastroenterological Society of Taiwan
Gastroenterological Association of Thailand
Netherlands Society of Gastroenterology
Tunisian Society of Gastroenterology
Turkish Society of Gastroenterology
Ukrainian Gastroenterology Association
British Society of Gastroenterology
American Gastroenterological Association Institute
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Associaçao Mexicana de Gastroenterologia
Societé Camerounaise de Gastro-Entérologie
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Polish Society of Gastroenterology
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Asociacion Puertorriqueña de Gastroenterología
Société Marocaine des Maladies de l’Appareil Digestif
Federación Argentina de Gastroenterología (FAGE)
Kazakhstan National Gastroenterological Society
Uganda Gastroenterology Society

www.worldgastroenterology.org
As the newly appointed Chair of the WGO Foundation, I am very conscious of the important and vital responsibilities entrusted to the Foundation by the WGO. We are part of a historic initiative to improve digestive health throughout the world—but especially in low- and medium-resource countries. To achieve these objectives, we have begun the recruitment of a dynamic board composed of influential individuals from the medical and nonmedical communities. I am honored to serve with Dr. Joseph Geenen (USA), Treasurer, and Dr. Richard Fedorak (Canada), Secretary. Thus far, the following individuals have agreed to serve on the Board: Dr. Nadir Arber (Israel), Dr. Richard Hunt (Canada), Dr. Eamonn Quigley (Ireland), Dr. David Kerr (UK), and Dr. Ziad Sharaiha (Jordan). Additional invitations have been extended to medical and nonmedical individuals from several countries throughout the world. We hope that these prominent board members will assist in the development of contacts with individuals of means who can be sustaining donors.

The principal aims of the Foundation in raising funds are firstly, to provide opportunities for training gastroenterologists in developing countries; and secondly, to raise awareness of digestive disorders worldwide. In 2008, new WGO Training Centers will be launched in Bogotá (Colombia), Fiji, Ribeirão Prêto (Brazil), and Mexico City. In addition, funds will be provided directly to trainees to provide them with the ability to engage in training at the existing centers in Bangkok (Thailand), Cairo (Egypt), Karachi (Pakistan), La Paz (Bolivia), La Plata (Argentina), Rabat (Morocco), Rome (Italy), Santiago (Chile), and Soweto (South Africa), as well as at the new centers. We expect that the impact of the training on the future practice of gastroenterology will be tracked so that the WGO can assess the value and adequacy of such training. Anecdotal reports have been impressive in emphasizing the value of the training provided at the WGO Training Centers.

The WGO Foundation has developed a new strategic alliance with Danone, Inc., that will significantly enhance the profile of the WGO in relation to the important areas of digestive health—and specifically the role of nutrition. We hope to develop similar strategic alliances with instrument manufacturers, as well as to renew time-honored relationships with pharmaceutical companies, the objective of all such alliances being to promote optimal care of digestive disorders worldwide and to bring access to the best that the biomedical industry produces to all who can benefit from it.

Challenges and opportunities abound. The gaps between high-resource countries and the developing world are expanding, and clearly innumerable disparities exist both between and within countries across all continents. Nevertheless, we strongly believe that a well-focused, coordinated campaign to raise funds to ameliorate such global disparities will inevitably have a significant impact. I invite all the many readers of WGN to become active participants in the Foundation’s activities. Our new website (www.wgofoundation.org) provides an excellent overview of our current goals and aspirations. Please join us today!

Bernard Levin, MD
Chair, WGO Foundation
The WGO Foundation

The WGO Foundation was established as a strategic response to increasing demand to solicit financial support for the World Gastroenterology Organisation’s global and developing country training and educational programs.

The WGO Foundation’s mission is to raise financial support for the World Gastroenterology Organisation’s global and developing “low-resource” country Training and Education programs.

HOW WILL WE FUND OUR ESSENTIAL WORK?

We’ll do this by

- Initiating fundraising campaigns:
  - 50th Anniversary Fund for the Future
  - Global Mentor Fund
- Working in partnership programs with industry, philanthropic organisations etc...
- Appealing to healthcare, wellness and other business organisations for donations/pledges
- Applying for grants from international philanthropic organisations and public bodies
- Appealing to eminent physicians to support Mentor Scholar Awards for trainees from developing countries
- Appealing to our WGO membership of 50,000
- Appealing to the general public

DONATING TO THE WGO FOUNDATION...

What benefits do we provide?

WGO’s global training and educational programs benefit

- All communities, thereby closing the information gap between ‘haves’ and ‘have not’s’
- Communities in developing low-resource countries by retarding the exodus of healthcare workers – African countries currently lose approximately 75%* of their workforce
- Patients with digestive ailments in previously unserved or underserved areas by supporting the development and retention of a trained and skilled cohort of digestive health specialists
- Quality of life for the entire population through educational and PR efforts to:
  - Increase awareness of digestive health
  - Promote recognition of the earliest signs of digestive disease and the appropriate response
  - Encourage active participation in preventive health measures
- Digestive health specialists and allied healthcare workers of the future by providing access to free, accessible, locally appropriate and independent education coupled with relevant skills training
- Digestive health specialists and allied healthcare workers by supporting them through their inclusion and ongoing participation in the WGO global network

*Source: New data on African health professionals abroad, Michael A Clemens and Gunilla Pettersson, Human Resources for Health 2008, 6:1
Who’s who?

The WGO Foundation is extremely fortunate to have secured the services of leaders from industry, politics and the medical community representing every corner of the world, each dedicated to and passionate about making sustainable improvements in health and patient care.

Here are our distinguished Board members to date:

**CHAIR**
- Bernard Levin, MD / USA

**TREASURER**
- Joseph Geenen, MD / USA

**SECRETARY**
- Richard Fedorak, MD / Canada

**MEMBERS**
- Nadir Arber, MD / Israel
- Richard Hunt, MD / Canada
- David Kerr, MD / United Kingdom
- Eamonn M.M. Quigley, MD / Ireland
- Ziad Sharaiha, MD / Jordan

Please watch this space for updates on new members...

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**How to donate**

Be part of the challenge and help support the WGO with a donation by following the easy steps on our website:

[www.wgofoundation.org/donate](http://www.wgofoundation.org/donate)

DONATE NOW
The WGO enjoys the support of a wide range of corporations who recognise the value of its work and the importance of participation through structured donation of financial and other resources. Their generous support for our global and community health programs is making a difference to the lives of many. We would like to extend our grateful appreciation and thanks to the following corporate supporters:

Abbott Laboratories
Activbiotics
Altana/Nycomed
Astra Zeneca
Axcan Pharma
BARRx Inc.
Bayer Schering AG
Berlex
Biocodex
Biohit
Blackwell Publishing
Boston Scientific
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Medical Futures
Medtronic
NDO Surgical Inc.
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Nestle Nutrition
Novartis Pharma AG
Olympus
Proctor and Gamble
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QOL Medical
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Roche
Romark Pharmaceuticals
Sandhill Scientific
SHS North America
Solvay Pharmaceuticals
Takeda Chemical Industries
TAP Pharmaceuticals Inc.
US Endoscopy
VSL Pharmaceuticals Inc.
Wilson-Cook Medical
Xillix Technologies Corp.
Digestive disorders – from diarrhea to obesity to cancer – are pre-eminent among healthcare issues, a significant burden on national healthcare budgets and the single greatest cause of cancer deaths.

The WGO is a society with a Global Vision and a Global Mission to increase the public’s awareness of the burden of digestive diseases and to provide relevant, sustainable and multidisciplinary training and education of the highest standards to healthcare professionals involved in the care of these disorders.

The WGO delivers Training & Education, Communication and Awareness Programs with a goal to establish a Global Network of Gastroenterology Training Centers with a special emphasis on those developing countries in greatest need.

As the global representative for gastroenterology, the role of the WGO is:

To make a significant and sustainable difference to the prevention and treatment of digestive disorders across the world through educational programs directed at the general public and healthcare professionals alike whose aim is to promote equal access to high quality patient care.
I wish to donate to the WGO Foundation

Title & Name of Contact person

__________________________________________________________________________

Postal Address

__________________________________________________________________________

Zip code, Town/City, Country

__________________________________________________________________________

Contact Telephone Number

__________________________________________________________________________

Contact E-Mail Address (please print clearly)

__________________________________________________________________________

My/Our Donation

A single donation of:

☐ $/€ 100  ☐ $/€ 250  ☐ $/€ 500  ☐ $/€ 1000  Other amount: ______________________, (please specify currency)

An annual donation of:

☐ $/€ 500  ☐ $/€ 750  ☐ $/€ 1000  ☐ $/€ 2000  Other amount: ______________________, (please specify currency)

for __________________ years beginning 2008

My/Our Payment Options

☐ I/we enclose a cheque for ______________ in favour of the WGO Foundation. (please specify currency)

☐ Please debit my credit card with a single donation of ______________ (please specify currency)

☐ Please debit my credit card annually with __________ for ________ years beginning 2008 (please specify currency)

My credit card details are:

Type of card ☐ Visa ☐ MasterCard ☐ American Express

Card Number ________________________________________________________________

Expiry Date ________________________________________________________________

Date ___________________________ Signature _______________________________

Tax Receipt • Together with a letter of acknowledgement donors will receive a tax receipt upon payment.