

Congress Review

Review of the United European Gastroenterology (UEG) Week Virtual 2020

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"WILLKOMMEN IN WIEN" were the words that delegates expected to hear when arriving in Vienna, Austria, to participate in the United European Gastroenterology (UEG) Week. Instead of walking through Austria's architecturally stunning scientific hub, where more than 2,000 large-scale meetings and events are hosted annually, or enjoying a relaxing evening in one of the imperial cities renowned coffee houses or cosy wine taverns, delegates joined the 28th UEG Week virtually from the comfort and safety of their homes. Despite the unprecedented impacts of the coronavirus disease (COVID-19), UEG seamlessly provided one of the most spectacular events this year: the UEG Week Virtual 2020.

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UEG chose a unique approach to ensure that the UEG Week Premiere session was as lively and interactive as possible: the

session opened with DJ Melinda Stoika, who provided uplifting beats to elevate the mood and enliven everyone for the 3-day event ahead. Award-winning broadcaster Jonathan McCrea, a communication specialist with a love for technology and science, was undoubtedly the perfect moderator to host the session. Live from the UEG studio in Vienna, delegates were welcomed by McCrea's opening words: "Good evening everyone, to gastroenterologists across the world, to researchers, physicians, and all of those working in digestive health. To say this year has been a challenging one is an understatement." He proceeded to discuss the challenges that the COVID-19 pandemic has brought to healthcare and other industries, whilst also congratulating the UEG Week Virtual 2020 for being extraordinarily special: "The communities of those invested



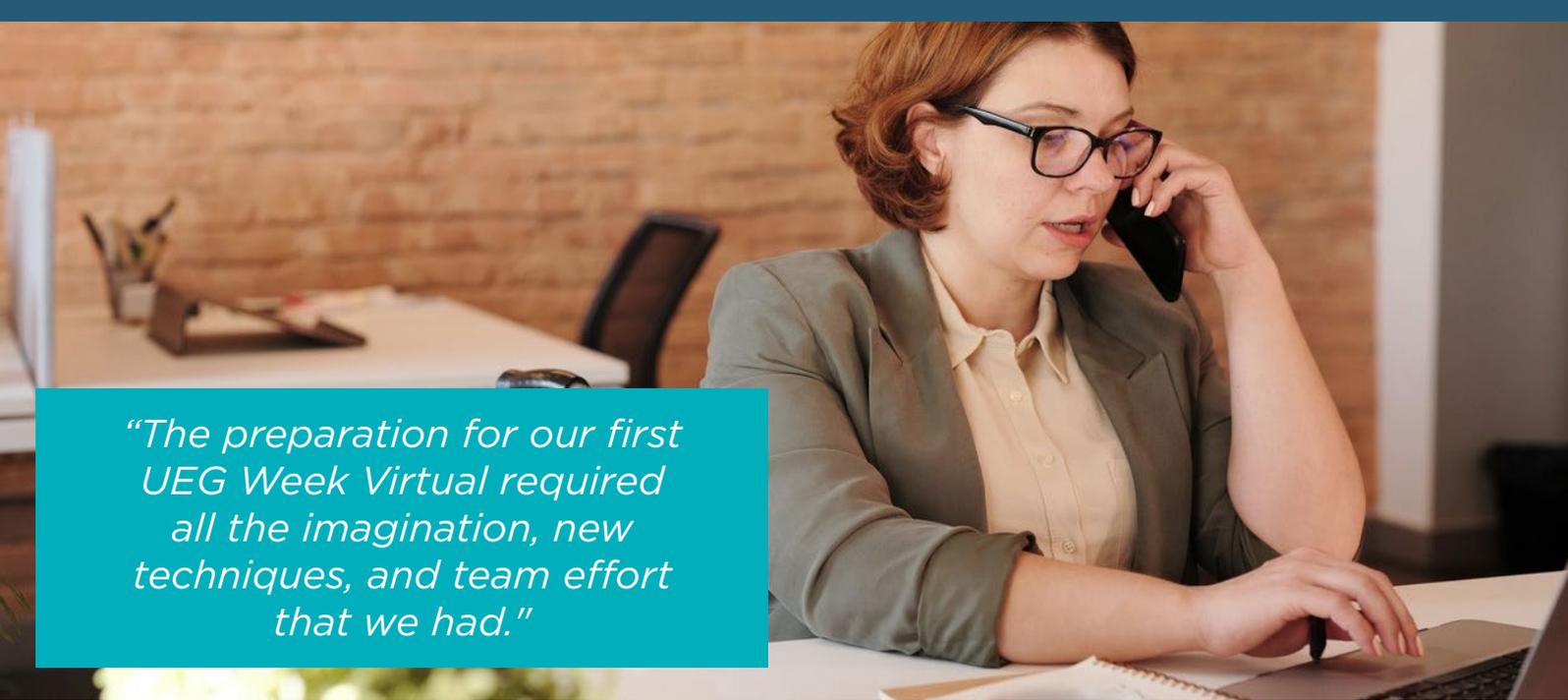
in gastrointestinal health and the outcomes of their patients can come together to hear from renowned experts, learn from the latest science, discuss and debate new therapies and new ideas, and come together and connect in a way that was never possible before.” He continued: “We hope that this will give you everything that you have had in your previous UEG weeks and more.” He then welcomed the top UEG Council members: President Prof Axel Dignass, Frankfurt, Germany; Vice President Prof Helena Cortez-Pinto, Lisbon, Portugal; and Scientific Committee Chair, Prof Herbert Tilg, Innsbruck, Austria.

Prof Dignass positively stated: “I’m here and I’m really proud and happy to see you all throughout the world.” He then delineated the precautions taken to ensure that the UEG Week remained a safe experience, and explained that, as UEG is a very multidisciplinary organisation, it took some time for the decision to be made to transfer the congress online. Prof Dignass further outlined

how the COVID-19 pandemic was a significant challenge for him personally because it greatly affected his research and abilities to network as President of UEG. When questioned how the UEG team coped with changing to a virtual event, he stated: “This is probably one of the biggest assets that UEG has. The headquarters have an outstanding team, they were so flexible. While changing over to a virtual congress, we were also delivering our usual content of educational materials, webinars, and meetings, which all other societies had stopped.”

Scientific Committee Chair, Prof Herbert Tilg, emphasised that the original programme for UEG had been completed in March 2020 and had taken 1.5 years to put together. Therefore, the UEG Scientific Committee had to restart the process and condense the programme. Though compressed, the 3-day event boasted 117 live streamed sessions, more than 1,400 eposters, 2,788 submitted abstracts, 1,915 presented

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abstracts, and 12 sponsored symposia, and attracted nearly 11,000 participants. The content covered all gastroenterology specialities, including hot topics such as faecal microbiota transplantation, COVID-19, artificial intelligence and robotics in endoscopy, and novel treatment options and strategies in inflammatory bowel disease (IBD).

The UEG platform was second to none, and enabled participants to explore the latest science with interactive virtual sessions and live demos. To make the experience more representative, everyone even received a virtual congress bag to collect and keep track of documents. However, UEG Week was not only about the science. Participants were invited to the ‘Chill Zone’ to relax, learn healthy cooking recipes, and had a choice of three yoga classes. The fun did not stop there, as sightseeing tours of Vienna were available to watch, and participants were encouraged to take part in the virtual congress treasure hunt to win a free registration to UEG Week 2021.

The primary award presented at this year’s congress, the distinguished UEG Research Prize, was awarded to Prof Stephan Schreiber for his outstanding project “Therapeutic mechanisms of controlled-ileocolonic-release nicotinamide (CICR-NAM) in IBD.” In the following pages, we have compiled some of the late-breaking research highlights, with topics including the lower associated risk of pancreatic cancer through reduced weight loss surgery, a revolutionary

endoscopic ablation procedure to reduce insulin dependence in patients with Type 2 diabetes mellitus, and COVID-19 fears among patients with IBD. We have also enlisted stand-out abstract summaries from UEG Week presenters, which detail the use of machine learning algorithms to predict rebleeding and mortality of oesophageal variceal bleeding in cirrhotic patients, the impact of prenatal stress on visceral sensitivity and intestinal homeostasis in adulthood, and more.

The UEG Week Premiere session concluded with the ‘Presidential Address’ by Prof Dignass, in which he reiterated that UEG is built on support, respect, awareness, and co-operation. UEG has grown profoundly since beginning in 1992. Collaborating with 48 national societies and 17 speciality societies, with a community of more than 50,000 experts strong, UEG is committed to building a close-knit digestive health community. “The preparation for our first UEG Week Virtual required all the imagination, new techniques, and team effort that we had. I’m sure you will appreciate this,” Prof Dignass stated, while inviting everyone to “meet, exchange, and evolve virtually while at the best gastroenterology congress in the world.” Concluding the session, he wished everyone strength, positivity, and perseverance during these unprecedented times. This supportive attitude was embraced throughout the entirety of the Virtual UEG Week 2020, and we look forward to the continuation of this spirit until next year’s UEG Week, planned again for Vienna, Austria.

UEG 2020 REVIEWED →

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COVID-19-Related Delays Estimated to Increase Colorectal Cancer Mortality Rates

DELAYS in receiving fundamental medical care have been experienced worldwide this year because of resources being reallocated to tackle the coronavirus disease (COVID-19) pandemic. One service in particular that has seen such delays is the screening of colorectal cancer (CRC), and according to research presented at UEG Week Virtual 2020 and reported in a press release dated the 12th October, these delays could have a significant negative impact on CRC mortality.

As the second most common cause of cancer deaths and the most common digestive cancer in Europe, the importance of identifying CRC at an early stage is well established. Screening is a crucial tool for the detection of CRC, with a steady decline in CRC mortality rates being associated with the rollout of screening programmes across Europe. Suspensions to essential screening programmes have been widespread since the COVID-19 pandemic started, and researchers from the University of Bologna, Bologna, Italy, conducted a study to assess the impact of these suspensions on CRC outcomes.

The researchers developed a model to estimate the impact of delays in receiving a colonoscopy on CRC disease stage progression and mortality. For a delay period of 0–3 months, it would be expected that 74% of CRC cases be Stages I–II, with a 2% increase seen with delays of 4–6 months. Furthermore, the researchers predicted that longer delays of 7–12 months and >12 months would increase the incidence of advanced CRC cases from 26% to 29% ($p=0.008$) and 33% ($p<0.001$), respectively. When assessing the impact on mortality rates, a 12% increase in CRC deaths was estimated for a change from a delay of 0–3 months to >12 months. Prof Luigi Ricciardiello, lead author of the study, commented on the significance of the findings: “It is therefore essential that vital diagnosis tools, like screening programmes, continue and help to prevent mortality rates from rising even further.” He added: “Healthcare authorities need to act urgently on how they reorganise activities during COVID-19, without compromising the diagnosis of other high-impact diseases like this research shows.”

Pancreatic Cancer Risk Reduced by Weight Loss Surgery

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SURGERY to address obesity significantly reduces the risk of developing pancreatic cancer, according to findings of a 20-year analysis, shared at UEG Week Virtual 2020 and in a press release dated 12th October 2020.

The study considered 1,435,350 patients who were obese and had diabetes, over a period of 20 years; 10,620 of these patients underwent bariatric surgery during this period. The prevalence of pancreatic cancer in those patients who had undergone bariatric surgery was significantly less than those without surgery (prevalence of 0.19% versus 0.32%; $p < 0.05$).

Pancreatic cancer is increasing in incidence, with cases in the European Union increasing by 5% between 1990 and 2016, the greatest rate of increase of the top five cancers in the EU. Over that period, survivability of pancreatic cancer has not improved significantly, so prevention is important. Lead author Dr Aslam Syed, Allegheny Health Network, Division of Gastroenterology, Pittsburgh, Pennsylvania, USA, emphasised the impact of pancreatic cancer: “The average survival time at diagnosis is particularly bleak for this silent killer, at just 4.6 months, with patients losing 98% of their healthy life expectancy. Only 3% of patients survive more than 5 years.”

As rates of both obesity and diabetes are increasing, these study findings are particularly timely. More than one-half the adult population of the EU are obese or overweight, with associated health risks including increased risk of pancreatic and other cancers. Dr Syed highlighted the impact of the findings in this context: “Obesity and diabetes are well-known risk factors for pancreatic cancer via chronic inflammation, excess hormones and growth factors released by body fat. Previously, bariatric surgery has been shown to improve high blood sugar levels in diabetic patients and our research shows that this surgery is a viable way in reducing the risk of pancreatic cancer in this growing, at-risk group.”



IBS Risk Increased for Childhood Asthma and Food Allergy Patients

IRRITABLE bowel syndrome (IBS) at age 16 years is more of a risk for those who experienced asthma and food hypersensitivity at age 12 years, according to a new study that was reported in a press release at UEG Week Virtual 2020, dated 12th October 2020.

The study, by researchers from the University of Gothenburg, Gothenburg, Sweden, and the Karolinska Institute, Stockholm, Sweden, involved a total of 2,770 children who were analysed from birth to age 16 years. The patients and their parents were required to complete questionnaires on asthma, allergic rhinitis, eczema, and food hypersensitivity at ages 1, 2, 4, 8, 12, and 16 years.

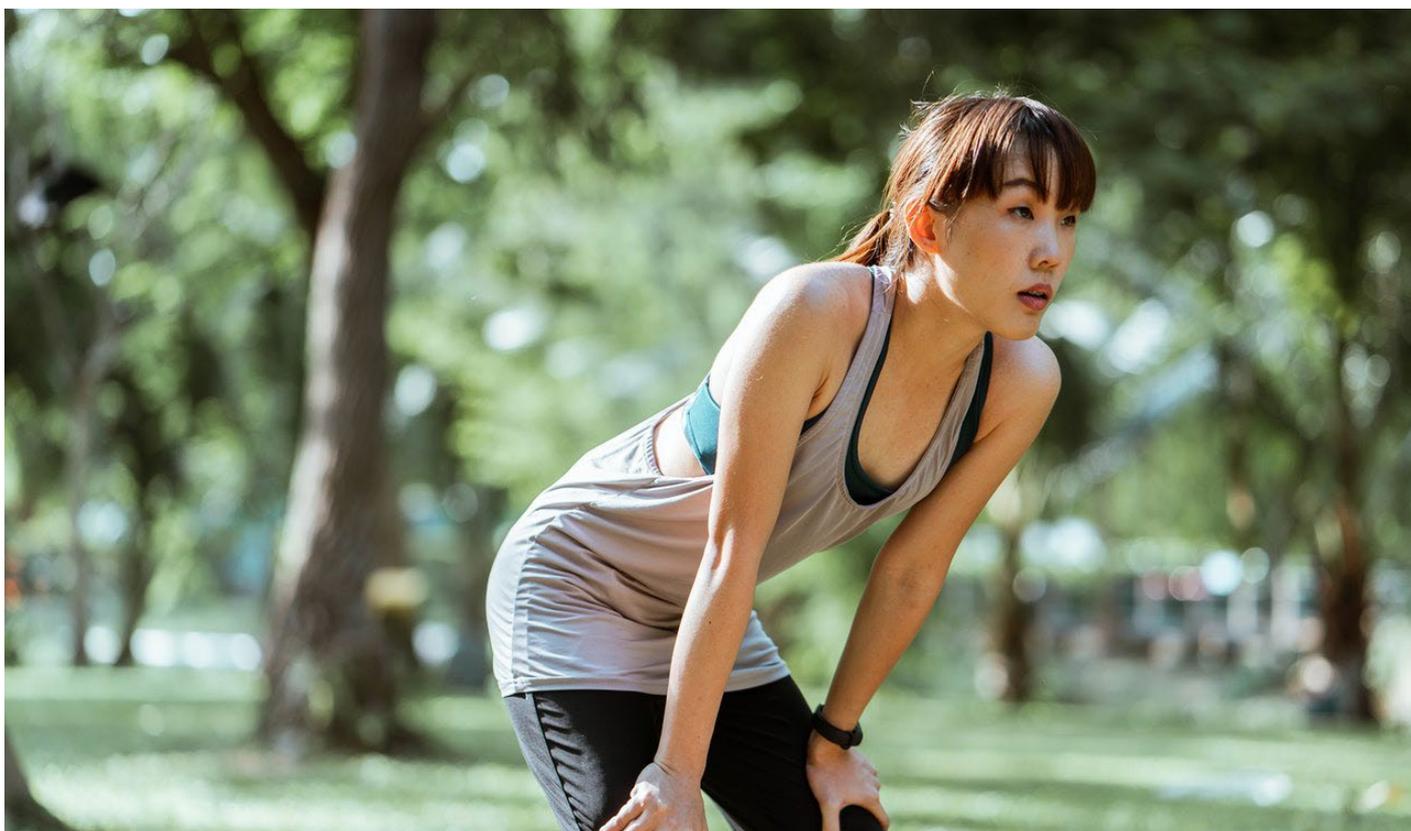
At age 16 years, those who had IBS were around twice as likely to have had asthma at the age of 12 years (11.2% versus 6.7%). Additionally, 40.7% of 16-year-olds with IBS had reported

food allergy at age 12 years, compared to 29.2% of 16-year-olds without IBS. The research team also found an association between asthma, food hypersensitivity, and eczema and an increased risk of concurrent IBS at age 16 years.

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Dr Jessica Sjölund, who led the population-based cohort study, was pleased to have found evidence for an association that has been previously unclear: "We knew that allergy and immune dysregulation had been suggested to play a role in the development of irritable bowel syndrome, but previous studies on allergy-related diseases and irritable bowel syndrome are contradictory."

The team are now hopeful that this knowledge could lead to new treatment developments for those with adolescent IBS, which could focus on the low-grade inflammation observed in allergy-related diseases.





Revolutionary Procedure to End Insulin Treatment in Diabetes

DUODENAL mucosal resurfacing (DMR) is the novel, minimally invasive, endoscopic ablation procedure which has been tested and shown to reduce dependence on insulin in a group of patients with Type 2 diabetes mellitus. Research on this therapeutic procedure was presented at UEG Week Virtual 2020 on 13th October.

The new technique rejuvenates the lining of the duodenum and was used in combination with daily administration of glucagon-like receptor peptide agonists and light lifestyle counselling. The pilot study enrolled 16 insulin-dependent patients with Type 2 diabetes mellitus with an average BMI of 29.8 kg/m². The results showed that 75% of patients no longer depended on insulin 6 months after the study and had HbA1c levels <7.5%, which decreased to 6.7% 12 months after the study. Other positive responses included reduced average BMI after 12 months to 25.5 kg/m² and reduced percentage fat in the liver from 8.1% to 4.6% after 6 months. The results of the study were promising in terms of improving overall metabolic health and reducing risk factors for the development of metabolic syndromes such as diabetes. In those who did not respond to the new procedure and remained on insulin after 6 months (25%), median insulin dose decreased

from 35 units per day to 17 units per day at 12 months.

Performed in an outpatient setting, DMR is performed with an integrated over-the-wire catheter attached to a custom console that performs a synchronised lifting of the duodenal mucosa and then ablation of the treatment area. The mechanism underlying the novel technique is not yet fully understood but may be associated with the change observed in mucosal cells in response to a diet high in fat and sugar, affecting the production and signalling of key hormones implicated in insulin resistance and diabetes. The act of resurfacing the lining of the duodenum may rejuvenate and reset this effect.

Dr Suzanna Meiring, study lead from Amsterdam University Medical Centre, Amsterdam, the Netherlands, commented on the prospects of the new results and the impact on patients: "This could be a game-changing approach in the treatment of metabolic syndrome. Many patients with Type 2 diabetes [mellitus] are very happy to be able to discontinue insulin therapy since insulin therapy comes with weight gain and hypoglycaemic events." She also confirmed that a large, randomised controlled trial will further investigate these results.

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COVID-19 Fears Among IBD Patients

A global survey by the European Federation of Crohn's & Ulcerative Colitis Associations (EFCCA) has shown that patients with inflammatory bowel disease (IBD) are worried that their medication may increase the risk of contracting coronavirus disease (COVID-19). This is according to a press release by the EFCCA that was presented at UEG Week Virtual 2020, dated 11th October.

To investigate the current COVID-19 concerns and fears from IBD patients, EFCCA, with the collaboration of Prof Silvio Danese, Head of the IBD Center at the Humanitas Research Hospital, Milan, Italy, launched the survey between March 30th and April 16th 2020. It focussed on the most recurrent questions that patients asked their physicians during the COVID-19 outbreak.

The survey reached 3,815 IBD patients in 51 countries and results showed that a vast number of respondents were worried about contracting COVID-19 (85%) or infecting others (87%). Furthermore, 63% reported the worry

that their medication might be putting them at increased risk of infection; however, the majority of patients (88%) did not want to discontinue their IBD medications during the pandemic and only 4% stopped taking their medication on their own initiative.

The survey also investigated what factors alleviated concerns about COVID-19; patient associations represented the most reassuring factor (42%) followed by relatives (27%) and international authorities (14%). Friends, physician consultation, and psychologists scored 7%, 6%, and 4%, respectively.

These results suggest that patient organisations play an important role in linking all stakeholders involved in IBD patient management. During periods of crisis that cause greater worry and disruption to people living with chronic diseases, such as the COVID-19 pandemic, close co-operation with all stakeholders could provide greater patient compliance and provide aligned, consistent, and reassuring recommendations.

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