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WORLD GASTROENTEROLOGY NEWS

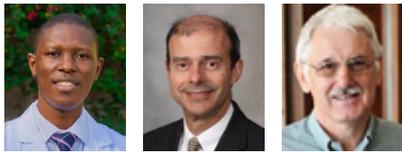
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WGO Publishes the Updated *Helicobacter pylori* Guideline



Peter Katelaris, MD

Concord Hospital, University of Sydney, Australia



Richard Hunt, FRCP, FRCPEd, FRCPC

Professor Emeritus, McMaster University and Farncombe Family Digestive Health Research Institute, Hamilton, Ontario, Canada.

WGO has announced the release of the updated *Helicobacter pylori* Guideline. This Guideline is chaired by Prof. Peter Katelaris of Concord Hospital, University of Sydney, Australia and Prof. Richard Hunt, Professor Emeritus, McMaster University and Farncombe Family Digestive Health Research Institute, Hamilton, Ontario, Canada.

The Guideline was created with the global view of many Guideline Review Team members, which, in addition to Professors Katelaris and Hunt, includes Franco Bazzoli (Italy), Henry Cohen (Uruguay), Kwong Ming Fock (Singapore), Manik Gemilyan (Armenia), Peter Malfertheiner (Germany), Francis Mégraud (France), Alejandro Piscocoy (Peru), Duc Quach (Vietnam), Nimish Vakil (USA), and Louis G. Vaz Coelho (Brazil). Anton LeMair of The Netherlands served as guidelines consultant. The guideline can be accessed at <https://www.worldgastroenterology.org/guidelines/global-guidelines/helicobacter-pylori>.

In introducing this guideline, Prof. Katelaris stated, “*Helicobacter pylori* continues to be a major health problem worldwide, causing considerable morbidity and mortality due to peptic ulcer disease and gastric cancer. The burden of disease falls disproportionately on less well-resourced populations. As with most infectious diseases, the greatest impact on reducing this burden comes from improvements in socioeconomic status, which interrupt transmission. This has been observed in many regions of the world, but the prevalence of infection remains high in many regions in which improvements in living standards are slow to occur.”

WGO Guidelines uniquely feature cascades which are intended to highlight appropriate, context-sensitive and resource-sensitive management options for all geographical areas, regardless of whether they are “developing,” “semi-developed,” or “developed.” WGO

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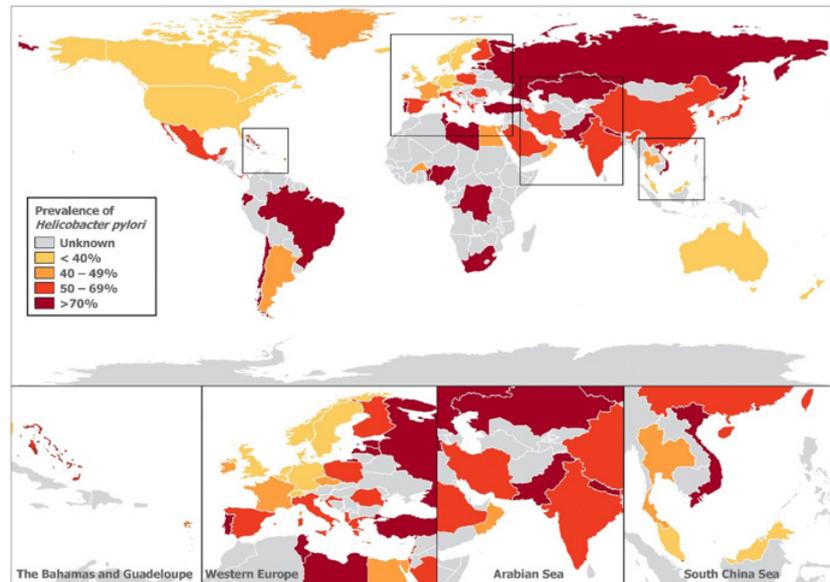
cascades are context-sensitive, and the context is not necessarily defined solely by resource availability.

It is a major challenge for guidelines to achieve relevance across a wide variety of populations with varying spectrums of disease and with vastly different resources with which to deal with it.

Prof. Hunt added, “The purpose of this update to the WGO Guideline is to summarize and review the evidence from a number of new guidelines that outline best practice and to suggest how these principles may be applied around the world using the ‘cascades’ approach. This approach recognizes variations in the regional prevalence and impact of infection and the vast differences in health resources available to address the problem, which require pragmatic, tailored local approaches. The burden of disease wrought by *H. pylori* falls disproportionately on less well-resourced regions, which are insufficiently represented in epidemiological surveys and are often not the focus of clinical guidelines.”

WGO has a library of 27 Global Guidelines, written from a viewpoint of global applicability. Each Guideline goes through a rigorous process of authoring, editing, and peer review, and is as evidence-based as possible. WGO is the only organization whose guidelines have adopted a global focus. Each WGO Guideline is available in English, French, Mandarin, Portuguese, Russian, and Spanish and is updated as new information and evidence is discovered. The Global Guidelines Committee meets each year to discuss updating and creating new guidelines and consists of 30-plus members from around the globe.

Global prevalence of *H. pylori*. From Hooi et al. 2017



Message from the Editors



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Be very welcome to this new *e-WGN* issue!

Let's review together some important clinical challenges and celebrate the WGO efforts to continue fighting GI/liver diseases worldwide.

We suggest you start reading the article that presents the launch of the WGO Emerging Leaders Mentorship Program, an innovative initiative with a view to promoting care, education, training, and research in digestive diseases. How to establish a digestive endoscopy or a liver care unit are some of the topics to be covered by this WGO program, which will initially focus on young professionals.

At Expert Point of View, the main discussion is about esophageal cancer,

the eighth most common type of cancer worldwide. Dr. Vivek Kaul leads an expert conversation about the African Esophageal Cancer Consortium's efforts to fight the tumor. Furthermore, an IBD clinical case is the opportunity to discuss the role of endoscopy in the management of strictures in Crohn's disease. You must read it!

e-WGN also celebrates the update of the WGO Global Guideline on *Helicobacter pylori*, which has just been published, as well as bringing testimonials about the amazing Train the Trainers program. This issue also highlights the activities of World Digestive Health Day 2021, World Hepatitis Day 2021 and

upcoming congresses in digestive sciences around the world, such as UEG Week, GASTRO 2021 in Prague, and the World Congress of Gastroenterology in Dubai in 2022.

Finally, *e-WGN* honors women's leadership in WGO member societies on every continent. Congratulations to our colleagues and their countries who were fortunate enough to elect them to lead their local societies.

Have a good read everyone!
Anita and Mario



Oesophageal Cancer: Practicalities of Palliation in Sub-Saharan Africa



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Oesophageal cancer is the 8th most common cancer globally with 604,100 new cases and 544,076 new deaths recorded in 2020.¹ The most common variants are oesophageal adenocarcinoma (OAC) and squamous cell carcinoma (OSCC).² The latter is the main variant in Africa and the Far East, particularly China and Japan. Trends in higher income countries (HIC's) show a decline in the incidence of OSCC and an increase in OAC.³ There is regional variation in the incidence of OSCC: gender distribution is similar in northern African countries but countries in the western, middle, eastern and southern Africa have a male predominance.^{4,5} Risk factors for OSCC include smoking, alcohol, smoke exposure from wood or charcoal, poor oral health, consuming red meat, low socio-economic

status and nutritional deficiencies like selenium. Risk factors that are specific for OAC include gastroesophageal reflux disease, obesity and Barrett's oesophagus.⁵⁻⁷

The highest age adjusted rates for OSCC in the world are also found in Africa and, in comparison to HICs, survival data from the continent is very poor with the number of new cases and deaths being almost the same.^{1,4} The factors that contribute to poor outcomes are interlinked and relate to disease stage at presentation and infrastructural challenges due to socio-economic inequalities. Progressive dysphagia is the commonest symptom and contributes to poor nutritional status that has been associated with poor outcomes and increased mortality rate.^{6,9} Poor access to and resource availability at health

care facilities, are due to, referral pathways, transportation networks and scarce endoscopy, radiology, radiotherapy and surgery services. Endoscopy services are sparse, especially in rural areas, leading to delays in diagnosis and treatment.^{6,10} Access to radiotherapy, which has a potential curative as well as palliative role in management, is an extreme challenge across the continent.¹¹

In Africa, the vast majority of OSCC patients are beyond curative therapy or the hope of achieving long term survival as they present with late stage disease and comorbidities. This results in an average survival that is measured in months, not years. The main concern of these patients with end stage disease is their quality of life and the best way to improve this is palliative care focussing on prompt relief of dysphagia and providing psychosocial support.¹⁰ Nutritional support is a key component of care and is best achieved by restoring oesophageal patency. Although gastrostomy and jejunal feeding tubes can be placed surgically or endoscopically, they do not relieve dysphagia or address the risk of aspiration and their value in very advanced stage disease should be considered in terms of the overall palliative care plan.

There are multiple therapies available to alleviate dysphagia, including oesophageal dilation, argon plasma coagulation, laser therapy, oesophageal stent placement, external beam radiotherapy (EBRT), brachytherapy (intraluminal radiotherapy) and photodynamic therapy.¹² Dilation should be reserved for very proximal esophageal tumors that are not stentable as dysphagia relief is short-lived and multiple sessions are usually

required.¹³ In addition, patients can undergo palliative chemotherapy with or without radiotherapy to achieve more sustained relief.¹⁴ These oncological treatments are costly and dependent on availability and currently confined to a few centers in Africa. However, as more oncology resources become available and these modalities are used, it will be important to assess their benefit on quality of life.¹¹ Surgically placed stents typified by the Celestin tube are available across the African continent. However, this modality involves the costs and access to a surgical theatre and general anesthesia, as placement under local anaesthesia/moderate sedation, though feasible, is not well tolerated. Surgically placed stents are now rarely used, as the majority of the patients present with late-stage disease are frail and may not withstand the use of general anesthesia. In addition, these stents have a high post procedure complication rate.¹⁰ Endoscopic techniques offer a solution that is minimally invasive and can be performed under moderate sedation on an outpatient basis. For these reasons, in many African countries, self-expanding metal stents (SEMS) have become the preferred and safe method of promptly alleviating malignant dysphagia. This is well illustrated by the report from a Kenyan institution of 1,000 stents placed without fluoroscopy with very low perforation and migration rates of 1.9% and 0.03%, respectively.⁶

SEMS are usually inserted after endoscopic placement of a guide wire through the stricture into the stomach with or without fluoroscopy, over which the stent is then delivered without predilation to accurately bridge the full extent of the stricture.⁶ SEMS can be used successfully even for very proximal tumors that are within 1-2 cm of the upper oesophageal sphincter.¹⁵ The costs compared to surgery are much lower but are still

significant. The cost of stents has been shown to vary across the continent due to variability in supply sources. In several settings, brachytherapy has shown better long-term outcomes, but stenting has more immediate relief of dysphagia.¹⁴ This has prompted research on radiation impregnated stents to get the best of both modalities, but their use in African countries is still prohibitive due to cost.

Incidence and prevalence data for OC is largely derived from hospital-based patients studies, and high-quality epidemiological and clinical data from African countries is lacking.⁴ This is to the detriment of health care policy planning. In South Africa, reports have shown that published reports on OC have been mainly retrospective reviews and opinions with few good quality research projects.⁸ There are currently ongoing efforts to help bridge this gap in research.² One of these initiatives is the African Esophageal Cancer Consortium (AfrECC). The consortium was formed in 2017 by OSCC researchers and institutions to facilitate research collaborations, improve early detection, clinical management, treatment and palliation of OC.² AfrECC also has a goal of capacity building for OC research in sub-Saharan Africa. The consortium is run by a six member steering committee that is elected every two years and meets regularly. It has established several sub committees that are focused on the key areas of research, clinical care, training and advocacy. AfrECC is keen to synergize research and training efforts on the continent. This has already been initiated by the use of harmonized research questionnaires and other data collection tools. Utilization of app-based data collection tools and also pooling of research specimens and creating an African bio-repository for a combined genomic wide analysis are other collaborative efforts. The app

is available to consortium members and has primarily been used for the epidemiological data collection in the ongoing case-control studies. The consortium has been working with local professional societies in each of the countries to leverage these goals. Recruitment to the consortium has mainly been through regional and national oncology meetings.

The consortium has been actively involved in efforts to improve access to SEMS in high-risk areas in the continent focusing on providing access to SEMS and endoscopic training in stent deployment. The consortium efforts have led to partnership with a stent supplier as well as increase in the number of endoscopists who have expertise in stent placement. The model is geared towards self-sustainability with selection and training of in-country trainers who can then continue the training efforts in each country. Another consortium project was an endoscopy capacity survey in member countries that has helped to tailor training and inform health policy makers. The consortium membership is open to any researchers or clinicians involved in any aspect of esophageal cancer care. The stent access program is still growing and is seeking to help provide stents to areas which have high disease burden but have challenges with access. AfrECC continues to champion new partnerships in research and clinical care of oesophageal cancer. The success of the consortium has been due to the strengths of individual and institutional members. More details on the consortium and contact information are available at <https://dceg.cancer.gov/research/cancer-types/esophagus/afrecc>.

OSCC is a common clinical condition in sub-Saharan Africa. Patients typically present with dysphagia at an advanced stage of malignancy and have a short life expectancy. Oesopha-

geal SEMS placement is a the best current option for alleviating dysphagia and provides immediate relief. It should be considered as the starting point for palliation and the modality against which other oncological methods and technical innovations should be compared as health care resources and the ability to assess their impact on this disease improve on the continent.

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A Conversation with Three GI Endoscopists Helping Fight the Scourge of Esophageal Cancer in Sub-Saharan Africa



Vivek Kaul, MD

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In this issue of *e-WGN*, three eminent gastroenterologists in Africa have chronicled their experience helping patients with esophageal cancer. They have highlighted the salient aspects of the clinical challenge, the logistical hurdles and the current efforts underway as part of the African Esophageal Cancer Consortium (AfrECC). Based on this report, it is clear that the majority of patients present with late stage disease with dysphagia as the predominant symptom. Endoscopic stenting is their primary hope to achieve a modicum of palliation and some enhancement of quality of life. I had an opportunity to converse with the co-authors of this report to better understand how they became involved with this effort, where we stand now and what more needs to be done to move this initiative forward.

[Dr. Mark Mwachiro is an interventional surgical endoscopist in Africa and founding member of the AfrECC. Dr. Mark Topazian serves as Treasurer on the WGO Executive Committee. Dr. Sandie Thomson is Vice Chair of the WGO Endoscopy, Other Procedures and Outreach Interest Group.]

Vivek Kaul (VK): Dr. Mwachiro, how did you get involved with this project?

Michael Mwachiro (MM): I got involved with the esophageal cancer

project when I joined the Tenwek endoscopy department. The team had already done a lot of work on palliation of esophageal cancer with stents. At that time, there was also a shift in focus to early detection and screening research with Lugol's based chromoendoscopy. As there was more networking of sites carrying out research, the AfrECC also came into being in 2017. I was privileged to be a founder member of the consortium. The AfrECC is mainly engaged on all aspects of esophageal cancer - research into etiological studies, treatment and palliation as well as advocacy and awareness.

VK: How did you train and acquire the endoscopic skill set required for esophageal cancer interventions?

MM: The endoscopy training I received was from the excellent team of on-site and visiting endoscopists at Tenwek Hospital. The Tenwek endoscopy unit has a great emphasis on endoscopy training both for the fellows but also for surgery residents and consultants. Due to the vast experience in stenting that the unit had and the prior work done by Dr. Russ White and Dr. Mark Topazian, it was logical to continue in the same footsteps. Tenwek has been at the forefront of endoscopic stenting without fluoroscopy and I was happy

and excited to join and continue this work. I have now been involved in stent training efforts not only in the country but also in the region through the AfrECC stent access project.

VK: That is indeed a great legacy you are continuing and helping a lot of patients in the process. What are the most significant challenges for the AfrECC from your perspective?

MM: The AfrECC project has made many strides in getting the access to esophageal stents in the region through its collaborative efforts. There is need for funding to be able to carry out and sustain these training activities in the region going forward. In addition, we have also seen that there is a need for training in other endoscopic techniques and so there is an opportunity for trainers to come alongside and support in other techniques like ERCP and therapeutics for GI bleeds among others. Functioning endoscopy equipment and access to supplies is also a common challenge across the consortium countries. In addition, the AfrECC has no primary funding source. We operate mainly on grants and in-kind support. This is also a key area of need for us and any help is welcome in terms of funding.

VK: Those are indeed significant hurdles to cross and we can use all the help we can get in that regard. How can we best expand the training and education of endoscopists in Africa to take care of patients with esophageal cancer?

MM: The best way is to leverage the networks and expertise of endoscopists both within and outside the region to help advance the train-

ing. In addition, partnering sites that are active in endoscopy with more advanced sites will also provide mentorship as well as technology transfer. The COVID pandemic has also shown us that we can effectively utilize online and remote options for support and training. Finally, support for sites can be tailored to the level of functionality that they are operating at so that training can be customized to their specific needs and experience/expertise level. A combination of on-site visits and remote support will probably be more effective in Africa given the vast geographical distances and setups at various stages of development.

VK: Dr. Topazian, how and when did you get involved with this project?

Mark Topazian (MT): As a CME course faculty member, I met colleagues working with esophageal cancer in Kenya in the 1990s. In 1999, I helped launch an esophageal stent program at Tenwek Hospital in southwestern Kenya. Over the years, I've been privileged, in partnership with many highly-talented colleagues, to see that program grow to include multiple prospective research studies, an esophageal cancer fellowship program, many other therapeutic endoscopy services including ERCP, and training of endoscopists from around east Africa. When Dr. Sandy Dawsey launched AfrECC in 2017, I was fortunate to become a member.

VK: That is an amazing and inspiring journey indeed, Mark! In your mind, what are the challenges in training local endoscopists in the skill sets required for esophageal stenting?

MT: I enjoy training African endoscopists in therapeutic endoscopy procedures, such as esophageal stenting. In general, they are highly intelligent and capable colleagues with a lot of diagnostic endoscopy experience. They catch on quickly, strive for safe and successful outcomes, and know how to improvise and innovate

when required. The biggest challenge is working to help them obtain the equipment and accessories they need to provide sustainable patient care once their training is complete.

VK: How can endoscopists in the developed world become more involved with the African esophageal cancer palliation project?

MT: The AfrECC Stent Access Program needs additional trainers who are competent therapeutic endoscopists, educators, and cross-cultural communicators. Persons who might be interested in repeated visits to the same location over time are particularly valuable to the program, because repeated visits build relationships with local colleagues and institutions and increase one's impact on the training process/experience. In-person visits will resume once the pandemic ebbs. A good way to make an initial inquiry is to email me (topazian@gmail.com) or Dr. Michael Mwachiro (deche2002@yahoo.com).

VK: What are the near and long term priorities for you and your colleagues as you continue to care for patients with esophageal cancer in Africa?

MT: The goal of the AfrECC Stent Access Program is to provide affordable, safe and effective palliation for the large number of eastern Africa patients with inoperable esophageal cancer. Along the way, we expect that relationships, connections and interactions will lead to other endoscopy advances in the region. The long-term goals of AfrECC are 1) to better understand the pathophysiology of esophageal squamous cell cancer in Africa, and 2) to identify, implement and scale low-cost, effective prevention strategies, making esophageal cancer a routinely preventable disease in the region.

VK: Sandie, how did you get involved with this project?

Sandie Thomson (ST): I have a longstanding clinical involvement

with the management of cancer of the oesophagus as one of our eight South Africa provinces, Eastern Cape, has a very high incidence of the disease and very poorly managed state health service. Many of the sufferers from this disease are treated by the neighbouring provinces Western Cape and KwaZulu Natal, where I have worked for the past 30 years as a surgical gastroenterologist. I have been involved academically with aspects of the disease, and it is my current PhD student whose literature search prompted me to engage with Michael and Mark regarding their publications and the activities of AfrECC. I hope to involve other South Africans with activities of the consortium.

VK: How can we best partner with industry to help this project?

ST: The provincial delivery of health care in South Africa is bedeviled with maladministration, and this has led to inequity in the availability of self-expanding metal stents in the various provinces. They are our treatment of choice for the 90% of cancers we treat for which palliative relief of dysphagia is the main objective. We have recently published, quantifying this deficiency in the eastern province and are currently collecting accurate data on the case load so we can provide it to AfrECC, whose success with stent manufacturers in providing a structure for stent donation can hopefully result in improved stent provision.



Role of Endoscopic Stricturectomy in Management of Inflammatory Bowel Disease Associated Strictures



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Case: A 32-year-old Caucasian female who is nine months postpartum and breastfeeding presents to the hospital with nausea and vomiting lasting for five days. She has a history of ileocolonic Crohn’s Disease (CD) with ileocecal resection five years prior with primary ileocolonic anastomosis. On admission, her CT scan indicates

an anastomotic stricture, 1 cm in length, with mild prestenotic dilation. The patient’s only current outpatient medication is adalimumab. Upon physical exam, her abdomen is slightly distended, soft, and tender with bowel sounds present. Endoscopy reveals stenosis involving the ileocolonic anastomosis (Image 1). The patient

then undergoes endoscopic balloon dilation (EBD) of 15 mm. Patient was subsequently discharged. Four weeks later, she presented with similar symptoms and was admitted with partial small bowel obstruction. In this scenario, how would you proceed?

- A. Send the patient to surgery
- B. Repeat endoscopic balloon dilation, consider steroid injections post-dilation at the dilation site
- C. Switch patient to a different biological medication from adalimumab
- D. Perform an endoscopic stricturectomy

Inflammatory bowel disease (IBD) affects 0.5% of the population, translating to over one million individuals in the US with this diagnosis.¹ Its compounding prevalence is expected to result in an exponential increase of diagnoses within the next few years, prompting the medical community to seek out innovative treatments to improve management strategies.¹ CD can result in various complications, one of them being stricture formation. Although the exact cause of stricture formation is unknown, untreated chronic inflammation is thought to be the primary driver of the stricture formation.² The most common loca-

| Authors | Patients (N) | Location | Technical Success | Adverse Events |
|-------------------|--------------|--------------------|-------------------|----------------|
| Lan et al. 2017 | 85 | Multiple locations | 100% | 3.7% |
| Lan et al. 2018 | 21 | Anastomotic | 100% | 8.8% |
| Lan et al. 2019 | 35 | Anastomotic | 100% | 10.2% |
| Zhang et al. 2020 | 49 | Multiple locations | 100% | 4.7% |
| Kochhar G 2020 | 11 | Multiple locations | 92% | 9.0% |
| Lan et al. 2020 | 13 | Terminal Ileum | 100% | 6.9% |
| Moroi et al. 2020 | 5 | Anastomotic | 100% | 20% |
| Lan et al. 2021 | 40 | Pouch Inlet | 100% | 4.7% |

Table 1. A summary of studies on endoscopic stricturectomy in IBD.^{5,6,8,9,10,11,12,13}

| Authors | Patients (N) | Perforation N (%) | Bleeding N (%) |
|-------------------|--------------|-------------------|----------------|
| Lan et al. 2017 | 85 | 1 (0.4) | 9 (3.3) |
| Lan et al. 2018 | 21 | 0 (0.0) | 3 (14.3) |
| Lan et al. 2019 | 49 | 1 (2.0) | 4 (8.2) |
| Zhang et al. 2020 | 49 | 0 (0.0) | 5 (4.7) |
| Lan 2020 | 13 | 2 (15.4) | - |
| Kochhar G 2020 | 11 | 0 (0.0) | 1 (9.0) |
| Moroi et al. 2020 | 5 | 0 (0.0) | 1 (20.0) |
| Lan et al. 2021 | 40 | 0 (0.0) | 3 (4.7) |

Table 2. A summary of recorded adverse events of endoscopic stricturotomy procedures.^{5, 6, 8, 9, 10, 11, 12, 13}

tion for stricture formation in CD patients is the small bowel, followed closely by the anastomoses and tends to follow the distribution of inflammation.² Although surgical resection is the most definitive treatment, it can be associated with complications. EBD has been used for quite some time to manage the strictures and delay need for surgeries. Recently a new technique, endoscopic stricturotomy (ESt), has been developed to treat these strictures endoscopically.

In 2017, Lan and Shen first described their experience using ESt for the treatment of strictures in patients with IBD.⁵ ESt is an innovative procedure, one in which strictures are cut with electroincision knives in either a radial, horizontal, semi circumferential, or circumferential fashion.^{5, 6} In this technique, if the incised edges are closed with clips, it is referred to as endoscopic stricturoplasty. If no clips are deployed, it is described as endoscopic stricturotomy.⁷

This procedure offers significant precision due to the endoscopist controlling the cutting length and depth of strictures. Since the inception of ESt, multiple studies regarding the technique's efficacy and safety have been conducted (Table 1). These studies have demonstrated technical success rates as high as 92%⁷ and 100%.⁵ The risk of perforation seems to be low; however, the risk of post-pro-

cedure bleeding is high (Table 2).^{5, 8} Although early, these results have demonstrated the efficacy of utilizing ESt over the surgical procedures or EBD in the management of strictures in a select group of patients.

When compared to other modalities of treatment ESt seems to be as effective as the existing therapeutic options. In one study, EBD and ESt were compared. A total of 185 CD patients with anastomotic strictures were included; the technical success rate was 100% for patients receiving ESt and 89.5% for patients receiving EBD ($P = 0.25$).⁸ This group also found that ESt patients experienced both a higher rate of symptomatic and endoscopic improvement than EBD patients, although this did not reach statistical significance. Additionally, only 9.5% of ESt patients were required to undergo subsequent salvage surgery compared to 33.5% of EBD patients that required salvage surgery ($P = 0.03$). When it came to ileo-colonic resection (ICR), ESt was found to be equally effective. In a study by Lan et al. that compares ESt and ICR in treating anastomotic strictures, it was found that ICR patients experienced significantly more postprocedural adverse events than ESt patients (31.9% vs. 10.2%, $P = 0.003$).⁹ It was also reported that patients who underwent ICR had overall higher morbidity and subsequent disease-related

hospitalizations than ESt patients. Though not statistically significant, only 8.3% of ESt patients required salvage surgery, whereas 16.7% of ICR patients required secondary surgery ($P = 0.54$).⁹ In another study, post-procedural adverse events, such as perforation and infection, were significantly more frequent in patients that underwent ICR as compared to those that underwent ESt ($P = 0.05$).¹⁰

Recently the Global Interventional IBD Group (co-founded by Bo Shen and GS Kochhar) has proposed the consensus guidelines on the management of strictures endoscopically. The guidelines state, EBD remains the first line treatment modality for treating strictures endoscopically; the role of ESt is emerging. The guidelines prefer ESt over EBD for treatment of severe fibrotic strictures or strictures of the



Image 1. Anastomotic stricture, 1 cm in length, before treatment.



Image 2. After treating the anastomotic stricture with ESt.

distal bowel due to the advantage of the endoscopist having complete control of the depth and location of the electroincision. Additionally, the group believes that this technique is preferable in the management of nonangulated, short fibrotic strictures. Though this technique is more demanding than EBD because of its required expertise and is documented to impose a higher risk of post-procedural bleeding, ESt may be more effective in reducing the need for eventual surgery. Therefore, they propose that interventional IBD training be incorporated into the curriculum of the fourth-year advanced endoscopy fellowship or fourth-year IBD fellowship to properly train the future generations of IBD interventionalists to utilize such complex endoscopic techniques accordingly.⁷

Here at our center for interventional IBD, we have performed 75 endoscopic stricturotomies thus far. The locations of strictures include the upper GI tract, small bowel, colon, and anal strictures. The technical success of the procedures was 98.6%, with a rate of adverse events of 9.3% (one perforation, managed conservatively, and six patients with post-procedure bleeding). We offer this procedure to our patients in a multi-disciplinary approach.

With the rising prevalence of IBD diagnoses worldwide,¹ it is essential now more than ever for medical professionals of the IBD community to pioneer innovative, minimally-invasive techniques to manage strictures resulting from this disease. Although still a novel therapy, ESt remains an up-and-coming viable and effective therapeutic option for patients with strictures. As our tools improve, the technique will improve further and become an important technique for managing our patients with strictures.

Answer to the case study: D (Image 2)

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Gastro 2021 - Prague



JOIN US IN PRAGUE, WHETHER IN PERSON OR FROM YOUR COMPUTER!

In partnership with the Czech Society of Gastroenterology, the next joint meeting with WGO will be held in Prague, Czech Republic from 9-11 December 2021. GASTRO 2021 will be organized as a hybrid meeting and will feature a top class scientific program encompassing key areas in gastroenterology, hepatology, GI endoscopy, and surgery delivered by over 80 international leaders in the field.

This meeting will provide an opportunity for professionals in the field of gastroenterology, hepatology and related disciplines to come together to learn about the latest research and advancements, collaborate with colleagues, and actively participate in this rapidly advancing field.

Our priority is to ensure safe and pleasant conditions for all participants and sponsors during GASTRO 2021. We are continuing to monitor the pandemic situation and will be updating the website regularly. Stay tuned as we will be releasing more information including registration rates and the scientific program.

Whether you are able to join us in person or virtually, we look forward to having you attend this important meeting!

For more information and to register for this meeting, please visit the meeting website at gastro2021prague.org.



World Congress of Gastroenterology 2022 - Dubai

The next World Congress of Gastroenterology (WCOG) will be held in partnership with the Emirates Gastroenterology and Hepatology Society (EGHS) from 12-14 December 2022 in Dubai, UAE.

To join the mailing list and receive information about the meeting, please visit <https://wcog2022.org/>. The website will be live soon.



World Congress of Gastroenterology 2023 - Seoul

The 2023 WCOG will be held in Seoul, South Korea in partnership with The Korean Society of Gastroenterology from 15-19 November 2023. Stay tuned as more information is made available.



WDHD 2021 – Yearlong Campaign Began with Webinar in May

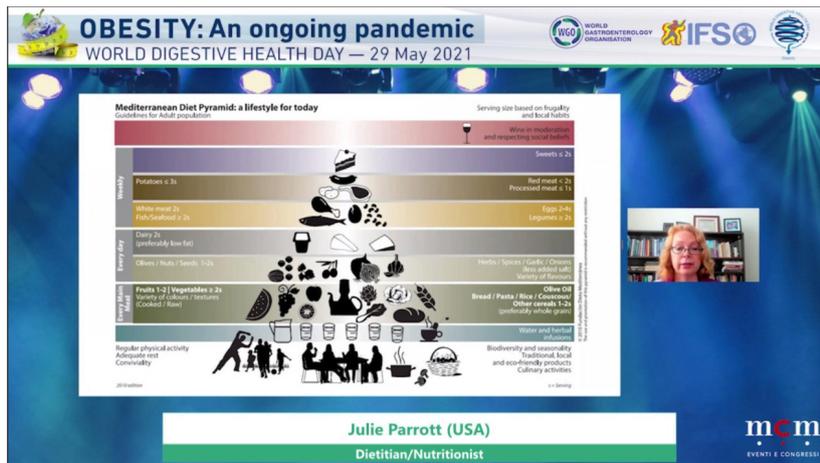
Each year on 29 May, the World Gastroenterology Organisation (WGO) celebrates World Digestive Health Day (WDHD) by initiating a worldwide public health campaign that focuses on a particular digestive or liver disorder in order to increase awareness of prevention, prevalence, diagnosis, management, and

treatment of the disease or disorder worldwide. This year, the WGO has partnered with The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) to raise awareness of obesity as an ongoing pandemic and the impact it has on the development of comorbidities and subsequently the effect on life

expectancy, which is as devastating as any infectious pandemic.

To kickoff this campaign, WGO and IFSO launched a live webinar event on Saturday, 29 May 2021. Led by Co-Chairs Profs. Lilian Kow (Australia), Reem Sharaiha (USA), Guilherme Macedo (Portugal), and James Toouli (Australia), the yearlong campaign will harness the collective power of individuals, organizations, and partners to improve digestive health worldwide.

Registration for the webinar exceeded 1,600 participants, comprised of bariatric surgeons, dietitians, nutritionists, gastroenterologists, physicians, pediatricians, nurses, and students. Over 50% of the registrants came from four countries: the United States, Mexico, India and Brazil. The webinar was a five-hour event, including three sessions. The first session, “Hot-Topics in Obesity: NAFLD, Obesity & Diabetes” was moderated by Profs. Lilian Kow and Guilherme Macedo. Panelists from Canada, Italy, and Pakistan weighed in on presentations given by specialists from Portugal, the UK, and the USA. The second session was a presentation of two case studies, the first on obesity and diabetes, the second on obesity and NAFLD. Cases were presented to a group of panelists, and discussion on treatment approach followed. The third and final session, a discussion on the impact of the COVID-19 pandemic on patients with obesity, led to a timely and dynamic discussion on the many ways the present COVID-19 pandemic, as well as the ongoing obesity pandemic, are linked. The WDHD Steering Committee, comprised of over 25 GI specialists, will provide global perspective



Julie Parrott, MS, RD, LDN, Bariatric Nutrition Care Coordinator at Temple University Health System in Philadelphia, PA, USA, presents during the WDHD 2021 webinar.



Doctors and specialists present the second clinical case during the WDHD 2021 webinar.

and expertise on the management of obesity guiding the course of the campaign and the development of the educational and training materials. At present, the campaign is supporting efforts to update the WGO's Global Guidelines on obesity, which are expected to be released later this year. In collaboration with WGO and IFSO Member Societies, the Steering Committee will continue to define global initiatives and provide the resources to sustain the effort throughout the year.

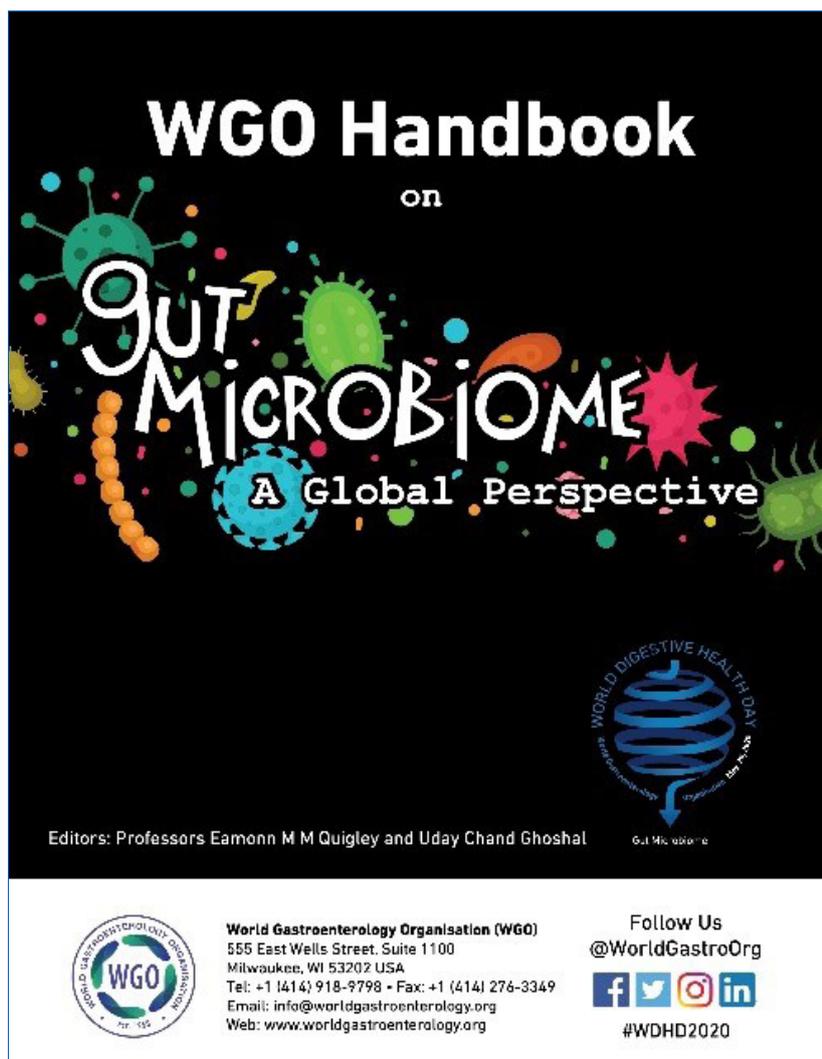
The first World Digestive Health Day was held on 29 May 2005. Since then, WGO annually celebrates World Digestive Health Day by initiating a yearlong, worldwide, public health campaign through its 117 WGO Member Societies which reach over 50,000 individuals worldwide, WGO Training Centers, Regional Affiliate Associations, and other WGO global partners. Each year focuses upon a particular digestive disease or disorder in order to increase general public awareness of prevention, prevalence, diagnosis, management, and treatment of the disease or disorder.



WDHD 2021 Co-Chairs, (from left) Dr. Reem Sharaiha, Dr. Guilherme Macedo, Dr. Lilian Kow, give closing remarks at the 29 May webinar.

WGO Handbook on Gut Microbiome: A Global Perspective

RELEASED MAY 2021



tains tens of trillions of microorganisms and over 1,000 known species of bacteria, which have many important functions within the human body. Not surprisingly, there has been considerable interest and even more speculation on the role that gut microorganisms might play in health and disease. Gastroenterologists are called upon to interpret the latest findings from basic and clinical research on behalf of their patients. To help assess the vast, complex, at times confusing, and ever-increasing body of literature and provide some guidance to the practicing clinician and their patients, the WGO selected the Gut Microbiome as the focus of the 2020 World Digestive Health Day (WDHD).

As an extension of the 2020 campaign, which aimed to “provide those who care for individuals afflicted by gastrointestinal disorders as well as the lay public with an understanding of the latest basic and clinical research in the gut microbiome and what it means for their well-being,” the handbook will further “inform physicians, pharmacists, allied health professionals, healthcare payors, and the public of the importance of the gut microbiome to overall health.”

The gut microbiome remains an essential component of overall gut health and, thereby, an important focus for the World Gastroenterology Organisation. This digital publication is available to all and can be accessed and downloaded by visiting www.worldgastroenterology.org/wgo-foundation/wdhd/wdhd-2020.

In celebration of the 2020 World Digestive Health Day (WDHD) theme, “Gut Microbiome: A Global Perspective,” the World Gastroenterology Organisation released the Gut Microbiome Handbook earlier this year. Led by the WDHD co-chairs,

Dr. Eamonn M M Quigley and Dr. Uday C. Ghoshal, the handbook is a collaboration of scientific articles from experts throughout the world focusing on topics pertaining to the gut microbiome.

The human gut microbiome con-

WGO President Naima Lahbabi-Amrani Salutes Women in Leadership in Our Member Societies

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Dr. Maria Matoso
Secretary General
Sociedad Argentina de
Gastroenterología



Australia

Dr. Simone Strasser
President
Gastroenterological
Society of Australia



Azerbaijan

Dr. Gulnara Aghayeva
President
Azerbaijan
Gastroenterologists and
Hepatologists Society



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Dr. Julia Gorgun
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WGO Train the Trainers Alumni Testimonials

Developed in 2001, the Train the Trainers (TTT) program concentrates on expanding the educational skills of educators in the fields of gastroenterology, hepatology, endoscopy, and GI surgery, who are responsible for teaching, using current educational techniques and philosophies. It brings together faculty and participants from across the globe in an intensive and interactive workshop, characterized by numerous hands-on sessions with many opportunities for discussion. TTT is dedicated to the development of teaching and training skills.

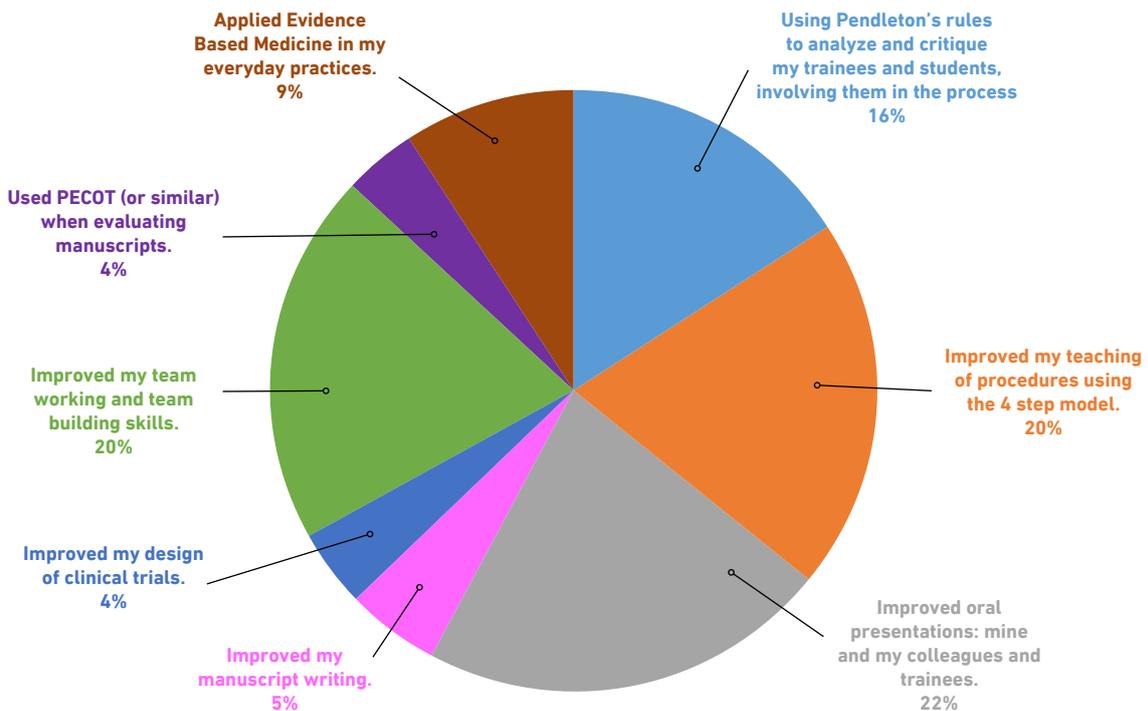
Over the past 20 years, 28 workshops have been held in 18 different countries across six continents with over 1100 alumni from more than 90 countries.



Map representing home countries of TTT participants.



A few alumni at the TTT Alumni Luncheon at the WCOG Istanbul in 2019



In a recent survey to alumni, we asked them, "What 3 Specific Changes Did You Make in Your Practice After?"

Editorial | Expert Point of View | Gastro 2021 | WDHD News | WGO News | Calendar of Events

TTT: 2007 - Porto, Portugal



Lawrence R. Schiller, MD
USA

Easily the best medical meeting that I have ever attended, the Train the Trainers meeting in Porto, Portugal in April 2007 remains a vivid memory for me.

The organizers took care to enable us to feel the warmth of the Portuguese people and enjoy the hospitality for which they are acclaimed. The meeting was organized to allow the participants, who gathered from the four corners of the world, to get to know each other, share unique aspects of their cultures, and learn about better ways to teach our trainees.

The curriculum brought the featured instructional methods to life by using those techniques to reinforce the learning objectives. The organizers met their objectives; I still remember their advice clearly and apply it daily to my teaching activities.

My main takeaway from the meeting is that physicians from around the world are united in their enthusiasm about training the next generation of doctors. By sponsoring TTT Meetings, the WGO facilitates medical education in gastroenterology and crafts standards of excellence to which



2007 - Porto, Portugal – Lecture on Adult Education

we can aspire everywhere. I urge any gastroenterologist committed to teaching to take advantage of the opportunity to attend a TTT meeting. It will be an experience that will be unforgettable.

TTT: 2019 - Bucharest, Romania



Georgiana -Emmanuela Gîlcă-Blanariu
Romania

Having the opportunity to take part in WGO’s Train the Trainers Program during my gastroenterology training was great timing since it offered me a suitable context to get helpful information on how to be professional as a clinician and clinical researcher but also in teaching.

TTT covered a wide range of areas from how to prepare an abstract to EBM and trial design to embracing professionalism, all in a friendly environment taught by experts in the field. What I found original was the training regarding educational skills, public speaking hints, and



2019 - Bucharest, Romania – Group Work Project

how to make our presentations more appealing and suitable for the target audience. Information on e-learning methods was also included and it has proved of great support, especially during the COVID-19 pandemic, considering that currently students are very comfortable with using technology to learn things they are interested in.

Furthermore, TTT was beyond science since it represented an amazing networking opportunity through the way the group work was organized, namely in small groups, with members from different countries with different cultural background but also at various stages in their career. This type



2019 - Bucharest, Romania – Group Lecture



2019 - Bucharest, Romania- Hands On Session



2019 - Bucharest, Romania - Tour

of teamwork has shaped the background for the bonds and the friendships we created, which were further enhanced during the social program.

Even though participating in TTT in your own country might not seem very exciting at first sight compared to visiting a foreign country, I was really happy to be able to share parts of the Romanian culture and traditions with colleagues from across the world and also to get a glimpse of other cultures as well during the Cultural Evening. I was delighted to see our colleagues enjoying Romanian traditional dancing and cuisine!

Being offered such a great program, I hope I will be able to contribute myself to share the things I have learned during TTT and also to improve my practice, research and teaching. To my mind, TTT has covered in an interactive way a wide range of areas a gastroenterology trainer should be familiar and proficient with.

Thank you all, WGO staff and TTT team, for the great input and all efforts to make this such a wonderful experience!



WGO Launches Emerging Leaders Mentorship Program

As part of an ongoing commitment to training and education, and in keeping with the goal of expanding the WGO community to include the next generation of GI professionals, WGO is proud to announce the launch of its **Emerging Leaders Mentorship Program (ELMP)**. Led by the Drs. Aasma Shaukat, Eamonn Quigley, and Vivek Kaul, the WGO ELMP will link young and aspiring gastroenterologists who wish to promote GI care, education, and/or research in their region (but may lack the support structures to do so) with informed experts in the areas of the delivery of GI care, education and training, and clinical research.

Throughout the yearlong partnership, the mentors will impart knowledge and expertise in the areas of clinical practice, education, and research, catering to the interests and specific needs of the mentees. Topics that may be covered by this program might include any of the following:

- How do I set up an endoscopy unit?
- How to I set up a liver clinic?
- What should be the minimum standards for a training program in gastroenterology?
- Is there a curriculum that I can refer to?
- What are the essentials of a core GI curriculum?
- I would like to examine the prevalence of *H. pylori* in my region. How do I go about doing this?
- We seem to be seeing a lot of cases of colon cancer. How can I assess this accurately?
- Is there someone who can help me investigate an outbreak of delta hepatitis in my region?

- How to write a scholarly article and get accepted in a GI journal?
- How can I create an effective PowerPoint presentation?
- Any tips and tricks for telemedicine and digital platform-based communication/presentations?

The program aims to initially focus on selecting young professionals or professionals new to the field of GI as mentees. Special consideration will be given to young GI professionals in developing regions where access to needed resources may be limited. In the future, the program may expand to include mentees at any level of experience who demonstrate an interest in expanding their skillset or seek advice and guidance.

Potential mentors must demonstrate an understanding of the challenges faced in the developing world, as well as those young professionals are facing in the modern era of gastroenterology. Mentors will be chosen from among established experts. Preference will be given to those who have a demonstrated record of successful mentorship and who have a first-hand knowledge of GI issues in their region.

All interested individuals, for roles of both mentor and mentee, are encouraged to apply for this program. Submit your application

through Jotform; <https://form.jotform.com/211116810448145>. There is no cost associated with participation in the program and there will be a rolling deadline to apply throughout the year. Additionally, if you would like to refer someone to this program, WGO welcomes all referral.; Referrals should be directed to info@worldgastroenterology.org with subject line, "Attn: Mentorship Referral."

The application form will be available on the WGO website starting 1 September 2021 with the review process beginning in November 2021. Selected participants will be notified via email by the WGO Secretariat and an inaugural call will take place among participants to introduce the program. As the program is a pilot, additional feedback will be collected from early participants and will be used as the program evolves to ensure the program is catering to the needs of professionals worldwide as intended.



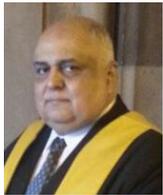
Emerging Leaders Mentorship Program

Mentees

Complete your application by 25 October 2021 to be paired with a mentor for the inaugural session commencing December 2021.

APPLY NOW

WGO Cairo Training Center - Training the Next Generation of Africa's Doctors



Ibrahim Mostafa, MD, PhD, FACG, MWGO, FRCP (Glasg.)

Director, WGO Cairo Training Center

The WGO Cairo Training Center started its training activities in 2021 by “Training the Next Generation of Africa’s Doctor.”

We held the course on Saturday, 3 April 2021, onsite at the Steigenberger Altahir hotel and virtually via Zoom.

We had 40 African doctors, students, and nurses in our face-to-face meeting as well as 30 doctors gathering in South Sudan who joined virtually. In addition, 155 others attended on Zoom from all African countries.

The day included lectures about many important diseases and medical topics, such as:

- Diabetes Mellitus management; are we following the guidelines?
– Dr. Shady Alibrashy
- Hypertension management: choosing the right medication
– Dr. Shady Alibrashy
- Basic life support made easy
– Dr. Mohamed A. Maher
- COVID 19; lessons from practice
– Dr. Maged Salah
- Training: The road to success
– Dr. Ibrahim Mostafa

This course has been totally organized onsite and virtually by Cairo Training Center and supported by the Arab Fund for Technical Assistance to African Countries - League of Arab States (AFTAAC).



World Hepatitis Day 2021: Elimination Efforts Around the World



Saeed Hamid, MD

Chair, WGO Hepatology Interest Group
Aga Khan University Hospital, Department of Medicine
Karachi, Pakistan

World Hepatitis Day is celebrated every 28 July to bring about the awareness of the global burden of viral hepatitis, with the primary campaign goal of eliminating viral hepatitis by 2030. World Hepatitis Day is organized by the World Hepatitis Alliance. The theme for this year is “Hepatitis Can’t Wait.”

According to the World Health Organization, over 3 million new infections and 1.1 million deaths were recorded from hepatitis C and hepatitis B in 2019. Eliminating viral hepatitis by 2030 requires a global community effort.

With that in mind, members of WGO’s Hepatology Interest Group participated in World Hepatitis Day by raising awareness of viral hepatitis elimination efforts throughout the world. Members provided testimonials about efforts in their respective countries, which were compiled together to create an informational video. Countries represented in this video include Australia, Egypt, India, Malaysia, the Netherlands, Pakistan, Rwanda, South Africa, and the United States of America.

We invite you to watch this video and join in the call to take action. Together, we can prevent, cure, and eradicate hepatitis B and C in the near future. It is clear that Hepatitis Can’t Wait, and WGO remains committed to the cause.



Watch WGO’s World Hepatitis Day video here: <https://youtu.be/Im3SbSgD-0>

WGO RESOURCES

Eliminating viral hepatitis is directly link to WGO’s mission, and WGO offers a number of resources to facilitate these efforts through our Member Societies, our Regional Affiliate Associations and all WGO Training Centers.

WGO Global Guidelines and Cascades

The WGO Guidelines and Cascades library contains over 20 practice guidelines written from a global standpoint and published for viewing and download on the WGO website. Cascade-based guidelines offer vari-

ous treatment options for diagnosis and treatment depending on the resources available in different parts of the world. The six supporting WGO Global Guidelines and Cascades listed below are available in different languages and focus on hepatitis and related liver disease topic areas:

- [Acute Viral Hepatitis](#)
- [Esophageal Varices](#)
- [Hepatitis B](#)
- [Hepatitis C](#)
- [Hepatocellular Carcinoma \(HCC\)](#)
- [NAFLD & Nash](#)

e-WGN Expert Point of View (EPOV) Articles - Hepatology Collection

The e-WGN Expert Point of View (EPOV) articles listed below are a part of the Hepatology Collection and are available for viewing on the WGO

Website. Click the article title(s) below to begin reading!

- **Emerging Issues in Hepatitis D**
Zaigham Abbas, MBBS, FCPS, FRCP, FRCPI, FACP, FACG, AGAF
Vol. 21, Issue #2 (July 2016)
- **Intrahepatic Cholestasis of Pregnancy: Even Today a Puzzling Disease of Pregnancy**
Rodrigo Zapata MD, FAASLD
Vol. 21, Issue #2 (July 2016)
- **Nonalcoholic Fatty Liver Disease – A Growing Public Health Problem**
Davor Stimac, MD, PhD
Ivana Mikolasevic, MD, PhD
Vol. 20, Issue #4 (January 2016)
- **Outcomes and Treatments of Dual Chronic Hepatitis B and C**
Chun-Jen Liu, MD, PhD
Vol. 19, Issue #4 (January 2015)
- **HIV/HBV and HIV/HCV Co-infection in Sub-Saharan Africa: Transmission, Disease Outcomes, and Treatment Options**
Mark W. Sonderup, MD
C. Wendy Spearman, MD
Vol. 19, Issue #4 (January 2015)
- **WGO Lectureship, Georges Brohée Medal and Lecture: New Views on NASH Pathogenesis – How Should They Inform Management?**
Geoffrey C. Farrell, MD, FRACP
Vol. 18, Issue #3 (September 2013)
- **From Obesity to Fatty Liver/ NASH: Two Parallel Epidemics**
Sofia Carvalhana, MD
Helena Cortez-Pinto, MD, PhD
Vol. 18, Issue #2 (July 2013)
- **New Era of Antiviral Therapy for Chronic Hepatitis C Infection: Implications on Global Health**
Joseph K. Lim, MD
Vol. 17, Issue #4 (December 2012)

- **Part II: Global Burden Of Liver Disease: A True Burden on Health Sciences and Economies!!**
S. K. Sarin, MD, DM
Rakhi Maiwall, MD, DM
Vol. 17, Issue #3 (October 2012)
- **Global Burden Of Liver Disease: A True Burden on Health Sciences and Economies!!**
S. K. Sarin, MD, DM
Rakhi Maiwall, MD, DM
Vol. 17, Issue #2 (July 2012)
- **Acute Hepatitis E**
Wasim Jafri, MD, FRCP, FACG, FACP
Om Parkash, MBBS, FCPS, FCPS (GI), MSc, FACP
Vol. 17, Issue #1 (March 2012)

WGO Training Centers

Since 2001, over 3,400 professionals have received training through the various educational programs offered at the WGO Training Centers. Located in developing countries throughout the world, each WGO Training Center provides trainees with the opportunity to enhance their skills and further their education in gastroenterology, hepatology, endoscopy, oncology, and GI surgery.

Each Center offers comprehensive training, ranging from multi-day workshops on special topics to four-year sub-specialty internships that include theoretical courses and practical applications of techniques. The Training Centers promulgate locally relevant knowledge and develop appropriate skills among medical practitioners and health care workers from low-resource countries.

Visit www.worldgastroenterology.org/education-and-training/training-centers/centers to discover each of our WGO Training Centers!

GET INVOLVED

How can you contribute to the goal of eliminating hepatitis by 2030?

World Hepatitis Day 2021 Campaign Toolkit

Download the World Hepatitis Day 2021 Campaign Toolkit, provided by the World Hepatitis Alliance, to find ideas on how you can participate in the World Hepatitis Day 2021 Campaign. <https://www.worldhepatitisday.org/campaign/>

World Hepatitis Day 2021 on Social Media

Use the following hashtags when posting about hepatitis on social media!

- #WorldHepatitisDay
- #HepCantWait
- #NOhep
- #hepatitis



World Hepatitis Day Celebrations & Activities in Chennai, India



Jeyaraj Ubaldhus, MD

Secretary, Tamil Nadu State Chapter, Indian Society of Gastroenterology
Sr. Gastroenterologist, Apollo Hospital Chennai
Chennai, Tamil Nadu, India



Dr. Hema Vijayalakshmi held a public awareness campaign talk to medical staff and paramedics at Sree Balaji Medical College and Hospital in Chennai, India. Educational leaflets were distributed, and there was a photo session involving both M.G.E. and S.G.E. teams.



Madurai Medical College attached to Govt. Rajaji Hospital is one of the biggest teaching institutes and tertiary care hospitals in Chennai, India. On the eve of World Hepatitis Day, they organized mass screening camps in the city and provided awareness programs to the general public. This was followed by free vaccinations to the public to help them be free from hepatitis infections. Dr. Premkumar, Dr. Carolene Selvi, Dr. Aravind, and team were involved with the mass screening campaign at Govt. Rajaji Hospital in Chennai, India.



For World Hepatitis Day, Dr. N. Murugan delivered an awareness speech about hepatitis through Jaya TV and FM radio, addressing all the queries raised by the general public as well as the Do's and Don'ts for hepatitis. Dr. N. Murugan is a Sr. Hepatologist in the Department of Hepatology and Liver Transplant at the Apollo Hospital Chennai.



Through the Dept. of Medical Gastroenterology at Tirunelveli Medical College and Hospital, Dr. Kandasamy Kumar conducted CME sessions on viral hepatitis and control programs.

API TIRUNELVELI CHAPTER
Monthly CME 2021/8
JOIN us online @ zoom

Meeting ID: 870 0533 1582 Passcode: APITVL

Speaker: Dr K RAJA YOGESH, DM
Consultant Gastroenterologist,
MedIndia hospitals, Chennai

Topic: "Approach to chronic viral Hepatitis"

Moderator: Dr Kandasamy, MD, DM
HOD and Prof, Dept of Gastroenterology, TVMCH

Dr A S Mohan **Dr N Subramanian** **Dr V Manakavalaperumal**
Chairman **Secretary** **Treasurer**

Dr. K Raja Yogesh conducted a CME Zoom session entitled "Approach to Chronic Viral Hepatitis." Dr. K Raja Yogesh is a Gastroenterologist and Therapeutic Endoscopist at MedIndia Hospitals in Chennai, India.



On the occasion of World Hepatitis Day 2020, awareness programs and preventative measures for hepatitis B & C were conducted by the Dept. of Gastroenterology at Govt. Anna Peripheral Hospital and Govt. Kilpauk Medical College Hospital along with Dr. Kani Shaik Mohamed and Dr. Senthil Vadivu.



Stanley Medical College is one of the biggest teaching institutes in Chennai for liver and gastroenterology. The team of gastroenterologists is headed by Dr. M. S. Revanthy. Along with the vice president and dean of the institution and a team of paramedics, Dr. Revanthy created awareness through CMEs as well as conducted a screening campaign for dialysis patients and antenatal mothers.



World Hepatitis Day 2021 in Pakistan



Lubna Kamani, MD

President, Pak GI & Liver Disease Society (PGLDS)
Associate Professor & Director, GI Residency Program
Liaquat National Hospital and Consultant Aga Khan University
Hospital



PGLDS members participating in a screening camp for World Hepatitis Day.

Pak GI and Liver Disease Society (PGLDS) and its office bearers observed a week long World Hepatitis Day and conducted various activities in different hospitals. Due to the ongoing COVID-19 pandemic and intermittent lockdowns, awareness sessions and hepatitis screening camps were not arranged at usual pace because of changing priorities of government stakeholders. Therefore, this year, the activities occurred over a longer period than usual. This year's theme is "Hep Can't Wait," and neither should we. Despite the partial lockdown in Pakistan and the limited resources we



Members of PGLDS raising awareness that Hep Can't Wait during World Hepatitis Day activities.

had to work with, we still managed to conduct several activities, screening camps, and awareness talks for World Hepatitis Day 2021.

Firstly, there was a webinar held on the 25th of July 2021 where faculty from all over the country participated. There were talks on hepatitis C elimination, hepatitis B and D treatment, followed by expert panel discussion. It was well attended by doctors, trainees and students. This webinar was followed by an awareness session and screening camp on 27th July, where more than 150 people got screened and those who tested positive were linked to treatment by government and non-government organizations.

There was also a walk in Press Club with a press release covered in various national newspapers on the 27th of July. Office bearers of PGLDS warned that hepatitis B and C viral infections claim 3 to 4 times more lives than COVID-19 in Pakistan and can be regarded as the "pandemic within a pandemic." Additionally, there was another awareness walk at the Jinnah Postgraduate Medical Center on the 28th of July followed by a hepatitis screening camp, where more than 500 people got tested and later linked to treatment. During these sessions, brochures were circulated on the spread of hepatitis B and C both in English and Urdu. All awareness sessions and media briefing were conducted in



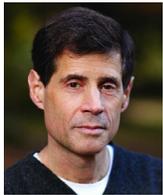
PGLDS speaking to press on the rate of viral hepatitis infection.

both English and Urdu so that all who attended could fully understand what was being said and grasp the severity of the situation.

Lastly, we cannot win this fight against hepatitis unless our nurses, paramedics, technicians, midwives, and health care workers do not come together and join hands. In light of this, office bearers of PGLDS collaborated with the Department of Nursing and Gastroenterology of Liaquat National Hospital and conducted a webinar on the role of nurses in preventing and curbing hepatitis. In this webinar, it was highlighted the importance of hepatitis B birth dose vaccination, prevention of hepatitis B and C, avoidance of re-use of syringes, and proper disposing off sharps. This was the first time that nurses and paramedic staff were included in the World Hepatitis Day activities. More than 100 participants attended this webinar.

The international goal is to eliminate hepatitis by 2030. However, in a country like Pakistan with over 15 million cases of viral hepatitis, this seems to be a daunting task. In a country with a population over 220 million, we are still struggling to eradicate polio. We must step up our game. Otherwise, we will not be able to eliminate hepatitis either by 2030.

Digestive Disease Week 2021



Loren Laine, MD

DDW Council Chair
Professor of Medicine, Chief, Section of Digestive Diseases, Yale School of Medicine; Medical Chief, Digestive Health, Yale New Haven Health; New Haven, Connecticut, United States

Clinicians and scientists from more than 112 countries came together online for Digestive Disease Week® (DDW) 2021, May 21–23. This year, in a completely new virtual format, AASLD, AGA, ASGE and SSAT provided over 300 scientific sessions, 2,000 ePosters, a brand-new networking center and a reimagined Exhibit Hall (now known as the Industry Supporter Showcase). It was successful thanks to the continued support of our attendees, speakers and industry supporters.

Along with the first virtual DDW, we are delighted to be able to bring you the DDW 2021 Medfyle Conference Highlights program — a collection of the key presentations from across the fields of gastroenterology, hepatology, endoscopy and GI surgery. This official highlights program gives an overview of the hottest data from DDW 2021, alongside commentaries from leading experts in the field, posters with author podcasts and downloadable slide sets.

DDW 2022 will be taking place May 21–24 in San Diego, California and virtually. [Join us in 2022](#) to discover the latest research, present your own findings and expand your knowledge. Whether you are searching for insights, feedback or collaboration, you will find what you need to advance your goals at DDW 2022. Abstract submissions will be due on December 2 and registration will open in January 2022.



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XXXVII Pan-American Congress of Gastroenterology Recap



Eduardo Gutiérrez Galiana, MD

President, Pan American Gastroenterology Organization (OPGE), 2018- 2021
President, XXXVII Pan-American Congress of Gastroenterology, 14 - 16 July 2021

Thank you very much for being part of the XXXVII Pan-American Congress of Gastroenterology organized by OPGE!

On behalf of the Congress Organization and Scientific Committee, we would like to thank the 2,100 participants from the Americas and the world, the 220 experts from 40 countries, and the 37 gastroenterology and digestive endoscopy associations and organizations from all over the world, who made 457 participations during the three days of the Congress. This resulted in a high-class meeting and was the first virtual Pan-American Congress of Gastroenterol-

ogy in history. The OPGE board from Uruguay had the enormous challenge and honor to organize this meeting. We also want to express our gratitude to the two organizing companies, MCI Group and Grupo ELIS Meetings Management, as well as to all the industry for their significant hard work and invaluable support.

During the Pan-American Congress, the XX Uruguayan Congress of Gastroenterology took place, organized by the Uruguayan Society of Gastroenterology (SGU), being her President Dra. Virginia López. The X Uruguayan Congress of Digestive Endoscopy also took place, organized by

the Uruguayan Society of Digestive Endoscopy (SUED), being his President Dr. Federico De Simone. On behalf of OPGE, we want to thank SGU and SUED for their invaluable collaboration.

We want to express our special recognition and gratitude to Professor Dra. Carolina Olano, Professor of Gastroenterology of the University of Uruguay, UDELAR, President of the WGO Scientific Committee; Dra. Susan Kohen, Past-President of SGU; and Professor Dr. Nicolás González, Past-President of SUED; as well as Dr. Edgardo Smecul, OPGE Honorary Executive Secretary, Past-President of SAGE; for their great compromise, hard work, and enormous support for us during the last 3 years, being very important for the great success of this meeting!

During the Congress, there were multiple and excellent activities, including:

- the Symposium of the World Gastroenterology Organisation (WGO), chaired by Professor Dra. Naima Amrani, President of the WGO
- the Distinguished Lecture of the WGO given by Professor Dr. Richard Kozarek
- the Symposium of the Americas where all the 22 OPGE member associations participated
- the Symposium of the United European Gastroenterology (UEG)
- the Symposium of the Latin American Association for the Study of the Liver (ALEH)
- the Symposium of the Spanish Society of Digestive Pathology (SEPD)
- the Symposium of the Spanish Association of Gastroenterology (AEG)



OPGE Board 2018-2021 (left to right): Dr. Eduardo Gutiérrez Galiana; Dra. Ana Laura Rodríguez; Dra. Virginia González; Dr. José Pedro Ibarгойen; Dr. Juan Pablo Gutiérrez Aguiar

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- the Symposium of the American College of Gastroenterology (ACG)
- the Symposium of the American Gastroenterological Association (AGA)
- the Pan-American Crohn and Colitis Organization Symposium (PANCCO)
- the Latin American Neuro-gastroenterology Society Symposium
- the Spanish Group for the Study of Crohn's Disease and Ulcerative Colitis (GETECCU)
- the Rome Foundation Symposium
- the McMaster University Symposium from Canada
- the Digestive Endoscopy Assistants Course
- the Young Gastroenterologists and Endoscopists Course
- the Colorectal Cancer Symposium
- the Obesity Symposium

In addition, there were several magnificent State of the Art Lectures, one of them given by Professor Dr. Fabián Emura, President of the World Endoscopy Organization (WEO); another given by Professor Dr. David Carr-Locke, Former President IHPBA and ASGE; and the “Professor Carlos Bonorino Udaondo” State of the Art Lecture given by Professor Dr. Julio Bai, Past-President of OPGE. Many other excellent conferences sessions were given by the 220 experts from all over the world, about the most varied topics of gastroenterology and digestive endoscopy, especially those related to COVID-19. We would like to emphasize there was also a motivational activity given by two of the survivors of the Andes tragedy called “It is possible! It is up to us!”

We had the honor of awarding the three best scientific works presented at the Congress with:

- Professor Dr. Horacio Gutiérrez Blanco award, to the colleagues Dr. Marcos Leites, Dra. Teresa Freire, and Professor Dra. Carolina Olano – from Uruguay



Closing Ceremony (left to right): Dr. Federico De Simone, President, SUED; Dr. José Pedro Ibarгойen, General Secretary, OPGE; Dr. Eduardo Gutiérrez Galiana, President, OPGE; Dra. Virginia López, President, SGU

- Professor Dr. Elbio Zeballos award to the colleagues Dra. Alizon Morales, Dra. Laura Linares, Dra. Fernanda Dávalos, Dra. Elena Cárdenas, Dr. Miguel Motola, Dr. Daniel Santana, Dra. Adriana Alarcón, Dra. Gabriela Gutiérrez Reyes, and Professor Dr. Max Schmulson – from México
- Professor Dr. Luis Alberto Boerr award, to the colleagues Dra. Paula Fernández Álvarez, Dra. Belén Maldonado Pérez, Dra. Luisa Laría Castro, Dr. Vicente Merino-Bohórquez, Dr. Ángel Caunedo Álvarez, and Prof. Dr. Federico Argüelles Arias – from Spain.

We also had the honor of presenting an award to Professor Dr. Henry Cohen for his contributions to OPGE and for his great work advising the government of Uruguay during the pandemic.

And, as a finishing touch, we have the honor of appointing 3 new colleagues as “Masters of the Pan-American Gastroenterology.” They are:

- Professor Dra. Sheila Crowe - from USA

- Professor Dra. Elena Fosman - from Uruguay
- Professor Dr. Miguel Ángel Valdovinos - from México

At the closing ceremony, a heartfelt tribute took place to the gastroenterologists and digestive endoscopists from the Americas that unfortunately died from COVID-19.

In addition, the virtual OPGE General Assembly took place on 17 July, where Professor Dr. Arnoldo Riquelme from Chile, former President of SCHGE, became the new President of OPGE for the period 2021-2023. Congratulations to Professor Arnoldo Riquelme and to Chile!

The virtual modality in a Pan-American Congress of Gastroenterology has been a new experience that has shown significant advantages, allowed the participation of experts from all over the world to contribute with their teachings and facilitating, and globalized access for participants. We had a lot of feedback from participants, who valued the teaching aspect of the virtual modality since the Con-



(left to right) Dr. Federico De Simone, President, Uruguayan Society Digestive Endoscopy; Prof. Henry Cohen, former President, WGO

gress remains on the web platform for a sufficient time to review the information and access the lectures of the rooms that could not be seen live. I want to thank the great team that made this magnificent first virtual Pan-American Congress of Gastroenterology possible - "Where there's a will, there's a way!" As I expressed previously in the Opening Ceremony: "When you work as a team and with love for what you do, the result will always have its reward!"

I wish to express my gratitude to the colleagues of OPGE Board and their families that unconditionally accompanied me during these three years in this huge challenge (Javier San Martín, José Pedro Ibarгойen, Ana Laura Rodríguez, Virginia González, my nephew Juan Pablo Gutiérrez Aguiar, Edgardo Smecuol, Arnoldo Riquelme, my brother Horacio Gutiérrez Galiana, Thomas Kröner, Richard Kozarek, David Carr-Locke, and the administrative secretary María Deambrosio). I also

extend my gratitude to the colleagues of the Scientific Committee of the Congress (Cristina Dacoll, Beatriz Iade, Elena Trucco, Carla Bianchi, Carolina Olano, Susana Kohen, Adriana Raggio, Virginia López, Yéssica Pontet, Klaus Mönkemuller, Nicolás González, and Federico De Simone), to the Committee of Past-Presidents (Julio Bai, Luis Carlos Sabbagh, and José Roberto De Almeida), to OPGE Special Commission (Estuardo Ligeria and Robinson González), and to the Award and Evaluation Committee of Scientific Papers (Marisabel Valdez, Marlene Pérez and Marcelo Silva).

I wish to express my fraternal gratitude to the presidents and boards of directors of the 37 associations and organizations of gastroenterology and digestive endoscopy throughout the Americas and the world who have strongly supported us throughout this process, especially to the World



(left to right) Dr. Horacio Gutiérrez Galiana, President, OPGE Scientific Committee; Dr. Juan Pablo Gutiérrez Aguiar, Pro-Secretary, OPGE; Dra. Carolina Olano, President WGO Scientific Committee

Gastroenterology Organisation (President Professor Dra. Naima Amrani, Past-President Professor Dr. Cihan Yurdaydin and the President-Elect Professor Dr. Guilherme Macedo), the presidents of the regional associations and their boards of directors (Professor Dr. Reda Elwakil, President of AMAGE; Professor Dr. Axel Dignass, President of UEG; Professor Dr. Dai-Ming Fan, President of APAGE). I want to highlight that it was a great honor for me to be member of the Governing Council of WGO during these years.

I wish to remark the formidable work done by the Scientific Committee of the Congress, resulting in a magnificent Scientific Programme. I give a special recognition to Dr. José Pedro Ibarгойen for his fantastic performance as president of this committee as well as his transcendental work as OPGE General Secretary.

Before finishing, I want to express my gratitude to my family, especially to my wife Marité Ferriolo for her support and love, being a pillar for me to move forward calmly with firmness and enthusiasm to face all the great challenges that have arisen during these years.

We hope you enjoyed the XXXVII Pan-American Congress of Gastroenterology and learned as much as we did. Thank you very much! A big hug from Punta del Este, Uruguay.

UEG Week Virtual 2021



Keep up with the latest and greatest scientific advancements. The UEG Week Virtual 2021 scientific program takes place on our virtual congress platform from October 3-5, 2021. The program is featured across many virtual lecture halls as well as in our Vienna-based live TV Studio. Each location hosts scientific highlights in extremely interactive ways. In every session, delegates have the opportunity to interact in real-time via our Q&A tool.

Unable to watch live? Don't worry! The on-demand recordings are easily accessible on our virtual congress platform.

For more information, please visit <https://ueg.eu/week>.



Calendar of Events

Due to uncertainties of scheduling from the COVID-19 situation, please check the WGO Meetings and Events Calendar for the latest updates at <https://www.worldgastroenterology.org/meetings/meetings-and-events-calendar>

WGO RELATED EVENTS

Gastro 2021 Prague

When: December 9, 2021 - December 11, 2021

Location: Hybrid on-line and on-site conference

Address: Prague, Czech Republic

Organizer(s): World Gastroenterology Organisation and the Czech Society of Gastroenterology

Website: gastro2021prague.org

World Congress of Gastroenterology 2022

When: December 12, 2022 - December 15, 2022

Location: Dubai

Country: United Arab Emirates

Organizer(s): WGO and the Emirates Gastroenterology and Hepatology Society

Website: <https://wcog2022.org/>

CALENDAR OF EVENTS

Annual Meeting of the Ukrainian Gastroenterological Association

When: September 23, 2021 - September 24, 2021

Location: Kyiv

Country: Ukraine

Organizer(s): Ukrainian Gastroenterological Association

Email: inskrypnyk@gmail.com

Website: www.ukrgastro.com.ua

Congreso Argentino de Gastroenterología y Endoscopia Digestiva GASTRO 2021

When: September 28, 2021 - October 2, 2021

Location: Virtual online conference

Country: Argentina

Organizer(s): Sociedad Argentina de Gastroenterología (SAGE), Federación Argentina de Asociaciones de Endoscopia Digestiva (FAAED), Federación Argentina de Gastroenterología (FAGE)

Email: congresogastro2021@gmail.com

Website: <https://gastro2021.com/>

United Conference of Hepatogastroenterology and Infectious Diseases 2021

When: September 30, 2021 - October 2, 2021

Location: Cairo (and virtual)

Country: Egypt

Organizer(s): UCHID

Website: <http://uchid-eg.org>

Ghent International Endoscopy Quality Symposium (GIEQS)

When: September 30, 2021 - October 1, 2021

Location: Online virtual meeting

Country: Online

Organizer(s): The Gastrointestinal Endoscopy Quality and Safety (GIEQS) Foundation

Website: www.gieqs.com

UEG Week 2021

When: October 3, 2021 - October 5, 2021

Location: Online virtual conference

Organizer(s): UEG

Website: <https://ueg.eu/week>

XIX Congreso Dominicano de Gastroenterología

When: October 7, 2021 - October 10, 2021

Location: Punta Cana

Country: Dominican Republic

Organizer(s): Sociedad Dominicana De Gastroenterología

Email: sociedadgastrod@gmail.com

Website: <http://www.sodogastro.com>

XXVII United Russian Gastroenterology Week

When: October 18, 2021 - October 20, 2021

Country: Russia

Organizer(s): Russian Gastroenterological Association

Website: <http://www.gastro.ru/>

IFSO 2021

When: October 19, 2021 - October 23, 2021

Location: Miami, Florida

Country: USA

Organizer(s): International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

Website: <https://www.ifso2021.com/>

41st Panhellenic Gastroenterology Congress**When:** October 21, 2021 - October 24, 2021**Location:** Hotel du Lac**Address:** Ioannina, Greece**Organizer(s):** Hellenic Society of Gastroenterology**Website:** <https://hsgcongress2021.conferre.gr>**ACG 2021****When:** October 24, 2021 - October 27, 2021**Location:** Las Vegas, Nevada**Country:** USA**Organizer(s):** American College of Gastroenterology**Website:** <https://acgmeetings.gi.org/>**IX Congress of the Croatian Gastroenterology Society with International Participation****When:** October 28, 2021 - October 30, 2021**Location:** Zagreb**Country:** Croatia**Organizer(s):** Croatian Gastroenterology Society**Email:** hgd@hgd.hr**Website:** www.hgd.hr**JDDW 2021 - Japan Digestive Disease Week 2021****When:** November 4, 2021 - November 7, 2021**Location:** Kobe**Country:** Japan**Organizer(s):** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**BSG Annual Conference 2021****When:** November 8, 2021 - November 12, 2021**Location:** Virtual online conference**Country:** United Kingdom**Organizer(s):** British Society of Gastroenterology**Website:** <http://www.bsg.org.uk>**Semana Nacional de Gastroenterología 2021****When:** November 12, 2021 - November 16, 2021**Location:** Virtual online conference**Country:** Mexico**Organizer(s):** Asociación Mexicana de Gastroenterología**Website:** <https://www.gastro.org.mx/eventos>**Liver Meeting® 2021****When:** November 12, 2021 - November 15, 2021**Location:** Hybrid and in person in Anaheim, California**Country:** USA**Organizer(s):** AASLD**Website:** <https://www.aasld.org/event/liver-meeting>**ISGCON 2021****When:** November 18, 2021 - November 21, 2021**Location:** Virtual online conference**Country:** India**Organizer(s):** Indian Society of Gastroenterology**Email:** info@isgcon2021.com**Website:** www.isg.org.in**Korean Digestive Disease Week 2021****When:** November 18, 2021 - November 20, 2021**Location:** Virtual online conference**Country:** Korea**Organizer(s):** The Korean Society of Gastroenterology**Email:** info@kddw.org**Website:** <http://www.kddw.org>**XX SBAD – Semana Brasileira do Aparelho Digestivo****When:** November 25, 2021 - November 28, 2021**Location:** Online virtual event**Country:** Brazil**Organizer(s):** Federação Brasileira de Gastroenterologia**Website:** <https://www.sbad.com.br/>**SGA Annual Meeting 2021****When:** November 26, 2021 - November 27, 2021**Location:** Jeddah**Country:** Saudi Arabia**Organizer(s):** Saudi Gastroenterology Association**Email:** sga@saudigastro.com**Website:** www.saudigastro.net**24th Egyptian Workshop on Therapeutic Endoscopy****When:** December 9, 2021 - December 10, 2021**Location:** Marriott Zamalek Hotel**Address:** Cairo, Egypt**Organizer(s):** Egypt Gastro Hep**Website:** www.egyptgastrohep.com**Annual Meeting of The Gastroenterological Association of Thailand****When:** December 16, 2021 - December 18, 2021**Location:** Pattaya, Chonbur**Country:** Thailand**Organizer(s):** The Gastroenterological Association of Thailand**Website:** www.gastrothai.net**Annual meeting of the Norwegian Gastroenterology Association****When:** February 10, 2022 - February 12, 2022**Location:** Lillehammer**Country:** Norway**Organizer(s):** Norwegian Gastroenterology Association**Website:** <https://www.legeforeningen.no/foreningsledd/fagmed/norsk-gastroenterologisk-forening/>**Philippine Digestive Health Week / Joint Annual Convention****When:** March 10, 2022 - March 13, 2022**Country:** Philippines**Organizer(s):** Philippine Society of Gastroenterology**Website:** <http://www.psgastro.org>

52nd Annual Meeting of GEST**When:** March 26, 2022 - March 27, 2022**Country:** Taiwan**Organizer(s):** The Gastroenterology Society of Taiwan**Website:** www.gest.org.tw**APASL 2022****When:** March 30, 2022 - April 3, 2022**Location:** Seoul**Country:** Korea**Organizer(s):** APASL and Korean Association for the Study of the Liver**Website:** <http://www.apasl2022seoul.org/>**Digestive Disease Week® (DDW) 2022****When:** May 21, 2022 - May 24, 2022**Location:** San Diego, California**Country:** USA**Organizer(s):** American Gastroenterological Association, American Association for the Study of Liver Diseases, American Society for Gastrointestinal Endoscopy, Society for the Study of the Alimentary Tract**Website:** <https://gastro.org/digestive-disease-week-ddw/>**JDDW 2022 - Japan Digestive Disease Week 2022****When:** October 27, 2022 - October 30, 2022**Location:** Fukuoka**Country:** Japan**Organizer(s):** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**JDDW 2023 - Japan Digestive Disease Week 2023****When:** November 2, 2023 - November 5, 2023**Location:** Kobe**Country:** Japan**Organizer(s):** Organization of JDDW**JDDW 2024 - Japan Digestive Disease Week 2024****When:** October 31, 2024 - November 3, 2024**Location:** Kobe**Country:** Japan**Organizer(s):** Organization of JDDW**Website:** <http://www.jddw.jp/english/index.html>**WGO Member Societies
Submit Your Event**

Are you a WGO Member Society wanting to share your event with WGO readers? Visit <https://www.worldgastroenterology.org/forms/submit-event.php> to submit your event for publication in WGO's website conference calendar as well as the quarterly e-WGN calendar of events!

BIOCODEX

Microbiota Institute

The Biocodex Microbiota Institute is an international scientific institution that aims to foster health through spreading knowledge about the human microbiota. To do so, the Institute addresses both healthcare professionals and the general public to raise their awareness about the central role of this still little-known organ of the body.

In a nutshell:

- A website available in 7 languages
- More than a million visitors in 2020
- 12 Microbiota magazine
- More than 300 current topics
- 10 new articles per month
- Specific Twitter account for healthcare professionals **@Microbiota_Inst** : https://twitter.com/Microbiota_Inst