

UNITED EUROPEAN  
GASTROENTEROLOGY

**ueg** week

2013

**Preliminary Programme**

**Berlin, Germany**

**October 12 – 16, 2013**

**Venue: ICC Berlin**

Together, we are advancing gastroenterological  
care. Find out more, visit [www.ueg.eu/week](http://www.ueg.eu/week)

Week

Journal

Education

EU  
Affairs

Research

## Together, we are advancing gastroenterological care.

UEG, or United European Gastroenterology, is a professional non-profit organisation combining all the leading European societies concerned with digestive disease.

Together, our member societies represent over 22,000 specialists, working across medicine, surgery, paediatrics, GI oncology and endoscopy. This makes UEG the most comprehensive organisation of its kind in the world, and a unique platform for collaboration and the exchange of knowledge.

Our mission is continually to improve standards of care in gastroenterology, and promote ever greater understanding of digestive and liver disease – among the public and medical experts alike.

As part of that work, we run a number of education and training courses facilitated by highly respected experts. We also organise UEG Week – the largest and most prestigious meeting of its kind in Europe. UEG Week has been running since 1992, in a variety of major cities, and now attracts more than 14,000 people from across the world.

**Find out more about the work  
we do. Visit [www.ueg.eu](http://www.ueg.eu)**

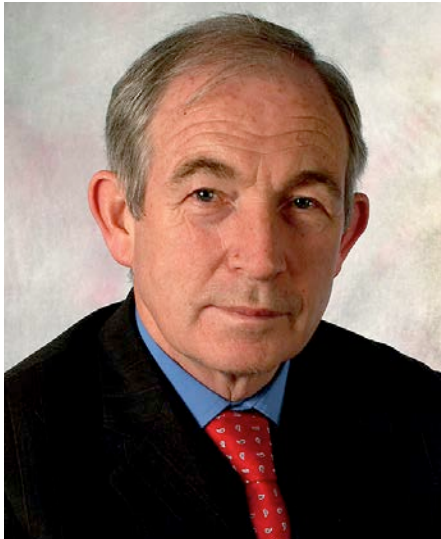
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## Dates to Remember

<b>January 7, 2013</b>	Opening Online Registration
<b>January 7, 2013</b>	Opening Abstract Submission
<b>May 3, 2013</b>	Deadline Abstract, Video Case and Clinical Case Submission
<b>May 15, 2013</b>	Deadline Early Registration
<b>September 12, 2013</b>	Deadline Late Registration
<u>Congress Venue</u>	
<b>ICC Berlin</b>	Main entrance:
Messedamm 22	Neue Kantstraße / Ecke Messedamm
14055 Berlin	14057 Berlin
Germany	Germany

## Welcome Address from the President of the UEG



**Colm O'Morain**  
*UEG President*

Professor Emeritus Trinity College Dublin  
and Consultant Gastroenterologist

Berlin is an ideal venue to host our twenty first United European Gastroenterology Week. Berlin is the symbol of a united Germany and Europe. This united theme reflects the mission of the UEG Week which is to improve digestive and liver health through the multidisciplinary participation of all involved in this field.

At this meeting positive health will be emphasised and abstracts presenting the cutting edge of research and innovation will be welcome. There are many unmet needs in gastroenterology. The cause of many of the diseases we treat remain unknown and the quality of life of our patients leave much to be desired. Addressing these issues make the week a meeting of global consequence. It is particularly an honour to have abstracts and registrants from every part of the globe. This participation adds to the vibrant atmosphere of inquiry and resolution of problems.

It is also important to note the participation of ESGENA which is growing in importance and are a vital team member in gastroenterology. It is also to acknowledge the participation of patient groups who are the key stake holders and beneficiaries of our research.

The meeting is designed to attract young investigators by offering scholarships and acknowledging excellence by presenting prizes for the best posters.

The Rock the Week is a particular highlight of our social programme. The meeting is family friendly by offering creche facilities for the future generation. All in all it is a meeting not to be missed!

A handwritten signature in black ink, appearing to read 'Colm O'Morain', written in a cursive style.

Colm O'Morain  
UEG President

## About UEG and UEG Week

### Mission & Goals

#### **Advancing gastroenterology care**

The UEG's mission is continually to improve standards of care in gastroenterology, and promote ever greater understanding of digestive and liver disease – among the public and medical experts alike. As part of that work, the UEG runs a number of education and training courses facilitated by highly respected experts. They also organise UEG Week – the largest and most prestigious meeting of its kind in Europe. UEG Week has been running since 1992, in a variety of major cities, and now attracts more than 14,000 people from across the world.

#### **UEG is committed to:**

- Raising awareness and expanding knowledge of GI and liver diseases among the public and medical profession, to deliver benefits for patients
- Coordinating the activities of clinical and scientific associations in our field
- Harmonising and improving clinical standards across Europe
- Fostering basic and clinical research in the field, and raising the profile of this work worldwide
- Promoting and delivering excellence in clinical and scientific education.

### Ordinary Members

EAES	European Association for Endoscopic Surgery
EAGEN	European Association for Gastroenterology, Endoscopy and Nutrition
EASL	European Association for the Study of the Liver
ECCO	European Crohn's and Colitis Organisation
EDS	European Digestive Surgery
EFISDS	International Society of Digestive Surgery (European Federation)
EHSG	European Helicobacter Study Group
EPC	European Pancreatic Club
ESCP	European Society of Coloproctology
ESDO	European Society of Digestive Oncology
ESGAR	European Society of Gastrointestinal and Abdominal Radiology
ESGE	European Society of Gastrointestinal Endoscopy
ESNM	European Society of Neurogastroenterology and Motility
ESPCG	European Society for Primary Care Gastroenterology
ESPGHAN	European Society for Paediatric Gastroenterology, Hepatology and Nutrition

### National Society Members

The UEG has 41 National Society Members.

For detailed information please visit the website [www.ueg.eu](http://www.ueg.eu).

### Council and Executive Committee

Colm O'Morain, Ireland  
*President*  
Michael Farthing, UK  
*President Elect and Future Trends Committee Chairman*  
Christoph Beglinger, Switzerland  
*Secretary General*  
Erik Schrumpf, Norway  
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*Education Committee Chairman*  
John Atherton, UK  
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ESCP  
Local UEG Week  
Representative  
Independent  
EASL  
ESGE  
EAES  
EDS  
ESPCG  
EFISDS  
EHSG  
EPC  
ECCO  
National Societies  
Representative  
ESDO  
ESPGHAN  
ESNM  
ESGAR  
EAGEN  
Independent

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Güralp Ceyhan, Germany  
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Dieter Hahnloser, Switzerland  
Fabio Marra, Italy  
Tamara Matysiak-Budnik, France  
Pierre Michetti, Switzerland  
Ari Ristimäki, Finland  
Roberto Salvia, Italy  
Jordi Serra Spain  
  
Nikhil Thapar, UK  
Eric Van Cutsem, Belgium

ESGE  
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ECCO  
EHSG  
EDS  
National Societies  
Representative  
ESPGHAN  
ESDO

### National Societies Committee

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*National Societies Committee Chairman*  
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Joost Drenth, The Netherlands  
Laszlo Herszenyi, Hungary  
Roberto Penagini, Italy  
Laurent Peyrin-Biroulet, France  
Jordi Serra, Spain  
Monique van Leerdam, The Netherlands

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Tweet us on [@ueg](https://twitter.com/ueg)

### Core PCO of UEG

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and Contractor for Sponsorship and Exhibition**  
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UNITED EUROPEAN  
GASTROENTEROLOGY

**ueg** week



**Bright  
ideas**

## **Awards and Grants**

Research Prize  
Top Abstract Prize  
Travel Grant  
International Scholarship  
Rising Star Award  
National Scholar Award  
Top Poster Prize  
Oral Free Paper Prize  
Lifetime Achievement Award

See how you can benefit by finding out more about our schemes online and apply for one of our many prizes.

## Welcome to UEG Week 2013 in Berlin



**John Atherton**  
Chair, UEG Scientific Committee  
Berlin 2013

UEG Week 2013 will feature the latest advances in clinical management and the best original research in GI and liver disease. This year, special themes will focus on translating science into clinical practice and the role of guidelines, standards and pathways for clinicians. We will have two full days of live endoscopy, a focus on IBD, more on the expanding role of gastroenterologists in GI oncology and a plethora of state-of-the-art lectures by world-renowned experts and rising stars.

We will continue our efforts to make the meeting even more lively and interactive with voting sessions, clinical cases, debates and tandem talks and will introduce innovations such as panel discussions and question-the-speaker sessions. Our 2 day cutting edge "Today's science; tomorrow's medicine" symposium will feature the top world experts describing the latest research on genetics in the pathogenesis of GI and liver diseases with special attention given to how these discoveries are re-shaping clinical practice. For the practical-minded, we will continue to improve our hands-on training in our endoscopy and ultrasound learning areas. Another highlight in 2013 will be our "wrap up sessions" on Wednesday afternoon. Those sessions will provide delegates with a comprehensive summary in each of the major areas in GI and liver disease of recent changes in management, major research publications and important advances. Come and listen to your area of interest.... or maybe learn about an area you have missed!

Beside our excellent invited programme, UEG is now proud to have truly top quality original research presented at the meeting. UEG Week really has become the premier venue at which to present your most important new research findings! We award prestigious prizes of 10,000 Euro each for the 5 best abstracts submitted and 100,000 Euro for the UEG Research Prize, which is voted by the Scientific Committee to the top researcher in Europe this year. Oral Free paper prizes, National Scholar & Rising Star Awards and various Poster Prizes complete our comprehensive list of awards.

Last, but not least, 2013 will see our best PG course ever! There will be increased interactivity with voting, comprehensive written material, and more educational added value. We will feature parallel medical, endoscopy, liver and surgical programmes and offer you the flexibility to customise your own course. Topics will include multidisciplinary management of IBD, live endoscopic teaching, viral hepatitis, Barrett's surveillance and management of early oesophageal carcinoma, and many more! Don't miss the Saturday Plenary session which will illustrate IBD management with cases, endoscopic and surgical demonstrations to liven up your learning experience!

UEG Week is THE best place to present your research to the people who matter, and to learn, interact, be stimulated. Come and meet friends, set up collaborations, and have fun!

Welcome to a vibrant and cutting edge meeting! Welcome to UEG Week 2013 in Berlin!

A handwritten signature in black ink that reads "John Atherton". The signature is written in a cursive, slightly slanted style.

John Atherton  
Chair, UEG Scientific Committee



## Scientific Information

### Overview Scientific Programme / Colour Legend

Saturday October 12, 2013	Sunday October 13, 2013	Monday October 14, 2013	Tuesday October 15, 2013	Wednesday October 16, 2013
		Opening Plenary Session		
	Postgraduate Teaching Programme	Symposia / Special Symposia		
		Free Paper Sessions		
			Video Case Session	
		Clinical Case Sessions		
			Live Endoscopy	
		Lunch Sessions / Round Table Discussions		
		Basic Science Workshop		
		Today's Science; Tomorrow's Medicine		
		Poster Exhibition / Poster Rounds		
ESGE Learning Area				
Ultrasound Learning Centre				
Business Meetings / Closed Meetings / Common Interest Groups				
Industry Satellite Symposia / Breakfast Meetings				
17th ESGENA Conference				

### Format Descriptions

#### Postgraduate Teaching Programme

The UEG Week Postgraduate Teaching Programme is the pre-eminent Continuing Medical Education opportunity in Europe for Medical and Surgical Gastroenterologists. It caters for both established practitioners and trainees.

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

#### Opening Plenary Session

The Plenary Session is held on Monday morning and includes official speeches and the opening of the core scientific programme with a mixture of invited speakers and presentations of the best submitted abstracts. UEG awards the UEG Research Prize and the Lifetime Achievement Award at the Plenary Session. No parallel sessions are scheduled.

#### Symposia / Special Symposia

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

#### Chat with the Speakers Sessions

New for UEG Week Berlin 2013, some symposia – scheduled either before lunch break or at the end of day – will be labelled as 'Chat with the Speakers' Symposia. Right after these sessions attendees will have the chance to sit down with the speakers in small groups. You can ask questions, discuss relevant cases, get advice, set up collaborations... or just chat! Don't miss this great opportunity to get up close and personal with top experts from all around the world! Some of them are quite friendly!

#### Today's Science; Tomorrow's Medicine

UEG Week Berlin will host a special two day symposium on genetics and pathogenesis aspects of GI and liver diseases with special attention given to how these discoveries reshape the future of clinical practice. Complex disease genetics has been revolutionized in recent years by the advent of genome-wide association (GWA) studies. Complex disease research in areas such as inflammatory bowel disease and GI and liver cancer has progressed rapidly thanks in no small part to large collaborations of national and international groups.

The best basic and translational scientists from around the world will meet to discuss how the current stage of knowledge is ready to be used in clinical practice, and to establish strategies to foster further progression of knowledge in the area and how such research will benefit future patients.

The Today's science, tomorrow's medicine symposium is a combination of both invited sessions featuring the world's top scientists, and free paper sessions where work is presented by young and established researchers and discussed amongst the invited international experts.

This special initiative is open to all UEG Week delegates at no extra cost and provides a unique platform for gastroenterologists and hepatologists to learn how this important field will impact their disciplines. Welcome to this initiative!

#### Free Paper Sessions

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

#### Video Case Session

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

#### Live Endoscopy

Live endoscopy was the top request for future UEG Weeks in delegate feedback, and is included in the main programme and in the Postgraduate Teaching Programme. Top international experts demonstrate cutting-edge techniques and new tricks in a lively and exciting format. The use of multiple parallel cases and experienced chairman ensure interactive learning without unnecessary gaps.

#### Clinical Case Sessions

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

#### Lunch Sessions

Lunch sessions are supposed to be management discussion sessions, not didactic teaching and are offered from Monday until Wednesday. The focus of each session is on the daily clinical practice of gastroenterology, with patient-centred case discussions and opportunity for group interaction.

A lunch is provided to all participants. The maximum number of participants is strictly limited to 30 persons. Full registration for the congress is required. The registration fee for each lunch session is EUR 55.

#### New Lunch Session Format: Round Table Discussions

As well as to our excellent lunch sessions, UEG invites all congress delegates to attend our trial "Round Table Discussions" between 12:45 and 13:45 each day. Grab your congress lunch and come and participate! There is one session each on Monday, Tuesday and Wednesday and they will be on 'Management of *H. pylori* refractory to eradication', 'How do I treat genotype1 HCV patients in 2013?' and the 'Use of drug levels and antibodies to optimize biologic therapy in IBD'. Full registration for the congress is required, but **no other fee will be charged** for these trial events. Come early though – there is no booking and there are only 200 seats. They will be filled on a first-come, first-served basis!

#### Increased Use of Different Formats

Also for UEG Week Berlin 2013, the UEG Scientific Committee continues to work to improve session formats used in the programme with the purpose of making symposia modern interactive experiences. We have even more **Debates**, where two speakers argue opposing cases. We have also increased our popular **Tandem Talks**, where experts present different aspects of the same problem. For example, a basic scientist might explain the biological rationale and mechanism for a treatment, and a clinician might explain the practicalities and effectiveness... or a physician might explain the medical treatment of a condition and a surgeon might discuss the surgical alternatives. We continue to encourage wide **use of cases** to illustrate talks and anchor them in medical experience. For all these sessions and for our other symposia we work hard to increase interactivity with the audience, by highly interactive chairing and, where appropriate, by encouraging **audience voting**. Finally, we have made a special effort this year to increase the number of **Panel Discussions** at the end of symposia. These are great for understanding what the speakers REALLY think! The session speakers and Chairmen sit at a table on the stage and discuss issues raised amongst them and by you, the audience. These discussions are always lively and informative – make sure you stay and see for yourself!

#### Poster Exhibition / Poster Rounds

Poster Sessions feature an improved and more spacious room layout and poster format. Posters are displayed from Monday until Wednesday. The posters are changed daily. Poster Rounds are held during the lunch period at the congress. Selected experts will visit groups of posters, when the presenter is expected to give a 1 – 2 minute summary of the major findings described in the poster. The experts lead the discussion with other members attending the poster session.

Each day a poster prize for the 'Top Poster' in each of the four major categories will be awarded:

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

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

#### Poster with Video

Abstracts related to endoscopy, imaging and surgery, which are accepted for poster presentation, will be given the option of showing a short illustrative video next to their poster if this is integral to understanding the research presented. The final selection is up to the UEG Scientific Committee.

#### ESGE Learning Area

The Learning Area is divided into three sections:

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

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

#### Ultrasound Learning Centre

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

#### Business Meetings (by invitation only)

Association, board and committee meetings for elected (UEG) leadership.

#### Closed Meetings (by invitation only)

These meetings take place outside of the core scientific programme and are only open to delegates who have received a personal invitation.

#### Common Interest Groups (all delegates welcome)

Activities taking place outside of the core scientific programme and open to all UEG Week delegates.

#### ESGENA Conference

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

#### EACCME – Continuing Medical Education

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

#### Information for Italian Delegates

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

FISMAD – The Italian Federation of Digestive Diseases Societies  
c/o GRUPPO SC  
Studio Congressi – Servizi per la Comunicazione  
Via Napoleone Colajanni, 4  
00191 Rome, Italy

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February 2013 : Volume 1 : Issue 1  
ISSN 2050-6406 (Print) : ISSN 2050-6414 (Online)

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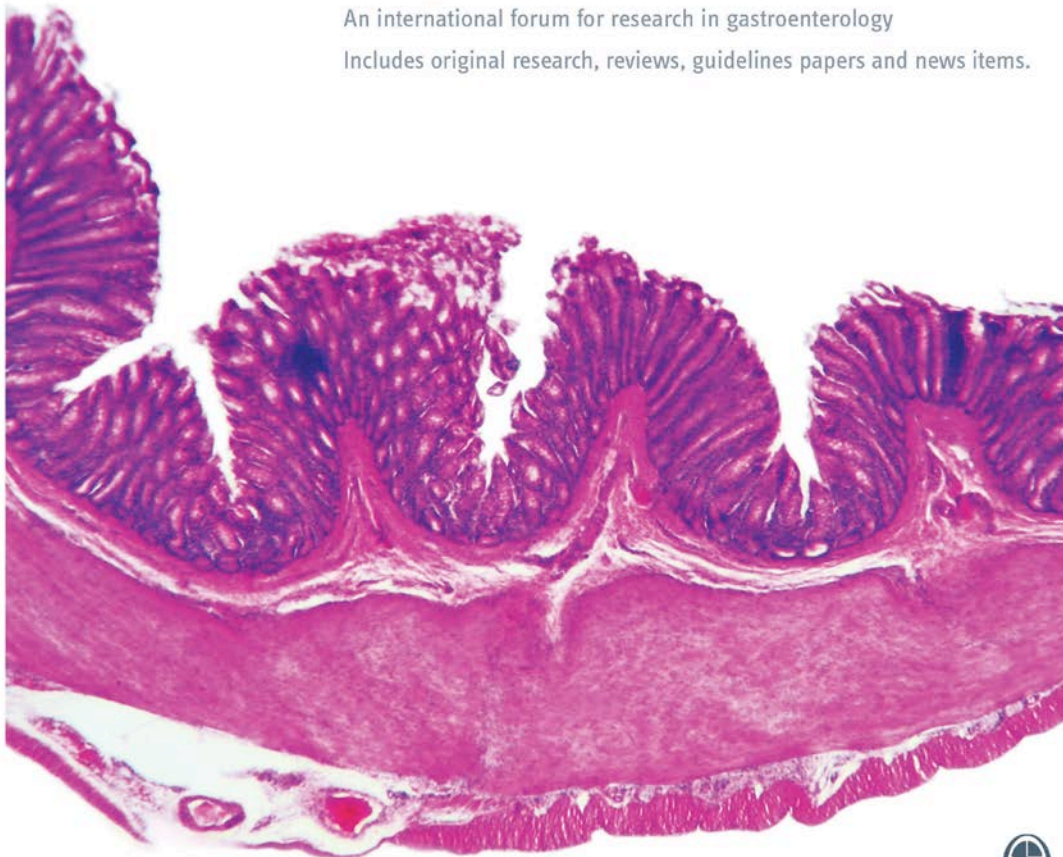
# ueg journal

**Editor-in-Chief: Professor Jan Tack**

The official Journal of the United European Gastroenterology (UEG)

An international forum for research in gastroenterology

Includes original research, reviews, guidelines papers and news items.



All delegates receive online access as part of their 2013 UEG Week Berlin registration.

 SAGE

## Postgraduate Teaching Programme Overview

The UEG Week Postgraduate Teaching Programme is the pre-eminent Continuing Medical Education opportunity in Europe for Medical and Surgical Gastroenterologists. It caters for both established practitioners and trainees.

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

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

### Saturday, October 12, 2013

	Hall 1	Hall 2	Hall 3 / Voting Room	Halls 13/14.1	Hall 4/5
09:00 – 10:30	<b>Plenary I (Voting Session)</b> Multidisciplinary management of IBD with illustrative cases				09:00 – 16:00 Ultrasound Learning Centre
	<b>Coffee Break</b> ☕ 10:30 – 11:00			10:00 – 18:00 ESGE Learning Area	
11:00 – 13:00	<b>Endoscopy I</b> Live endoscopy	<b>Medical &amp; Surgical Gastroenterology I</b> Barrett's surveillance and early management of carcinoma of the oesophagus	<b>Liver I</b> Update on management of viral hepatitis		
	<b>Lunch Break</b> 🍴 13:00 – 14:00				
14:00 – 16:30	<b>Endoscopy II</b> Live endoscopy	<b>Medical &amp; Surgical Gastroenterology II</b> Diverticular disease: Important, poorly understood and badly managed	<b>Liver II</b> Managing complications in cirrhotic patients		
16:30 – 18:00					

### Sunday, October 13, 2013

	Hall 1	Hall 2	Hall 3 / Voting Room	Prague	Halls 13/14.1	Hall 4/5
08:00 – 18:00					08:00 – 18:00 ESGE Learning Area	
08:30 – 10:30	<b>Endoscopy III</b> Advanced endoscopic imaging	<b>Medical Gastroenterology III</b> Severe functional GI disease: Management of chronic refractory symptoms	<b>Liver III</b> Autoimmune liver and pancreatic disease	<b>Surgical Gastroenterology III</b> Role of minimally invasive surgery in cancer patients		09:00 – 16:00 Ultrasound Learning Centre
	<b>Coffee Break</b> ☕ 10:30 – 11:00					
11:00 – 13:00	<b>Endoscopy IV</b> Current European guidelines in endoscopy	<b>Medical Gastroenterology IV</b> Best care of IBD in 2013	<b>Liver IV</b> Common presentations in liver disease and how to approach them	<b>Surgical Gastroenterology IV</b> Multidisciplinary treatment of rectal cancer		
	<b>Lunch Break</b> 🍴 13:00 – 14:00					
14:00 – 16:00	<b>Plenary II (Voting Session)</b> Non-invasive testing and staging in GI and liver disease					
16:00 – 18:00						

## Postgraduate Teaching Programme Saturday, October 12, 2013

09:00 – 10:30

### Plenary I

#### Multidisciplinary management of IBD with illustrative cases

##### Tandem Talks:

- Management of dysplastic lesions in ulcerative colitis:  
A surgeon's view
- Management of dysplastic lesions in ulcerative colitis:  
An endoscopist's view

##### Tandem Talks:

- Management of iliececal Crohn's disease:  
Today and tomorrow (Medical)
- Management of iliececal Crohn's disease:  
Today and tomorrow (Surgical)
- Management of acute severe ulcerative colitis:  
A case-based session with panel discussion

11:00 – 13:00

### Endoscopy I

#### Live endoscopy

Live satellite transmission from the Sana Klinikum Lichtenberg, Berlin

### Medical & Surgical Gastroenterology I

#### Barrett's surveillance and early management of carcinoma of the oesophagus

##### Debate:

- Rationale for surveillance
- Rationale against surveillance
- Endoscopic management of early lesions
- Neo-adjuvant treatment: Results and impact
- Surgical strategy: Access and extent of dissection

### Liver I

#### Update on management of viral hepatitis

- Hepatitis B: We know how to treat it but who should we treat, and when should we stop?
- HBsAg kinetics and anti-viral response to treatment
- The treatment of hepatitis Delta
- Treatment of Hepatitis C: Standard of care for 2013
- The new drugs for HCV: Can we achieve interferon-free HCV treatment?

14:00 – 16:30

### Endoscopy II

#### Live endoscopy

Live satellite transmission from the Sana Klinikum Lichtenberg, Berlin

### Medical & Surgical Gastroenterology II

#### Diverticular disease: Important, poorly understood and badly managed

- Diverticular disease: Overview of the problem

##### Tandem Talks:

- Management of uncomplicated acute diverticulitis:  
The gastroenterologist's view
- Management of uncomplicated acute diverticulitis:  
The surgeon's view
- Natural history and prevention of symptom recurrence in uncomplicated diverticular disease: An evidence based approach
- Chronic symptoms and / or recurrent attacks: When to operate?
- Optimal management in 2013: A multidisciplinary approach
- General discussion

### Liver II

#### Managing complications in cirrhotic patients

- Variceal and non variceal upper GI bleeding
- Emergency surgical conditions in cirrhotics
- Managing coagulation disorders in cirrhotic patients
- From ascites to hepatorenal syndrome
- Encephalopathy: Prevention and treatment
- Managing hepatocellular carcinoma



# Postgraduate Teaching Programme

## Sunday, October 13, 2013

08:30 – 10:30

### Endoscopy III

#### Advanced endoscopic imaging

- NBI, Iscan, Fice or any missing word for GI mucosae: Evidence and research
- Diagnostic EUS and tissues sampling: Beyond black and white picture
- Confocal laser endomicroscopy: Are there indications for clinical use?
- Colon capsule endoscopy: Could it become a gold standard?

### Medical Gastroenterology III

#### Severe functional GI disease: Management of chronic refractory symptoms

- Case discussion: Severe nausea and vomiting
- Case discussion: Non-cardiac chest pain with dysphagia
- Case discussion: Severe intestinal dysmotility
- Case discussion: Abdominal pain with changing stool pattern

### Liver III

#### Autoimmune liver and pancreatic disease

- Autoimmune hepatitis: Diagnosis and management
- Sclerosing cholangitis and PBC
- IgG4-related syndromes

#### Tandem Talks:

- Autoimmune liver and pancreatic disease: The radiologist's view
- Autoimmune liver and pancreatic disease: The pathologist's view
- Autoimmune liver and pancreatic disease: The gastroenterologist's view

### Surgical Gastroenterology III

#### Role of minimally invasive surgery in cancer patients

- When do we need a staging laparoscopy?

#### Debate:

- Minimally invasive surgery for colon cancer: Contra
- Minimally invasive surgery for colon cancer: Pro

#### Debate:

- Minimally invasive surgery for rectal cancer: Contra
- Minimally invasive surgery for rectal cancer: Pro
- Minimally-invasive surgery for gastric cancer
- Minimally-invasive surgery for oesophageal cancer
- General discussion

11:00 – 13:00

### Endoscopy IV

#### Current European guidelines in endoscopy

- Post-polypectomy follow-up after removal of colorectal neoplasia
- Bowel preparation for colonoscopy
- Management of iatrogenic perforation
- Management of chronic pancreatitis

### Medical Gastroenterology IV

#### Best care of IBD in 2013

- What should be the first line treatment in UC?
- What should be the first line treatment in Crohn's disease?
- Is there still room for azathioprine monotherapy in IBD?
- Should we treat according to symptoms, biomarkers or intestinal lesions?

### Liver IV

#### Common presentations in liver disease and how to approach them

- Liver nodule
- Abnormal liver tests
- Jaundice
- Hyperferritinaemia

### Surgical Gastroenterology IV

#### Multidisciplinary treatment of rectal cancer

- The role of MR imaging in staging and evaluation of response
- The role of local excision, both before and after chemoradiation
- The role of neo-adjuvant radio-chemotherapy: How extensive, and for which patients?
- Surgical resection in low rectal cancer: How much safety margin do we really need?
- How can we avoid sexual dysfunction?
- Re-resection in patients with local recurrence: Really an option, and if so for which patients?
- Quality of life after combined treatment
- General discussion

14:00 – 16:00

### Plenary II

#### Non-invasive testing and staging in GI and liver disease

- Non-invasive assessment of liver diseases: Where do we stand?
- Utility of faecal markers in IBD clinical practice
- Imaging for optimal assessment of perianal fistulizing disease
- Faecal tests for colorectal cancer screening: Exciting progress

## Scientific Programme Overview

### Monday, October 14, 2013

	Hall 1	Hall 2	Copenhagen	Hall 3 Voting Room	Stockholm	Prague	Oslo
08:00 – 10:30	Opening Plenary Session						
11:00 – 12:30	What's new in 2013?	From genes to disease in IBD	When things go wrong: Call the surgeon or call the endoscopist?	Clinics in Gastroenterology and Hepatology 1	Alcoholic liver disease	Acute pancreatitis: The most common reason for hospital admission in GI disease. Do we know enough?	Colon cancer: Curative setting
12:30 – 14:00	Poster Sessions and Poster Award Ceremony (13:45)						
12:45 – 13:45	Lunch Sessions (Salons 11/12, 13/14, 15/16, 17/18, 19, 20, 21) / Free Lunch Session (Hall 6)						
14:00 – 15:30	Modern guidelines for common conditions: Cochrane symposium	Free Paper Session	Drug issues in gastroenterology: A European perspective	Management of GI bleeding: A case based discussion	When Europe meets the rest of the world: Infectious liver diseases	Late breaking abstracts 1	Improving survival in colon cancer: Lessons learned from rectal cancer
15:45 – 17:15	Update on non-alcoholic fatty liver disease	IBD after surgery	Endoscopy meets pathology: Interdisciplinary management of colorectal polyps	Clinical challenges in the anorectal region	Issues in clinical nutrition: What's new in 2013?	Late breaking abstracts 2	Gastric cancer

### Tuesday, October 15, 2013

	Hall 1	Hall 2	Copenhagen	Hall 3 Voting Room	Stockholm	Prague	Oslo
08:30 – 10:30	Live endoscopy	New molecular targets in IBD	National Societies Symposium: Colorectal cancer screening in Europe	Chronic hepatitis C: Improving management in the era of direct antiviral agents	Modern management of Barrett's oesophagus	Free Paper Session	Management of pancreatic cancer
11:00 – 12:30	Live endoscopy	Free Paper Session	Genetically predisposed GI cancers	Clinics in Gastroenterology and Hepatology 2	Non-invasive diagnosis in liver disease	Management of patients with severe and life-threatening disorders of gastrointestinal motor function	Role of gut microbiota in GI diseases
12:30 – 14:00	Poster Sessions and Poster Award Ceremony (13:45)						
12:45 – 13:45	Lunch Sessions (Salons 11/12, 13/14, 15/16, 17/18, 19, 20, 21) / Free Lunch Session (Hall 6)						
14:00 – 15:30	Live endoscopy	Best of DDW	Difficulties in the diagnosis of colitis	New insights into the clinical management of IBS	Vascular liver disease	Mechanisms of refractory GORD symptoms	Novel genetic tools for cancer management
15:45 – 17:15	Video Case Session	Chat with the Speakers: The management of complications in liver cirrhosis	Monitoring of Crohn's disease	Extra-oesophageal GORD manifestations: Do they really exist and does GORD management help?	Inherited liver disease	Controversies in oesophageal squamous cell cancer	Molecular neuro-gastroenterology: From genetics and basic mechanisms to targeted therapeutic strategies

Please see pages 40 – 42 for information on the **ESGE Learning Area** and **Ultrasound Learning Centre**.



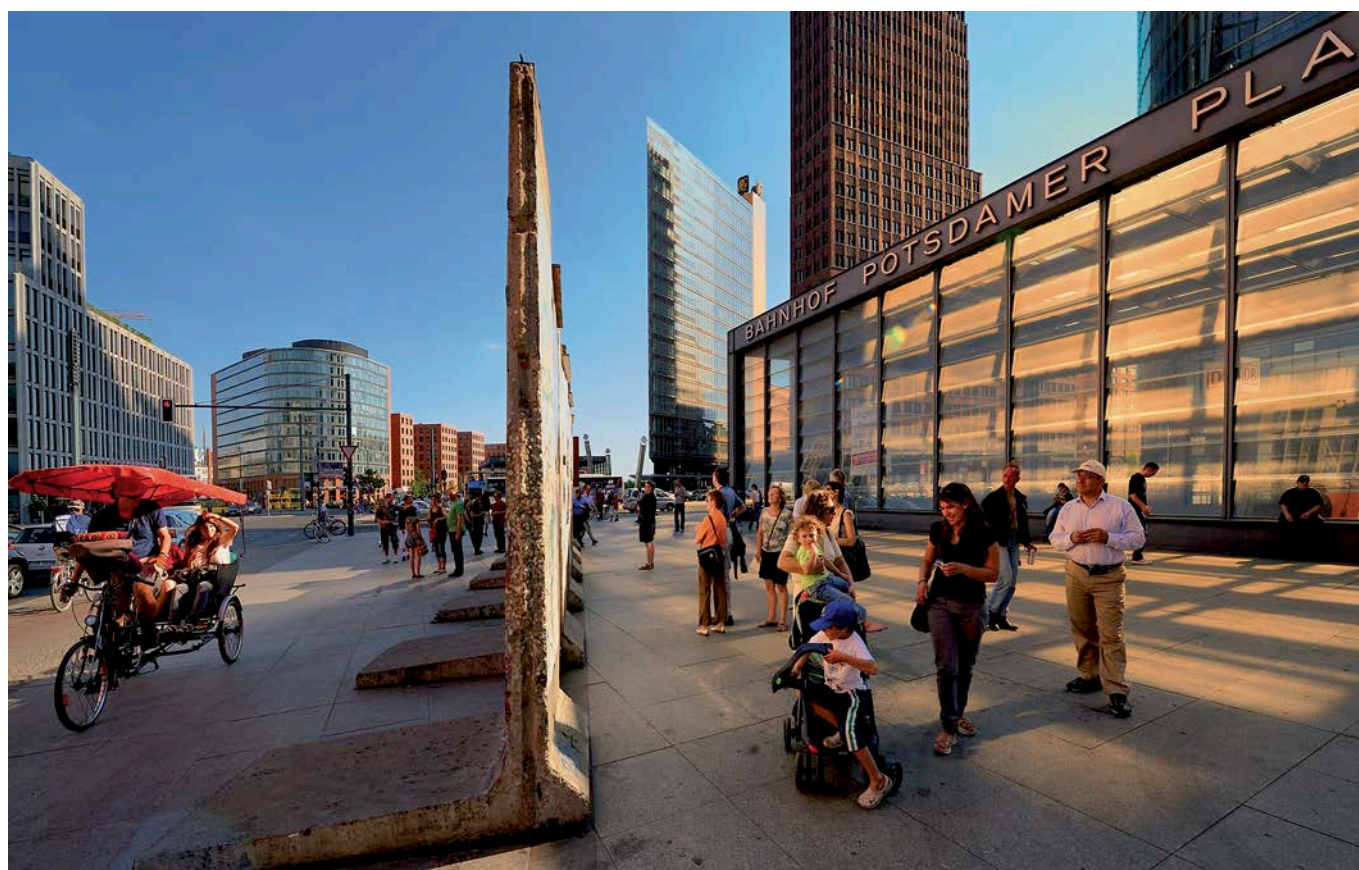
Roof Garden	Helsinki	Hall 7	Hall 6	Hall 9	Hall 10	Hall 8	Salon 11/12	
								08:30 – 10:30
Chat with the Speakers: Pathogenesis of functional GI disorders: What do we know today?	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	11:00 – 12:30
Poster Sessions and Poster Award Ceremony (13:45)								12:30 – 14:00
Lunch Sessions (Salons 11/12, 13/14, 15/16, 17/18, 19, 20, 21) / Free Lunch Session (Hall 6)								12:45 – 13:45
Colorectal sensory and motor dysfunction in constipation: Impact on management in both adult and paediatric patients	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Basic Science Workshop 1	Free Paper Session	14:00 – 15:30
Update on ultrasound for the gastroenterologist: Use your eyes!	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	15:45 – 17:15

Roof Garden	Helsinki	Hall 7	Hall 6	Hall 9	Hall 10	Hall 8	Salon 11/12	
Treatment of rectal cancer in 2013	Free Paper Session	Free Paper Session	Horizon 2020	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	08:30 – 10:30
Chat with the Speakers: Pros and cons of invasive treatments for morbid obesity	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	11:00 – 12:30
Poster Sessions and Poster Award Ceremony (13:45)								12:30 – 14:00
Lunch Sessions (Salons 11/12, 13/14, 15/16, 17/18, 19, 20, 21) / Free Lunch Session (Hall 6)								12:45 – 13:45
Congenital disorders of the GI tract: Short term management and long term outcomes	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Basic Science Workshop 2	Free Paper Session	14:00 – 15:30
Interactions between <i>H. pylori</i> and epithelial cells	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	15:45 – 17:15

Wednesday, October 16, 2013

	Hall 2	Hall 3 Voting Room	Stockholm	Prague	Oslo
08:30 - 10:30	Safety profile of immunosuppressive therapy in IBD	Pressure in the pancreatic and biliary ducts	East meets West: Colorectal cancer screening	Coeliac disease: State of the art in 2013	Understanding new technologies: A session for the general gastroenterologist
11:00 - 12:30	Chat with the Speakers: Structuring Crohn's disease	Clinics in Gastroenterology and Hepatology 3	Minimally-invasive therapy: European and Japanese perspectives	Translating basic science to clinical care in functional GI disorders: The candidates	Impact of <i>H. pylori</i> management on gastric carcinogenesis
12:30 - 14:00	Poster Sessions and Poster Award Ceremony (13:45)				
12:45 - 13:45	Lunch Sessions (Salons 11/12, 13/14, 15/16, 17/18, 19, 20, 21) / Free Lunch Session (Hall 6)				
14:00 - 15:30	IBD: What's new in 2013?	Hepatology: What's new in 2013 ?	Endoscopy: What's new in 2013?	Neurogastroenterology and Motility: What's new in 2013?	GI and liver oncology: What's new in 2013?

Please see pages 40 - 42 for information on the **ESGE Learning Area** and **Ultrasound Learning Centre**.



1 Potsdamer Platz

Helsinki	Hall 7	Hall 6	Hall 9	Hall 10	Hall 8	Salon 11/12	
Liver and biliary tract tumors: An update	Metastatic colorectal cancer: Multimodal strategies	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	08:30 – 10:30
Liver fibrosis and cirrhosis: Evolving concepts	Chat with the Speakers: Management of infections: A primer for the gastroenterologist	Food allergy and food intolerance	Free Paper Session	Free Paper Session	Free Paper Session	Free Paper Session	11:00 – 12:30
Poster Sessions and Poster Award Ceremony (13:45)							12:30 – 14:00
Lunch Sessions (Salons 11/12, 13/14, 15/16, 17/18, 19, 20, 21) / Free Lunch Session (Hall 6)							12:45 – 13:45
Oesophagus, stomach and small intestine: What's new in 2013?	Chat with the Speakers: Pancreas: What's new in 2013?	GI Surgery: What's new in 2013?	Primary care: What's new in 2013?	Free Paper Session	Free Paper Session	Free Paper Session	14:00 – 15:30



2 Brandenburger Tor

## Scientific Programme

### Monday, October 14, 2013

Renowned experts have been invited to the UEG Week 2013. More information will be available on the website in due time.

**08:00 – 10:30**

#### Opening Plenary Session

- Words of Welcome
- Therapeutic endoscopy: A paradigm shift in managing dysplasia and early cancer
- Bringing science into the management of functional GI disorders
- UEG Research Prize
- UEG Lifetime Achievement Award
- Linking human genetics with gut microbiota in inflammatory bowel disease
- Best abstracts

**11:00 – 12:30**

#### Special Symposium

##### **What's new in 2013?**

- What's new in Gastroenterology in clinical practice in 2013?
- What's new in Hepatology in clinical practice in 2013?
- What's new in Endoscopy in clinical practice in 2013?
- What's new in Surgery in clinical practice in 2013?
- What's new in patient-based research in 2013?
- What's new in translational and basic research in 2013?

#### Symposium

##### **When things go wrong: Call the surgeon or call the endoscopist?**

- Anastomotic leaks in upper GI surgery
- Anastomotic leaks in lower GI surgery
- Perforation
- Stricture

- Panel discussion

#### Clinics in Gastroenterology and Hepatology 1

#### Symposium

##### **Alcoholic liver disease**

- The burden of alcohol worldwide
- Natural history and genetics

##### **Tandem Talks:**

- Histology or non-invasive methods for initial assessment and follow-up? Histology
- Histology or non-invasive methods for initial assessment and follow-up? Non-invasive methods
- Management of ALD

#### Symposium

##### **Acute pancreatitis: The most common reason for hospital admission in GI disease. Do we know enough?**

- Early organ support and pain management in acute pancreatitis
- Timing of endoscopic intervention in acute necrotising pancreatitis with the help of Atlanta
- Timing of minimal invasive surgery in acute necrotising pancreatitis with the help of Atlanta
- Preventing morbidity turning into mortality: Management of complications in acute pancreatitis
- Indications and timing for ERCP, sphincterotomy and cholecystectomy in biliary pancreatitis

#### Symposium

##### **Colon cancer: Curative setting**

- Novel approaches in colon cancer surgery

##### **Tandem Talks:**

- Adjuvant treatment in colorectal cancer: Which treatment and for whom?
- Adjuvant treatment in colorectal cancer: Can biomarkers guide us?
- Epigenetics and colorectal cancer

#### Symposium

##### **Pathogenesis of functional GI disorders: What do we know today?**

- Lifestyle and nutrition
- Infections and their consequences
- Stress, trauma and other psychological factors
- Altered mucosal permeability and microbiota

- Chat with the Speakers

#### Free Paper Sessions

**14:00 – 15:30**

#### Special Symposium

##### **Modern guidelines for common conditions: Cochrane symposium**

- International guidelines on management of dysplastic and non-dysplastic Barrett's oesophagus
- Functional GI disorders including management of constipation
- *H. pylori* treatment in 2013 including new meta-analyses
- Guidelines on hepatitis B and C treatment including the modern role of protease inhibitors

#### Symposium

##### **Drug issues in gastroenterology: A European perspective**

- Unmet needs for drug development in the field of digestive diseases
- Medicines evaluation in Europe: Current status and future plans
- Pharmacovigilance: The point of view of healthcare professionals
- Monitoring drugs after licensing: The patient's perspective
- Pharmacovigilance in Europe: Where are we and how can we improve?



Symposium**Management of GI bleeding: A case based discussion**

- Non variceal upper GI bleeding
- Variceal bleeding
- Occult GI bleeding
- Free papers

Symposium**When Europe meets the rest of the world: Infectious liver diseases**

- Hepatitis E
- Schistosomiasis
- Delta hepatitis: Diagnosis and therapy
- Echinococcosis and fascioliasis: New insights into old diseases

Symposium**Improving survival in colon cancer: Lessons learned from rectal cancer**

- Imaging and staging

**Tandem Talks:**

- Surgical technique
- Pathological workup
- Free papers

Symposium**Colorectal sensory and motor dysfunction in constipation: Impact on management in both adult and paediatric patients**

- Colorectal sensory and motor dysfunction
- Impact of colorectal sensory and motor dysfunction on management in children
- Impact of colorectal sensory and motor dysfunction on management in adults
- Free papers

Basic Science Workshop 1Late Breaking Abstracts 1Free Paper Sessions**15:45 – 17:15**Symposium**Update on non-alcoholic fatty liver disease**

- How frequent is NAFLD in Europe and in the world?
- NAFLD in the absence of the metabolic syndrome
- Impact of NAFLD on cardiovascular disease
- Pathophysiology-guided treatment of NASH

Symposium**IBD after surgery**

- Short-term post-operative morbidity in IBD
- Diagnosis and monitoring of postoperative recurrence in Crohn's disease
- Prevention and treatment of postoperative recurrence in Crohn's disease
- Long-term outcomes after ileoanal pouch anastomosis

Symposium**Endoscopy meets pathology: Interdisciplinary management of colorectal polyps**

- Histological diagnosis and molecular pathology
- Advanced endoscopic imaging to improve adenoma detection
- Diagnose, resect and discard: A feasible approach?
- The pathologist's role in risk assessment of malignant polyps

Symposium**Clinical challenges in the anorectal region**

- Faecal incontinence
- Anorectal pain
- Common anorectal problems: Hemorrhoids, fissures, fistula
- Free papers

Symposium**Issues in clinical nutrition: What's new in 2013?**

- Hospital malnutrition
- Enteral nutrition
- Parenteral nutrition
- Treating the malnourished patient: Present and future

Symposium**Gastric Cancer**

- What is the risk of malignancy in gastric atrophy and metaplasia?
- ESD for early gastric cancer: Results and follow-up
- Current trends in neo-adjuvant therapy in gastric cancer
- Individualised treatment in metastatic gastric cancer

Symposium**Update on ultrasound for the gastroenterologist: Use your eyes!**

- Ultrasound is a useful tool in pancreatic imaging
- Ultrasonography: Any value in Crohn's disease?
- US-guided interventions in GI diseases
- Contrast-enhanced ultrasound: Useful in HCC management?

Late Breaking Abstracts 2Free Paper Sessions

## Scientific Programme

### Tuesday, October 15, 2013

08:30 – 10:30

#### Live endoscopy

**Live satellite transmission from the Sana Klinikum Lichtenberg, Berlin**

#### Symposium

**National Societies Symposium: Colorectal cancer screening in Europe**

- How do we screen in Europe? The reality
- CRC screening in Italy
- CRC screening in Germany
- CRC screening in Spain
- CRC screening in the UK
- CRC screening in France
- CRC screening in Poland
- CRC screening in the Czech Republic
  - Panel discussion: One guideline, many screening approaches: Where do we go from here in Europe?
- Wrap-up

#### Symposium

**Chronic hepatitis C: Improving management in the era of direct antiviral agents**

- What is the current standard of care in non-cirrhotic, cirrhotic and transplanted patients?
- Management of side effects of novel antiviral therapies
- Treatment of HIV co-infected patients
- Hepatitis C receptors: New targets for anti-viral therapy
- Drugs in the pipeline and the future of anti-HCV treatment

#### Symposium

**Modern management of Barrett's oesophagus**

- Novel insights into Barrett's pathogenesis
- Chemoprevention of progression in Barrett's oesophagus
- EMR in Barrett's oesophagus: Indications and follow-up
- Ablation in Barrett's oesophagus: Indications and follow-up
  - Panel discussion

#### Symposium

**Management of pancreatic cancer**

- Novel concepts for biomarkers in pancreatic cancer
- Aggressive chemotherapy: A new therapeutic standard, but for whom?
- Is there a role for chemotherapy in pancreatic cancer in advanced disease?
- Local ablative therapy in pancreatic cancer: Hype or Hope?
- How to predict and how to prevent the risk of complications after Whipple's procedure

#### Debate:

- Laparoscopic Whipple's resection: Are we flouting oncologic principles? (Yes)
- Laparoscopic Whipple's resection: Are we flouting oncologic principles? (No)

#### Symposium

**Treatment of rectal cancer in 2013**

- Which staging system for rectal cancer is best?
- Local excision: Which cancer and which technique?

#### Tandem Talks:

- Neoadjuvant treatment: When and what modality? Chemoradiation vs. chemotherapy
- Neoadjuvant treatment: When and what modality? Chemoradiation vs. chemotherapy
- Action after complete pathologic response: Resection or watch and wait?
- Free papers

#### Special Symposium

**Horizon 2020: Simpler, faster and more EU funding for researchers**

The session will give attendees a good insight into the next EU research funding programme 'Horizon 2020' that will run between 2014 and 2020 with an expected budget of 8 billion euro for health research. During the session key experts in the field will highlight its new features in comparison to FP7 and present the audience tools and methods to apply successfully for future calls.

#### Free Paper Sessions

11:00 – 12:30

#### Live endoscopy

**Live satellite transmission from the Sana Klinikum Lichtenberg, Berlin**

#### Clinics in Gastroenterology and Hepatology 2

#### Symposium

**Non-invasive diagnosis in liver disease**

- Serum biomarkers of fibrosis
- 10 years of transient elastography: Where are we, and can we do better?
- Imaging methods: Ultrasound, CT MRI, ARFI – do they have more to offer?
- Free Paper
  - Panel discussion

#### Symposium

**Management of patients with severe and life-threatening disorders of gastrointestinal motor function**

- Achalasia
- Gastroparesis
- Pseudo-obstruction
- Colonic Inertia

Symposium**Role of gut microbiota in GI diseases**

- Inflammatory bowel disease
- Coeliac disease
- Functional GI disorders
- Free papers

Symposium**Pros and cons of invasive treatments for morbid obesity**

- Long term results of surgery
- Emerging primary endoscopic techniques
- Early complications and their management
- Side effects and long term complications
- Chat with the Speakers

Free Paper Sessions**14:00 – 15:30**Live endoscopy**Live satellite transmission from the Sana Klinikum Lichtenberg, Berlin**Special Symposium**Best of DDW**

- Pancreatic disorders
- Oesophagus and upper GI
- IBD and intestinal disorders
- GI oncology
- Liver

Symposium**Difficulties in the diagnosis of colitis**

- Clues for pathology interpretation and diagnosis
- Role of imaging in IBD diagnosis
- Serological markers in the differential diagnosis of IBD
- Free papers

Symposium**New insights into the clinical management of IBS**

- Emerging treatment options
- Can we tailor treatment based on clinical findings?
- How to organise the perfect IBS outpatient clinic
- IBS ten years from now: A look into the crystal ball

Symposium**Vascular liver disease**

- A clinical case
- Budd-Chiari syndrome
- Portal vein thrombosis
- Sinusoidal obstruction syndrome
- Panel discussion

Symposium**Mechanisms of refractory GORD symptoms**

- Non-compliance with medical therapy
- The acid pocket
- Mucosal changes
- Central factors

Symposium**Congenital disorders of the GI tract: Short term management and long term outcomes**

- Oesophageal atresia
- Biliary atresia
- Management of short bowel in children
- Hirschsprung's disease

Basic Science Workshop 2Free Paper Sessions**15:45 – 17:15**Video Case SessionSymposium**The management of complications in liver cirrhosis**

- How to manage refractory ascites and hepato-renal syndrome: The role of new devices and drugs
- The bleeding cirrhotic: Common and unusual causes
- The role of modulation of diet and microbiota in the management of encephalopathy
- Acute on chronic liver failure: Causes and management
- Chat with the Speakers

Symposium**Monitoring of Crohn's disease**

- Value of biomarkers in decision making
- Cross-sectional imaging: What and when?
- Endoscopy: Still the gold standard?
- Panel discussion

Symposium**Extra-oesophageal GORD manifestations: Do they really exist and does GORD management help?**

- Chronic cough
- Asthma and COPD
- ENT symptoms
- Dental erosions

## Scientific Programme

### Wednesday, October 16, 2013

#### Symposium

##### **Inherited liver disease**

- Hemochromatosis: News from the Hcpidin story
- Wilson's disease: What is the long term course?
- Alpha1-antitrypsin deficiency and other metabolic disorders as co-factors for liver disease
- Free papers

#### Symposium

##### **Controversies in oesophageal squamous cell cancer**

- What is new in the pathogenesis of oesophageal SCC

##### **Debate:**

- Oesophageal cancer: Is NEO-adjuvant therapy definitive or not (Yes)
- Oesophageal cancer: Is NEO-adjuvant therapy definitive or not (No)
- Palliation of dysphagia in advanced cancer
- Free papers

#### Symposium

##### **Interactions between *H. pylori* and epithelial cells**

- Bacterial adhesion to the epithelial cell
- Disruption of cell-cell adhesion by *H. pylori*
- *H. pylori*-induced oncogenic transformation of the gastric epithelium
- Free papers

#### Free Paper Sessions

**08:30 – 10:30**

#### Symposium

##### **Safety profile of immunosuppressive therapy in IBD**

- Treatment-related infections in IBD
- Lymphoma risk
- Colorectal cancer
- Skin cancer
- Free papers

#### Symposium

##### **Pressure in the pancreatic and biliary ducts**

##### **Debate:**

- Biliary and pancreatic strictures: Pro endotherapy and multiple plastic stents or covered selfexpandable stents?
- Biliary and pancreatic strictures: Contra endotherapy and surgical resection or surgical decompression?
- Differential diagnosis and prognosis of cystic pancreatic lesions

##### **Debate:**

- Should all cystic pancreatic lesions be needed? (Yes)
- Should all cystic pancreatic lesions be needed? (No)
- Pancreas divisum and Sphincter of Oddii dysfunction: Fact or fiction?
- Groove pancreatitis: A distinct entity in need of a different treatment approach?
- Free paper

#### Symposium

##### **East meets West: Colorectal cancer screening**

##### **Tandem Talks:**

- Screening strategies in the East
- Screening strategies in the West
- Quality assurance in colonoscopy
- Advanced endoscopic techniques for management of screen-detected lesions
- Free papers

#### Symposium

##### **Coeliac disease: State of the art in 2013**

- Insights from genetic studies on the pathogenesis of coeliac disease
- The pathogenesis of complications
- Diagnostic considerations
- Current management and outcomes
- Emerging therapeutic approaches

#### Symposium

##### **Understanding new technologies: A session for the general gastroenterologist**

- High resolution manometry
- Capsule endoscopy
- Advanced endoscopic imaging
- Endoscopic elastography and EUS
- Free papers



Symposium**Liver and biliary tract tumours: An update**

- What is new in the pathology of hepatobiliary carcinoma?
- Understanding the molecular pathogenesis of hepatocellular carcinoma: The route to personalised medicine
- Radiological diagnosis of HCC and biliary tract tumours
- Systemic and interventional treatment of biliary tumours
- Decision making in HCC: A clinical case based Q&A session

Symposium**Metastatic colorectal cancer: Multimodal strategies**

- Imaging of colorectal liver metastases: DC-MRI or PET?
- Primary resectable liver metastases: What are the criteria and how should they be treated?
- Primarily irresectable liver metastases: Which conversion strategy therapy helps in which patient?
- The definitely irresectable metastasised CRC: Bottom up or top down treatment?
- Interventional radiology in metastatic CRC: Last line treatment or option for cure?
- Radiation oncology for colorectal liver metastases: The new kid on the block

Free Paper Sessions

11:00 – 12:30

Symposium**Stricturing Crohn's disease**

- Role of imaging techniques in the assessment of stenotic lesions
- Is there a room for medical treatment?
- When is surgery needed?
- Endoscopic treatment of strictures
  - Chat with the Speakers

Clinics in Gastroenterology and Hepatology 3Symposium**Minimally-invasive therapy: European and Japanese perspectives**

- Current status of ESD in Japan and integration with endoscopic surgery
- Current status of ESD in Europe
- What would be required in the tool box for future endoscopic interventions?
- How to train European endoscopists to reach Japanese standards
- Endoscopic transplantation of tissue-engineered autologous oral mucosal epithelial cell sheets
- Experimental work on ESD in Europe: An overview
  - Panel discussion

Symposium**Translating basic science to clinical care in functional GI disorders:****The candidates**

- Serotonin
- Ghrelin
- Opioid receptors
- Cyclic GMP

Symposium**Impact of *H. pylori* management on gastric carcinogenesis**

- Screening and eradication at the population level: The balance to date
- *H. pylori* eradication for cancer prevention in clinical practice
- Do all *H. pylori* cause gastric cancer?
- The impact of *H. pylori* colonization on the gastric microbiota

Symposium**Liver fibrosis and cirrhosis: Evolving concepts**

- Pathogenesis of cirrhosis: Going with the flow?
- Assessment of fibrosis in chronic liver disease: What's new under the microscope?
- Regression of liver fibrosis
- Beyond the term "cirrhosis": The changing role of the pathologist in fibrotic liver disease
- Beyond the term "cirrhosis": A new clinical approach for a new era

Symposium**Management of infections: A primer for the gastroenterologist**

- Traveller's diarrhoea: Anything new?
- Infections after GI surgery
- How to deal with refractory *Clostridium difficile* colitis
- Life-threatening GI infections
  - Chat with the Speakers

Symposium**Food allergy and food intolerance**

- Coeliac disease vs. gluten sensitivity
- Food intolerance and IBS
- Eosinophilic enteropathy
- Cow's milk allergy in paediatrics and beyond

Free Paper Sessions

14:00 – 15:30

Symposium**IBD: What's new in 2013?**

- New guidelines and standards in IBD published this year
- What's changed in IBD patient management this year?
- What are the major research publications in IBD this year?
- What are the most important advances in IBD presented at UEG Week 2013?

Symposium**Hepatology: What's new in 2013?**

- Viral hepatitis
- Liver tumours
- General hepatology
- An overview and update of new EASL guidelines

Symposium**Endoscopy: What's new in 2013?**

- New guidelines and standards in endoscopy published this year
- What's changed in endoscopy patient management this year?
- What are the major research publications in endoscopy this year?
- What are the most important advances in endoscopy presented at UEG Week 2013?

Symposium**Neurogastroenterology and motility: What's new in 2013?**

- New guidelines and standards in NGM published this year
- What's changed in NGM patient management this year?
- What are the major research publications in NGM this year?
- What are the most important advances in NGM presented at UEG Week 2013?

Symposium**GI and liver oncology: What's new in 2013?**

- Pancreatic cancer: New guidelines and new developments
- HCC: Novel management strategy
- Molecular profiling of cancer: What is possible today and what should we do?
- NETs: The essence of the ENETs guidelines

Symposium**Oesophagus, stomach and small intestine: What's new for the clinician in 2013?**

- New guidelines and standards published this year
- What's changed in patient management this year?
- What are the major research publications this year?
- What are the most important advances presented at UEG Week 2013?

Symposium**Pancreas: What's new in 2013?**

- International guidelines for the treatment of acute pancreatitis
- What's changed in management of chronic pancreatitis this year?
- What are the major research publications in pancreatitis and pancreatic cancer this year?
- Pharmaceutical developments for pancreatic disorders: Pipelines and future options

- Chat with the Speakers

Symposium**GI Surgery: What's new in 2013?**

- New guidelines and standards in surgery published this year
- New technologies in surgical treatment
- What are the most important research publications in surgery in 2013?
- Free papers

Symposium**Primary care: What's new in 2013?**

- Probiotics in the management of lower GI symptoms in clinical practice: Is the ESPCG position justified?
- Assessing risk in primary care for serious GI disease
- A review of the important advances for primary care from UEG Week 2013
- A review of major GI research of relevance to primary care during 2013

Free Paper Sessions

## Today's Science; Tomorrow's Medicine

### From genetics to pathogenesis & clinical practice

UEG Week Berlin will host a special two-day symposium on genetics and pathogenesis aspects of GI and liver diseases with special attention given to how these discoveries reshape the future of clinical practice. Complex disease genetics has been revolutionised in recent years by the advent of genome-wide association (GWA) studies. Complex disease research in areas such as inflammatory bowel disease and GI and liver cancer has progressed rapidly thanks in no small part to large collaborations of national and international groups.

The best basic and translational scientists from around the world will meet to discuss how the current stage of knowledge is ready to be used in clinical practice, and to establish strategies to foster further progression of knowledge in the area and how such research will benefit future patients.

The provisional programme is as follows:

#### Monday, October 14, 2013

11:00 – 12:30

##### From genes to disease in IBD

- Monogenic forms of IBD
- Susceptibility genes for IBD differences between adults and children
- The gut microbiota in the metagenomics era: Friend, bystander or foe
- Free papers

14:00 – 15:30

- Free Paper Session

15:45 – 17:15

- Free Paper Session

#### Tuesday, October 15, 2013

08:30 – 10:30

##### New molecular targets in IBD

- Targeting IL17 pathways
- JAK inhibition
- Targeting the epithelial barrier
- Modulation of angiogenesis
- New technologies in drug development

The Today's science, tomorrow's medicine symposium is a combination of both invited sessions featuring the world's top scientists, and free paper sessions where work is presented by young and established researchers and discussed amongst the invited international experts.

This special initiative is open to all UEG Week delegates at no extra cost and provides a unique platform for gastroenterologists and hepatologists to learn how this important field will impact their disciplines.

Welcome to the Today's science; tomorrow's medicine initiative!

11:00 – 12:30

##### Genetically predisposed GI cancers

- Hereditary pancreatic cancer
- Hereditary gastric cancer
- Hereditary nonpolyposis colorectal cancer
- Hereditary GI polyposis cancer-associated syndromes

14:00 – 15:30

##### Novel genetic tools for cancer management

- Evolution of the cancer genome
- Early detection of cancer through detection of circulating tumour material
- Genetic biomarkers in cancer monitoring and management of therapy resistance
- De novo mutations in hereditary cancer

15:45 – 17:15

##### Molecular neurogastroenterology: From genetics and basic mechanisms to targeted therapeutic strategies

- Genetic factors in enteric neuropathies
- Altered neuro-glial cross-talk
- Gastrointestinal neuromuscular diseases: A translational view
- Targeted therapeutic strategies

## Lunch Sessions

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

**Please note that registration for UEG Week 2013 is mandatory in order to register for lunch sessions.**

### Monday, October 14, 2013

**12:45 – 13:45**

- Gluten free diet for non-coeliacs: Sense or non-sense?
- Treating articular manifestations of IBD
- Treating IBS: What can the specialist gastroenterologist add?
- Long term management of chronic hepatitis B
- Pathological subtypes of IPMN and significance for intervention
- EUS-guided therapies: Ask the experts
- Colon cancer with peritoneal mts: A case for resection and HIPEC?

### Tuesday, October 15, 2013

**12:45 – 13:45**

- Gastric electrical stimulation: Ask the experts
- Identifying and preventing hereditary gastric cancer
- Diagnosis and treatment of skin lesions in IBD
- Optimal management of severely constipated patients
- How to manage patients with metabolic syndrome and fatty liver on ultrasound?
- Nutrition and cachexia in pancreatic cancer
- Management of gastro-oesophageal junction cancer

### Wednesday, October 16, 2013

**12:45 – 13:45**

- Referral to the upper GI motility lab: When to do it and which questions to ask?
- Eosinophilic oesophagitis
- Endoscopic treatment of dysplasia in IBD
- How to manage HCV non-responders
- Barrett's oesophagus: Endoscopic treatment
- ERCP techniques: Ask the experts

### **Special free lunch session**

- Digestive disease pathology: What is new in 2013?
  - What's new in upper GI pathology
  - What's new in lower GI pathology
  - What's new in hepatobiliary pathology
  - What's new in pancreatic pathology

## Free Lunch Sessions: Round Table Discussions

As well as to our excellent lunch sessions, UEG invites all congress delegates to attend our trial "Round Table Discussions" between 12:45 and 13:45 each day. Grab your congress lunch and come and participate! There is one session each on Monday, Tuesday and Wednesday and they will be on 'Management of *H. pylori* refractory to eradication', 'How do I treat genotype1 HCV patients in 2013?' and the 'Use of drug levels and antibodies to optimize biologic therapy in IBD'.

Full registration for the congress is required, but **no other fee will be charged** for these trial events. Come early though – there is no booking and there are only 200 seats. They will be filled on a first-come, first-served basis!

### Monday, October 14, 2013

**12:45 – 13:45**

- Management of *H. pylori* refractory to eradication: A round table discussion

### Tuesday, October 15, 2013

**12:45 – 13:45**

- How do I treat genotype1 HCV patients in 2013? A round table discussion

### Wednesday, October 16, 2013

**12:45 – 13:45**

- Use of drug levels and antibodies to optimise biologic therapy: A round table discussion

## Call for Abstracts

### General Information

Thank you for your interest in submitting an abstract for UEG Week 2013 in Berlin!

Abstract submissions for UEG Week are increasing over recent years in both number and quality, and UEG Week has become a premier world meeting at which to present clinical and basic gastro-intestinal and liver research.

**UEG is proud to have introduced a variety of new innovations over the past years including:**

- **Top Abstract Prizes** in the amount of € 10,000 for the five best submitted abstracts provided they have not been presented previously at another international meeting. The prizes will be awarded to the first author, who should also be the presenting author to qualify. The money should be spent on future research and potential winners will be asked to supply brief plans for this before the prize is awarded. Where the prize is awarded for a multi-centre study sponsored by industry, the author will be expected to waive the monetary part of the prize.
- **Oral Free Paper Prizes** are awarded in the spirit of prestige rather than monetary gain. These prizes are awarded in every free paper session by the session chairmen, and take into consideration scientific quality and overall delivery of the presentation.
- **Posters of excellence** are highlighted each day in the poster exhibition with a rosette and are the top posters on display that day. Out of those the best 12 are awarded with our **Top Poster Prizes**. Winners of this prize are honoured with a certificate and free registration to next year's Postgraduate Course.
- Posters submitted in endoscopy, imaging and surgery areas will be given the option of being included in our **Poster plus Video initiative** and will be given the option of showing a short illustrative video beside their poster if this is integral to understanding their poster.
- **Today's science; tomorrow's medicine** is an innovative symposium featuring the world's top experts describing the latest research on a specific topic. This year's topic is 'From genetics to pathogenesis & clinical practice'. Please note that basic and early translational abstract submissions concerning this topic should be submitted in the same format as other abstracts, but there is a separate category at the very beginning of the submission topics.

### Rules for Submission

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

Accepted abstracts will be published in print as supplement to the UEG Journal and online on the UEG Journal website, the UEG Week website and the UEG e-learning portal. **UEG requires an exclusive licence to publish the accepted abstract which you need to grant on behalf of all authors of the abstract as part of your submission of an abstract for UEG Week.**

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

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

We encourage authors to register via the online registration system at the same time as they submit abstracts. Please note that we offer 200 travel grants in the amount of EUR 1.000 to clinician-scientists of 40 years of age (born on January 1, 1973 and later) for best submitted abstracts. You will need to apply for these at the same time as submitting your abstract. The presenting author must register for the meeting **by September 12, 2013** or withdraw the abstract.

Notification of acceptance or rejection by the UEG Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the submission form **by the middle of July 2013**. **You can also monitor the acceptance status of your abstract online at the submission website (B-Com Portal)**. Bearing in mind the various security measures and firewalls, please ensure that e-mails can reach you by adapting your spam filter accordingly. Detailed information, guidelines and recommendations for oral or poster presentation, as well as time allotment, date, hour and venue, will be sent in plenty of time to authors whose abstracts are accepted for presentation at the meeting.

### Important Date

Deadline for Abstract submission: **Friday, May 3, 2013  
Midnight CET**

### How to submit an Abstract

1. Abstracts may be submitted only electronically by using the online form until the deadline via the conference website, at: [www.ueg.eu/week](http://www.ueg.eu/week).
2. Please note that a separate submission form for **Video Cases** has been created. In addition to the submission of Video Cases via the online form, **a CD-ROM or DVD needs to be sent to the organisers by May 10, 2013**. Only Video Cases submitted via this special form will be accepted. For more information, please read the Call for Video Cases.
3. Please note that a separate submission form for **Clinical Cases** has been created. Only Clinical Cases submitted using this special form will be considered. For more information, please read the Call for Clinical Cases.
4. Abstracts sent by mail, e-mail or fax will not be accepted.
5. A title (in capital letters) that clearly indicates the nature of the investigation needs to be provided.
6. Abbreviations should be avoided in titles, but may be used in the text if they are defined at first usage.
7. Choose one primary topic listed on the website which best corresponds to the content of your abstract.
8. The length of the abstract should not exceed 2,900 printable characters including author details, headers, punctuation and blank spaces.
9. Please tick the box "Basic science" if this applies to your abstract.
10. The authors' names (full first names, family names) and places of work (institution, city, country) must be shown, but omit degrees, titles, appointments, postal address and acknowledgement of support.
11. The abstract should be structured as indicated on the website. One table can be included.
  - State the specific *objective* of the study
  - State the *methods* used, if pertinent
  - Summarise the *results* obtained
  - State the *conclusions* reached
  - References may be added
12. The abstract should be as informative as possible.
13. Please ensure that your abstract does not contain spelling, grammatical or scientific errors, as it will be reproduced exactly as submitted.
14. Statements such as "data will be presented" will lead to automatic rejection of the abstract.
15. Abstracts can be saved in draft status and completed before the deadline. Only abstracts with the status "Final submission" will be considered for review.
16. The Internet submission form will automatically reject abstracts that do not conform to the guidelines.
17. The submission system will generate a temporary submission number that must be used in all correspondence. If you do not receive this number immediately after your submission, your abstract has not been registered.
18. If you need to withdraw your abstract, a written statement reflecting the reasons for this decision needs to be sent to [uegweek2013abs@mci-group.com](mailto:uegweek2013abs@mci-group.com) not later than **July 28, 2013**. Thereafter, UEG cannot guarantee any changes within its printed matters!
19. Conflict of interest: It is in the intent of UEG to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus the submitting author of an abstract is requested to declare any potential conflict of interest for all authors during the abstract submission.

### Further Information

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

#### **UEG Week 2013**

c/o MCI Suisse SA

T +41 (0) 22 3399 625

Email: [uegweek2013abs@mci-group.com](mailto:uegweek2013abs@mci-group.com)

#### **Office Opening Hours:**

Monday to Friday 09:00 – 18:00 CET

## Call for Clinical Cases

### General Information

The successful format for communication and discussion of Clinical Cases will be continued at UEG Week 2013 in Berlin. These sessions, called 'Clinics in Gastroenterology and Hepatology', will provide a forum for the discussion of difficult clinical problems. We encourage the best Clinical Cases to showcase themselves in these prestigious symposia.

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

### Important Dates

Deadline for Clinical Case submission: **Friday, May 3, 2013  
Midnight, CET**

Deadline for submission of the PPT file and illustrative material (in case of acceptance): **Friday, August 16, 2013**

### How to submit a Clinical Case

1. Clinical cases may be submitted only electronically by using the **online form** until the **deadline** via the conference website, at: [www.ueg.eu/week](http://www.ueg.eu/week).
2. Clinical cases sent by mail, e-mail or fax will not be accepted.
3. The abstracts must be submitted in English (UK spelling) and must be presented in that language.
4. A title (in capital letters) that clearly indicates the nature of the Clinical Case needs to be provided. However, this title may be changed later to maintain some secrecy as to the final diagnosis.
5. Abbreviations should be avoided in titles but may be used in the text if they are defined at first usage.
6. The authors' names (full first names, family names) and places of work (institution, city, country) must be shown, but omit degrees, titles, appointments, postal address and acknowledgment of support.

7. You should indicate which of the authors will present the case. You are also asked to nominate a reserve presenter, in the event that the principal presenter is unable to attend the meeting at short notice. Additionally, it is mandatory to communicate presenter changes in written form.
8. Conflict of interest: It is in the intent of UEG to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus the submitting author of an abstract is requested to declare any potential conflict of interest for all authors during the abstract submission.
9. You are asked to provide a brief summary (approx. 300-words / 2,000 characters including blank spaces, punctuation and author details) of the case and to include a list of illustrative material (endoscopic, radiological and pathological images, videos, innovative physiological or other research data).
10. The Clinical Case abstract should be as informative as possible:
  - Describe the clinical history of the patient and relevant biological data
  - Summarise the investigations performed and differential diagnoses
  - At this stage clarify the difficult and original aspects of the case
  - Provide the final diagnosis
  - Summarise the therapeutic approach
  - State the points to be discussed (avoid literature review or guidelines compliance)
  - List available material for illustration of the case (e.g. radiological and endoscopic investigations, pathology, specific biological data, clinical pictures)
  - Statements such as "data will be presented" will lead to automatic rejection of the clinical case abstract.
11. Cases can be saved in draft status and completed before the deadline. Only cases with the status "Final submission" will be considered for review.
12. The Internet submission form will automatically reject cases that do not conform to the guidelines.
13. The Scientific Committee will make a decision on the content of the Clinical Case sessions during its summer meeting, when selection of oral and poster presentations will be made following peer review and scoring of submitted abstracts. Notification of acceptance or rejection by the UEG Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the abstract form **by the middle of July 2013. Additionally you have the possibility to see the acceptance status of your abstract online at the submission website (B-Com Portal)**. Bearing in mind the various security measures and firewalls, we kindly request that you ensure that e-mails can reach you by adapting your spam filter accordingly. Detailed information, guidelines and recommendations for case presentation, as well as time allotment, date, hour and venue, will be sent in plenty of time to authors whose clinical case is accepted for presentation at the meeting.



Submission of a Clinical Case constitutes a formal commitment by the author to present the case in the session and at the time decided upon by the UEG Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEG Scientific Committee. If the original presenting author is unable to present the case, it is that person's responsibility to ensure that one of the co-authors takes over this role. Failure to present the Clinical Case for other than well-founded reasons will lead to rejection of cases submitted at the next UEG Week Congress. The registration fees for the presenting author will not be waived. The presenting author must register for the meeting **by September 12, 2013** or withdraw the clinical case.

14. If the Scientific Committee accepts your case, you will then be asked to submit a draft of the final presentation as a PowerPoint Presentation, including images and other illustrative material **by August 16, 2013**. The presentation will be reviewed by the chairs of the session and two members of the Scientific Committee. Alterations will be proposed in order to improve the educational content of the presentation and to adapt it to the format of the session. Adherence to the deadlines will facilitate preparation of the sessions between September and October. Please be available during this period for e-mail correspondence with the reviewers and organisers of the session.
15. If you need to withdraw your clinical case, a written statement reflecting the reasons for this decision needs to be sent to [uegweek2013abs@mci-group.com](mailto:uegweek2013abs@mci-group.com) not later than **July 28, 2013**. Thereafter, UEG cannot guarantee any changes within its printed matters!

#### Further Information

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

#### **UEG Week 2013**

c/o MCI Suisse SA

T +41 (0) 22 3399 625

Email: [uegweek2013abs@mci-group.com](mailto:uegweek2013abs@mci-group.com)

#### **Office Opening Hours:**

Monday to Friday 09:00 – 18:00 CET



## Call for Video Cases

### General Information

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

Accepted Video Cases will be published in print as supplement to the UEG Journal and online on the UEG Journal website, the UEG Week website and the UEG e-learning portal. **UEG requires an exclusive licence to publish the accepted Video Cases which you need to grant on behalf of all authors of the abstract as part of your submission of an Video Case for UEG Week.**

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

Submission of a Video Case constitutes a formal commitment by the author to present the Video Case in the session and at the time decided upon by the UEG Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEG Scientific Committee. If the original presenting author is unable to present the Video Case, it is that person's responsibility to ensure that one of the co-authors takes over this role. Failure to present the case for other than well-founded reasons will lead to rejection of Video Cases submitted at the next UEG Week Congress. The registration fees for the presenting author will not be waived. The presenting author must register for the meeting **by September 12, 2013** or withdraw the abstract.

Notification of acceptance or rejection by the UEG Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the submission form by the **middle of July 2013**. **Additionally you have the possibility to see the acceptance status of your abstract online at the submission website (B-Com Portal)**. Bearing in mind the various security measures and firewalls, we kindly request that you ensure that e-mails can reach you by adapting your spam filter accordingly. Detailed information, guidelines and recommendations for video presentation, as well as time allotment, date, hour and venue, will be sent in plenty of time to authors whose video cases are accepted for presentation at the meeting.

### Important Dates

Deadline for Video Case submission: **Friday, May 3, 2013  
Midnight CET**

Deadline for delivery of DVD/CD-ROM: **Monday, May 10, 2013**

### How to submit a Video Case

1. Video Cases may be submitted only electronically by using the online form until the deadline via the conference website, at: [www.ueg.eu/week](http://www.ueg.eu/week).
2. Video Cases sent by mail, e-mail or fax will not be accepted.
3. A title (in capital letters) that clearly indicates the nature of the case should be provided.
4. Abbreviations should be avoided in titles but may be used in the text if they are defined at first usage.
5. The authors' names (full first names, family names) and places of work (institution, city, country) must be shown, but omit degrees, titles, appointments, postal address and acknowledgment of support.
6. The length of the video case abstract should not exceed 2,900 printable characters including author details, headers, punctuation and blank spaces.
7. The Video Case should be as informative as possible:
  - State the specific *objective* of the study
  - State the *methods* used, if pertinent
  - Summarise the *results* obtained
  - State the *conclusions* reached
8. Please make sure that your Video Case does not contain spelling, grammatical or scientific errors, as it will be reproduced exactly as submitted.
9. Statements such as "data will be presented" or similar will lead to automatic rejection of the Video Case.
10. Cases can be saved in draft status and completed before the deadline. Only abstracts with the status "Final submission" will be considered for review.
11. The Internet submission form will automatically reject Video Cases that do not conform to the guidelines.
12. The submission system will generate a temporary submission number that must be used in all correspondence. If you do not receive this number immediately after your submission, your case has not been registered.
13. Once your submission is completed, please send the video documentation on a DVD or CD-ROM to:

#### **UEG Week 2013**

c/o MCI Suisse SA

Attn: Lara Poethig

Rue de Lyon 75

1211 Geneva 13, Switzerland

14. The reviewers will judge the Video Case according to the originality of work, the relevance to UEG Week 2013, standard of English, objectivity of statement, description of what was done, suitability of methods in relation to aims, conclusions confirmed by objective results, ethics, scientific value, potential clinical value and overall impression.
15. If you need to withdraw your Video Case, a written statement reflecting the reasons for this decision needs to be sent to [uegweek2013abs@mci-group.com](mailto:uegweek2013abs@mci-group.com) not later than **July 28, 2013**. Thereafter, UEG cannot guarantee any changes within its printed matters!

#### Guidelines for Video Case DVD/CD-ROM Preparation

The Video Case DVD/CD-ROM needs to fulfill the following requirements:

- No sound
- Minimum 6 minutes with a maximum of 8 minutes
- Make sure to use a standard video format (e.g. MPEG, AVI)

#### Further Information

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

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T +41 (0) 22 3399 625

Email: [uegweek2013abs@mci-group.com](mailto:uegweek2013abs@mci-group.com)

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UNITED EUROPEAN  
GASTROENTEROLOGY

# ueg education

## The universal source of knowledge in gastroenterology

Here, on a single website, anyone in the world can access over 8,000 documents and more than 600 multimedia items. More content is being added all the time – including presentations, podcasts and videos, such as endoscopy and surgical cases. There is also a growing range of accredited e-courses in gastroenterology and hepatology.

The UEG e-learning library includes all abstracts and materials from UEG, our member societies, and UEG Week, the annual meeting that attracts over 14,000 people from across the world. The site is also a platform for fostering collaboration and interaction, and we encourage all our users to contribute.

Discover a world of knowledge and learning at your fingertips. Register free now at [www.e-learning.ueg.eu](http://www.e-learning.ueg.eu)

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UEG e-learning is a unique, universal resource for information and education in gastrointestinal disease, treatment and care.



## Topic List

### 1. Genetics of GI and Liver Disease

- 1.1 Upper GI
- 1.2 IBD
- 1.3 Cancer
- 1.4 Liver & Biliary
- 1.5 Pancreas
- 1.6 Neurogastroenterology
- 1.7 Miscellaneous

### 2. Oesophageal, Gastric And Duodenal Disorders

*(Please see surgery and endoscopy sections for further options)*

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

### 3. *H. Pylori*

- 3.1 Epidemiology / natural history
- 3.2 Pathogenesis: Microbial factors
- 3.3 Pathogenesis: Host factors / immunology / inflammation
- 3.4 Diagnosis
- 3.5 Treatment
- 3.6 *H. pylori*-associated malignancy
- 3.7 Paediatric *H. pylori*

### 4. Small Intestinal

- 4.1 Enterocyte biology / pathology and nutrient / water transport / electrolyte transport
- 4.2 Small intestinal immunology, immunity and inflammation
- 4.3 Small intestinal infections
- 4.4 Coeliac disease (adult)
- 4.5 Coeliac disease (paediatric)
- 4.6 Malabsorption syndromes and food enteropathies (adult)
- 4.7 Malabsorption syndromes, food enteropathies and other small intestinal disorders (paediatric)
- 4.8 Small intestinal neoplasia
- 4.9 Small intestinal bleeding
- 4.10 Vascular disorders

### 5. Nutrition

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

### 6. IBD (Including Microscopic Colitis)

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

### 7. Other Lower GI Disorders

*(Please see surgery and endoscopy sections for further options)*

- 7.1 Lower GI Immunology, immunity, inflammation (NOT IBD)
- 7.2 Lower GI infections
- 7.3 Lower GI bleeding
- 7.4 Lower GI malignant disease-epidemiology
- 7.5 Lower GI malignant disease, pathogenesis
- 7.6 Lower GI malignant disease, diagnosis / histopathology
- 7.7 Lower GI malignant disease, management
- 7.8 IBS / Lower GI motility: Brain-gut and gut-brain axes, neuro-hormonal, neural-immune and visceral sensitivity
- 7.9 IBS / Lower GI motility: Transmitters / signals / receptors / enteric nervous system
- 7.10 Lower GI motility disorders: Clinical
- 7.11 Irritable bowel syndrome: Epidemiology
- 7.12 Irritable bowel syndrome: Classification and diagnosis
- 7.13 Irritable bowel syndrome: Treatment
- 7.14 Paediatric functional lower bowel disorders INCLUDING recurrent abdominal pain
- 7.15 Lower GI vascular disorders
- 7.16 Diverticular disease
- 7.17 Ano-rectal disorders other than IBD or motility-related
- 7.18 Lower GI health services research

## 8. Liver

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

## 9. Biliary

*(Please see surgery and endoscopy sections for further options)*

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

## 10. Pancreas

*(Please see surgery and endoscopy sections for further options)*

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

## 11. Endoscopy and Imaging

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

## 12. Surgery

- 12.1 Oesophagus / stomach / duodenum
- 12.2 Small bowel / colorectal and anal
- 12.3 Hepatobiliary / pancreas / spleen

- 12.4 Postoperative complications

- 12.5 Laparoscopic techniques

- 12.6 Paediatric surgery

## 13. Paediatrics

*(Note that these categories are duplicated under specific anatomic areas above, and the duplicated categories will be combined for reviewing – for example 13.1 and 2.22 will be combined)*

- 13.1 Paediatric oesophageal disorders
- 13.2 Paediatric gastro-duodenal disorders (NOT *H. pylori*)
- 13.3 Paediatric *H. pylori*
- 13.4 Coeliac disease (paediatric)
- 13.5 Malabsorption syndromes, food enteropathies and other small intestinal disorders (paediatric)
- 13.6 Paediatric nutrition
- 13.7 Paediatric and adolescent IBD
- 13.8 Paediatric functional lower bowel disorders INCLUDING recurrent abdominal pain
- 13.9 Paediatric liver disease
- 13.10 Paediatric biliary disease
- 13.11 Paediatric pancreatic disease
- 13.12 Paediatric surgery

## 14. Oncology

*(Note that these categories are duplicated under specific anatomic areas above, and the duplicated categories will be combined for reviewing – for example 14.1 and 2.27 will be combined)*

- 14.1 Barrett's oesophagus: Basic
- 14.2 Barrett's oesophagus: Clinical
- 14.3 Oesophageal neoplasia: Basic
- 14.4 Oesophageal neoplasia: Clinical
- 14.5 Gastroduodenal neoplasia: Clinical
- 14.6 Gastroduodenal neoplasia: Basic
- 14.7 *H. pylori*-associated malignancy
- 14.8 Small intestinal neoplasia
- 14.9 Lower GI malignant disease-epidemiology
- 14.10 Lower GI malignant disease, pathogenesis
- 14.11 Lower GI malignant disease, diagnosis / histopathology
- 14.12 Lower GI malignant disease, management
- 14.13 Liver neoplasia: Basic
- 14.14 Liver neoplasia: Clinical
- 14.15 Biliary neoplasia: Basic
- 14.16 Biliary neoplasia: Clinical
- 14.17 Pancreatic cancer: Basic
- 14.18 Pancreatic cancer: Clinical
- 14.19 Endocrine tumours of the pancreas

## 15. Nerve GUT and Motility

*(See specific anatomic areas. if your work has implications for neurogastroenterology across areas please pick the most appropriate, and if this is not possible pick lower GI)*

## 16. Immunology / Microbiology

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

## Awards & Grants

### UEG Research Prize

**EUR 100,000 awarded for the most outstanding research programme**

UEG awards a research prize worth EUR 100,000 each year for excellence in basic science, translational or clinical research. The recipient must be able to demonstrate that their work has had an impact in its field and its quality has been recognised internationally.

The prize is intended to support winners in financing their future research projects. It may be used to purchase equipment, research consumables and as salary support. By donating this price the UEG aims to accompany scientific projects from early stages to successful conclusion!

The recipient of the prize shall be a senior well established active researcher, leading a substantial research group and the work will have been conducted predominantly in Europe. The work should have been supported by substantial peer reviewed grants through internationally recognised research councils, research charities or industrial partners. One major criterion is the standard of the best 10 publications by the researcher over the last 5 years.

The prize will be formally presented at the UEG Week Berlin Plenary Session on Monday, October 14, 2013 and the recipient will be required to deliver a short account of the work for which the prize has been awarded.

Online application until June 3, 2013 at [www.ueg.eu](http://www.ueg.eu).



3 John Atherton and UEG Research Prize Winner 2012 Ludvig M. Sollid

### UEG Lifetime Achievement Award

**Recipients have proven lifelong excellence and leadership in the field**

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

The award will be formally presented during the UEG Week Plenary Session on Monday, October 14, 2013 to honour individuals whose sustained and outstanding accomplishments have significantly improved the lives of people with gastrointestinal diseases and whose contributions, leadership and impact are widely acknowledged by the broader gastroenterological community.

The recipient of the award must have had a career spanning at least 30 years and their life-long careers should have had a significant impact on UEG and the gastroenterological community.

Online application until April 5, 2013 at [www.ueg.eu](http://www.ueg.eu).



4 Colm O'Morain and UEG Lifetime Achievement Award Winner 2012 Jean-Paul Galmiche, Frank Zerbib



**UEG offers the following Awards, Travel Grants and Scholarships to support young scientists and clinicians to attend the UEG Week 2013 and / or the Postgraduate Teaching Programme in Berlin.**

### Travel Grants

UEG offers 200 Travel Grants of EUR 1,000 each for clinician-scientists of 40 years of age and younger (born on January 1, 1973 and later) for best submitted abstracts, video cases and clinical cases. Travel grants are awarded on the basis of scientific merit using the evaluation process of the UEG Scientific Committee. Winners will be notified about the travel grant when they are informed that their abstract has been accepted for presentation and will receive their grant after the congress.

### Travel Grants – Basic Scientists

UEG offers 140 Travel Grants of EUR 1,000 each for non-clinical scientists of 40 years and younger (born on January 1, 1973 and later) for best submitted basic science abstracts. Travel grants are awarded on the basis of scientific merit using the evaluation process of the UEG Scientific Committee. Winners will be notified about the travel grant when they are informed that their abstract has been accepted for publication and will receive their grant after the congress.

### Top Poster Prizes

The 12 top posters will be awarded a prize on basis of scientific merit using the evaluation process of the UEG Scientific Committee. The Award Ceremony will be held each day in the poster exhibition area. Prize winners will receive free entry to the Postgraduate Training Programme of next year's UEG Week.



**5 Best Poster Awardees Monday at UEG Week Amsterdam 2012**

### International Scholarships

UEG awards grants of EUR 1,000 each to 30 young gastroenterologists of 40 years of age and younger (born on January 1, 1973 and later) to support their travel and related expenses to attend the UEG Week 2013 in Berlin. Furthermore, free congress registration and free entry to the UEG Week 2013 Postgraduate Teaching Programme is provided. International Scholarships are restricted to citizens of countries with a Human development Index (Hdi) <0.8 according to the latest Human development Report.

**You can apply for an International Scholarship until April 19, 2013. Notifications will be sent on April 29, 2013.**



**6 International Scholars 2012**

### National Scholar Awards

The second Research Scholar award scheme of the UEG – the National Scholar Award (NSA) – is designed to identify and nurture promising young investigators at a junior level, hereby encouraging early career researchers to work towards a more 'senior' Rising Star Award. The NSAs are based on National Society affiliation: Among all abstracts that have been accepted for presentation at UEG Week 2013, a maximum of one NSA per country will be awarded to the abstract presenter aged less than 35 years with the highest scoring abstract from that country.

Awardees will be highlighted in the final programme of UEG Week 2013, and will receive their awards on occasion of their abstract presentation.

### Top Abstract Prizes

Every year UEG awards prizes of EUR 10,000 to each of the top 5 abstracts submitted to the UEG Week. All abstracts will be considered for prizes provided that the abstract has not previously been presented at an international meeting – no additional application procedure is required. Nominees are to provide details of how the prize money, if won, would be spent on future research. Prizes will be awarded to the first author, who should also be the presenting author to qualify and will be featured in UEG literature and on our website. Where the prize is awarded for a multicentre study sponsored by industry, the author is required to waive the monetary part of the prize.

### Oral Free Paper Prizes

This prize will be awarded to one presenter in each Free Paper session by the session chairs, who will take into consideration the quality of research, originality and presentation execution. Prize winners will be awarded with a certificate of excellence. Please visit [www.ueg.eu](http://www.ueg.eu) for more information.

## e-learning

Our dedicated website offers a growing range of CME accredited courses and a library including presentations, podcasts, videos, abstracts and materials of UEG, UEG Week and Member Societies, available anywhere in the world.

## Courses

A range of multidisciplinary training formats, from Basic Science to Evidence Based Medicine and practical clinical training.

## Training Support

We help fund innovative training and international cooperation initiatives that further knowledge and advance standards of care.

## Education from every angle

UEG is the world's most comprehensive organisation of its kind, representing every leading European society concerned with gastrointestinal disease and care. Our educational offer is equally complete, combining three key areas of work.

Find out more at  
[www.ueg.eu/education](http://www.ueg.eu/education)

[www.twitter.com/my\\_ueg](http://www.twitter.com/my_ueg)  
[www.facebook.com/myueg](http://www.facebook.com/myueg)

## ESGE Learning Area



The ESGE Learning Area will be open to all UEG Week delegates with a variety of excellent teaching modules for endoscopy including lectures, video presentations, expert demonstrations and hands-on sessions.

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

### Hands-On Training Centre

**Saturday to Wednesday, October 12 – 16, 2013**

On Saturday and Sunday, with access to state of the art endoscopic equipment and accessories, participants will have the opportunity to perform techniques under personal doctor and nurse tutoring. In cooperation with ESGENA, the aim of this activity is to increase the awareness of diagnostic and therapeutic techniques and to offer delegates the possibility of practicing their skills. The techniques include ERCP, EMR, upper and lower GI endoscopy, polypectomy, hemostasis, radiofrequency and ablation techniques. All delegates may register on-site in the ESGE Learning Area. (ESGE individual members may pre-register via the ESGE website as of June 1, 2013).

Additional hands-on sessions from Monday to Wednesday are open on a walk-in basis. They include procedures such as haemostatic techniques, advanced GI endoscopy, radiofrequency, ablation techniques and laparoscopic and endoscopic simulator training. Biologic models and simulators are featured as well as various endoscopic equipment and techniques.

### ESGE Lecture Theatre

**Sunday – Wednesday, October 13 – 16, 2013**

The ESGE Lecture Theatre provides an opportunity to become involved in lively discussion on current topics. Highly qualified young endoscopists present their views, while renowned senior specialists are their counterparts in discussion. The audience is encouraged to join in discussion following the presentation.

### ESGE DVD Learning Centre

**Saturday – Wednesday, October 12 – 16, 2013**

In the DVD Learning Centre UEG Week delegates are invited to view teaching material in a relaxed atmosphere. Video screens with headphone sound transmission show cutting-edge case studies from the ESGE eLibrary, complemented by select teaching DVDs from the American Society for Gastrointestinal Endoscopy (ASGE) and the Japan Gastroenterological Endoscopy Society (JGES).



7 ESGE Learning Area, Amsterdam 2012



## Ultrasound Learning Centre

### Become a better Gastroenterologist – Look into the Abdomen with Clinical Ultrasonography!

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

#### The advantages are obvious:

##### **a. Immediate and repeatable look – bedside, in elective routine, or in emergencies –**

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

##### **b. Immediate use of specific techniques such as**

- color Doppler display of perfusion dynamics and of vascular morphology
- contrast enhanced ultrasonography CEUS for e.g.
  - focal parenchymal lesion's detection and classification
  - bleeding complications in traumata
- steering of interventions
- elastography
- endoscopic ultrasonography EUS

##### **c. At a minimum of expenses and**

##### **d. Easy to learn**

### Learn to Perform Clinical Ultrasonography

No problem – with an up-to-date machine, and initially guided hands on by an experienced medical colleague. Detailed knowledge of the respective (patho-) anatomy is an evidently needed prerequisite. As a matter of fact, looking into the abdomen by means of ultrasonography is easy. Reading textbooks and journals on ultrasonography is required as well as making use of internet based sources of information. However and basically, there is only one true access to learn and to improve clinical ultrasonography: *By your own performance. Do it yourself!*

### Just do it, and yes: You can.

The UEG Week international team of medical doctors at the Ultrasound Learning Centre will support you in two ways:

1. **The Basic and Advanced (Postgraduate) Course of Ultrasonography for the Gastroenterologist** – a two-day course on Saturday, October 12 and Sunday, October 13, 2013. This course is lecturing and hands on, the lectures predominantly based on realtime video clips.

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

- basics and advanced aspects in organ anatomy of large and small abdominal vessels, liver, pancreas, biliary system, intestine, kidneys, spleen, lymph nodes, pelvis, neck and thorax
  - frequent pathology in diseases of liver, bilopancreatic system, intestine, abdominal cavity, kidney, genitourinary tracts, spleen, lymph nodes, and vessels
2. From Monday, October 14 until Wednesday, October 16, 2013, the **Ultrasound Learning Centre** is open for hands on training for all congress participants who want to make their first steps in looking into the abdomen, again guided and trained by experienced medical colleagues. In addition, **noon lectures** will be held on Monday and Tuesday from 12:30 – 14:30 and **breakfast lectures** on Wednesday from 08:30 – 11:30 on special clinical ultrasonography topics and **live-demonstrations** of CED-patients and Contrast Ultrasound (CEUS) in focal liver sessions as follows:

#### **Monday, October 14, 2013**

- Abdominal vascular complications in inflammatory and neoplastic diseases
- Focal liver lesions – detection and classification
- Sonographic elastography – an important additional application in gastroenterology
- Ultrasound in diagnostics of appendicitis and diverticulitis
- Ultrasound in diagnostics and therapy of Echinococcus cysts

#### **Tuesday, October 15, 2013**

- Endosonography – classic, advanced, and interventional
- Intestine-sonography in IBD (in primary diagnostics and follow up)
- interesting case reports
- ultrasonography guided interventions for diagnosis and for therapy
- Incidentalomas in ultrasonography – clinical impact and following procedures

**Wednesday, October 16, 2013**

**Short-Course of Contrast Enhanced Ultrasound (CEUS):**

- Basics
- EFSUMB-guidelines
- Liver
- Pancreas
- Kidney
- Intracavitary applications
- Other applications

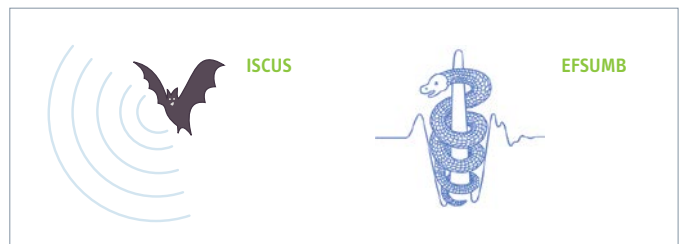
**You are welcome to start your own clinician's ultrasonography seeing and learning!**

For further questions, please contact EFSUMB at [www.efsumb.org](http://www.efsumb.org) or [nuernbergdieter@gmx.de](mailto:nuernbergdieter@gmx.de)

Welcome again, sincerely

Prof. Dieter Nuernberg, Klaus Schlottmann, Germany  
and Dr. Alina Popescu, Romania

*The Ultrasound Learning Centre is run by courtesy of*



## 17th ESGENA Conference

### Word of Welcome



Dear colleagues,

On behalf of ESGENA, the German Nursing Association (DBfK) and the German Society for Endoscopy Nurses and Assistants (DEGEA) it is our great pleasure to invite you to the 17th ESGENA Conference, which will be held during the 21st United European Gastroenterology Week from October 12 - 14, 2013 in Berlin, Germany.

After 1995 and 2006, it is the third time that the medical and nursing community of Gastroenterology and Endoscopy will meet in Berlin. Like the city of Berlin, both UEG and ESGENA have changed significantly by increasing their activities and becoming a premier meeting in the field.

The ESGENA conference is not only an opportunity to meet colleagues from throughout Europe, but also from North and South America, Africa, Asia and Australia. The exchange with nurses from all over the world combined with the opportunity to attend the medical programme of UEG Week makes the ESGENA conference an exceptional educational event.

The three day ESGENA conference will include state-of-the-art lectures, free papers & posters, lunch sessions, several workshops with hands-on training and live transmissions covering current topics in gastroenterology and endoscopy. As the German hosts DBfK and DEGEA, both members of ESGENA, combine the political work of a nursing association with specialised activities of endoscopy, this interesting combination will also be reflected in the programme.

We hope to welcome you to the 17th ESGENA Conference in October 2013 in Berlin, Germany.



*M. Ortmann*

Michael Ortmann  
President of ESGENA



*U. Beilenhoff*

Ulrike Beilenhoff  
President of DEGEA



*Ch. Bienstein*

Christel Bienstein  
President of DBfK

### 10 Reasons to attend the ESGENA Conference

#### **World class platform for interaction**

The ESGENA conference is a premier venue for nurses to present their experiences, studies and projects.

#### **Platform for networking with peers**

The ESGENA conference is a unique venue for expanding your professional network.

#### **Scientific variety**

The conference includes state-of-the-art lectures, free papers & posters, lunch sessions, workshops with hands-on training and live transmissions. Interesting topics in gastroenterology and endoscopy will ensure a truly global context.

#### **Emphasis on Interactivity**

A full and varied programme will encourage networking and communication between the delegates – between both individual nurses and national groups.

#### **Awards for the best free paper and the best poster**

The best free paper and poster awards promote best clinical practice and research in GE and endoscopy nursing.

#### **Advancement of professional status**

The ESGENA conference provides a platform for professional development.

#### **Cooperation with other professional groups**

The combined programme of UEG Week and the ESGENA conference reflects the multidisciplinary team work in clinical practice and research.

#### **Hands-on training**

In combination with ESGE, ESGENA offers high quality hands-on training in small groups to improve endoscopic skills.

#### **Workshop atmosphere**

The ESGENA conference is geared towards group learning in a workshop atmosphere.

### General Information

#### **ESGENA Scientific Secretariat**

Ulrike Beilenhoff  
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uk-beilenhoff@t-online.de

#### **ESGENA Technical Secretariat**

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85077 Manching, Germany  
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info@esgena.org

#### **You may also visit:**

For ESGENA • [www.esgena.org](http://www.esgena.org)  
For DEGEA • [www.degea.de](http://www.degea.de)  
For DBfK • [www.dbfk.de](http://www.dbfk.de)  
For Conference Organisation • [www.ueg.eu](http://www.ueg.eu)

#### **ESGENA General Assembly**

Sunday, October 13, 2013 (08:00 – 09:00)  
(Access for ESGENA members only)

### Social Events

#### **Welcome Reception & Opening of ESGENA Conference**

Saturday, October 12, 2013 (Evening)  
*Admission is included in the registration fee  
(ticket: access provided only with your ESGENA badge)*

### ESGENA Scientific Programme

#### **Saturday, October 12, 2013**

Afternoon: 8 workshops in four parallel sessions

Afternoon: Hands-on training on bio simulators

#### **Sunday, October 13, 2013**

All day: ESGENA scientific programme with free paper and poster sessions and 3 parallel lunch sessions

All day: Hands-on training on bio simulators

#### **Monday, October 14, 2013**

Morning: ESGENA Plenary Session

All day: Technical exhibition and ESGE Learning Area

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

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

#### **ESGENA Poster Session**

- Scientific posters will be displayed on Saturday and Sunday, October 12 – 13, 2013
- Two poster sessions will be held on Sunday, October 13, 2013

#### **ESGENA Lunch Session**

- Lunch sessions will combine state-of-the-art-lectures with hands-on training on different stations
- On Sunday, October 13, 2013, 3 parallel lunch sessions will be offered on:
  - Bronchoscopy
  - New techniques and developments in GI endoscopy
  - Hygiene and infection control

#### **Scientific Deadline for ESGENA Abstracts**

Deadline for submitting abstracts: **May 31, 2013**

#### Conference Language

The official language of the ESGENA conference is English.

Two workshops on Saturday will be held in German.




Simultaneous translation will be offered for the scientific sessions on Sunday, October 13, 2013 (in two parallel halls).

## 17th ESGENA Conference Programme Overview

### Saturday, October 12, 2013

	Lecture Halls					ESGE Learning Area
	ENGLISH	ENGLISH	ENGLISH	GERMAN	ENGLISH	
08:30 – 16:00	UEG Week Postgraduate Teaching Programme					
11:00 – 12:30			ESGENA General Assembly			
	Lunch Break  13:00 – 14:00					
14:00 – 15:30	Workshop 1 Organised by industry	Workshop 2 Organised by industry	Workshop 3 Organised by ESGENA	Workshop 4 Organised by German societies	Workshop 5 Hands-on training on bio simulators: Upper GI bleeding, ERCP, colonoscopy	
	Coffee Break  15:30 – 16:00					
16:00 – 17:30	Workshop 6 Organised by industry	Workshop 7 Organised by industry	Workshop 8 Organised by ESGENA	Workshop 9 Organised by German societies	Workshop 10 Hands-on training on bio simulators: Upper GI bleeding, ERCP, colonoscopy	
19:30 – 21:30	ESGENA Welcome Reception					

### Sunday, October 13, 2013

	Lecture Halls				ESGE Learning Area
	ENGLISH / GERMAN	ENGLISH / GERMAN	ENGLISH	ENGLISH	ENGLISH
09:00 – 10:30	Session 1 Free Paper Session	Session 2 Management			
	Coffee Break  10:30 – 11:00				
11:00 – 12:30	Session 3 Free Paper Session	Session 4 Bronchoscopy			Workshop 11 Hands-on training on bio simulators: Upper GI bleeding, ERCP
	Lunch Break  13:00 – 14:00			12:30 – 14:30 Poster Round I	
13:30 – 15:00	Lunch Session 1 New techniques and developments	Lunch Session 2 Hygiene and infection control	Lunch Session 3 Bronchoscopy		14:00 – 15:30 Workshop 12 Hands-on training on bio simulators: ERCP, colonoscopy
15:00 – 16:30	Session 5 Quality Assurance	Session 6 Liver Diseases			
16:00 – 16:30				Poster Round II	
	Coffee Break  16:30 – 17:00				
17:00 – 18:30	Session 7 Education	Session 8 GE Disease			

### Monday, October 14, 2013

	Lecture Halls
08:30 – 10:30	<ul style="list-style-type: none"> <li>• New Techniques and Developments in Endoscopy (Presentation by Major Sponsors)</li> <li>• Scientific Lectures</li> <li>• Best Free Paper and Best Poster Award</li> <li>• Invitation to next Conferences</li> </ul>
11:00 – 17:30	 Coffee Break: 10:30 – 11:00 / 15:30 – 16:00  Lunch Break: 12:30 – 14:00 Visit of Exhibition // ESGE Learning Area // UEG Week Sessions

### Call for Abstracts

ESGENA invites nurses from Europe and all over the world to present their experience, studies and projects at the 17th ESGENA Conference in October 2013 in Berlin, Germany. Participants wishing to submit abstracts can do so only in electronic format by sending a MS-Word document with their abstract by email to:

#### **Ulrike Beilenhoff**

c/o ESGENA Scientific Secretariat  
Ulm, Germany  
Email: [uk-beilenhoff@t-online.de](mailto:uk-beilenhoff@t-online.de)

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

Deadline for submitting abstracts: **May 31, 2013**

### Guidelines for Abstract Submission

Participants are invited to submit original scientific abstracts for oral or poster presentations. Authors have to conform to the following guidelines for abstract submission.

#### **Those not conforming to the guidelines will not be considered for reviewing.**

- Abstracts must be submitted and presented in English.
- Abstracts will be reviewed by a panel of experts and may be selected for oral or poster presentations, or may be rejected.
- Notification of acceptance (for oral or poster presentation) or rejection by the Scientific Programme Committee will be emailed to the presenting author by **June 30, 2013**.
- Detailed information, guidelines and recommendations for oral or poster presentations, as well as day, time and room will be sent in due time to duly registered presenting authors. The time allotted for each oral presentation will be 10 minutes, followed by 5 minutes of question time. During the poster round, the presenting author of the poster should also be prepared to answer questions in English.
- The presenting author of an accepted free paper or poster will receive a free registration to the ESGENA Conference.
- Accepted abstracts will be published in the ESGENA Abstract Book, in the ESGENA NEWS and on the ESGENA website.

#### **The abstract should be typed as follows:**

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

### Checklist for Abstracts

As many of you have asked for guidelines regarding abstract submission we thought that you might find this checklist useful to see if you have complied with the requirements. Abstracts not conforming to the guidelines will not be considered for reviewing.

Download the guidelines on **“How to prepare a well written abstract”** at [www.ueg.eu/week/esgena/call-for-abstracts/](http://www.ueg.eu/week/esgena/call-for-abstracts/).

## Congress Registration

### Registration Fees

Online registration for the UEG Week is available at [www.ueg.eu](http://www.ueg.eu).

Registration and Payment received by	May 15, 2013 EUR, incl. VAT	by Sept 12, 2013 EUR, incl. VAT	after Sept 12, 2013 EUR, incl. VAT
Delegate	470	600	750
Fellow in Training of UEG Week*	200	225	250
Accompanying Person	50	50	50
Lunch Session	55	55	55
Postgraduate Teaching Programme	250	250	250
Postgraduate Teaching Programme, Fellow in Training *	100	100	100
ESGENA Conference **	185	200	250

\* Applicants must be under 40 years of age and a certificate from the supervisor or Head of Department must be forwarded together with the registration.

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

#### Registration fee for UEG Week delegates and fellows in training includes:

- Admission to all scientific sessions
- Admission to poster exhibition and technical exhibition
- Admission to the ESGE Learning Area
- Admission to the Ultrasound Learning Centre
- Unlimited use of Berlin public transportation system (Mon – Wed; Oct 14 – 16)
- Congress materials (delegate bag, final programme, abstract document, etc.)
- Coffee breaks and lunches (Mon – Wed; Oct 14 – 16)

#### Registration fee for accompanying persons includes:

- Unlimited use of Berlin public transportation system (Mon – Wed; Oct 14 – 16)
- Half-day Berlin Sightseeing Tour

#### Registration fee for ESGENA conference includes:

- Admission to all ESGENA scientific sessions and workshops (Sat – Mon, Oct 12 – 14)
- Admission to the ESGENA Welcome Reception on Saturday, October 12, 2013
- Admission to the UEG Week on Monday, October 14, 2013
- Admission to UEG Week poster and technical exhibition (Mon, Oct 14)

- Admission to the ESGE Learning Area (Sat – Mon, Oct 12 – 14)
- Admission to the Ultrasound Learning Centre (Sat – Mon, Oct 12 – 14)
- Unlimited use of Berlin public transportation system (Sat – Mon, Oct 12 – 14)
- Congress materials (delegate bag, final programme, ESGENA abstract book, etc.)
- Coffee breaks and lunches (Sat – Mon; Oct 12 – 14)

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

- Admission to PGT courses
- Syllabus documentation
- Coffee breaks and lunches (Sat – Sun, Oct 12 – 13)

#### On-Site Registration (after September 12, 2013)

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



## Congress Information

### Payment

When registering for the UEG Week 2013, please arrange payment of the registration fee. All payments must be made in EUR. You can choose between two forms of payment, credit card payment or bank transfer. We strongly recommend credit card payment as charges for bank transfers may apply twice, once in the country of origin, and a second time in the target country.

- Credit card (AMEX, Eurocard / Mastercard, VISA)
- Bank transfer to the congress bank account:  
**United European Gastroenterology (UEG)**  
 Deutsche Bank PGK AG  
 Account no.: 107 255 200  
 Bank code: 100 700 24  
 IBAN: DE95 1007 0024 0107 2552 00  
 BIC (SWIFT-CODE): DEUT DEDB BER

### Confirmation

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

### Cancellation

In the event that the attendance at the congress and the Lunch Sessions is cancelled by May 15, 2013, the registration fee minus a processing fee of 25 % will be refunded. The attendee will have the option to prove that the expenditure for processing is less than 25 % of the registration fee. No refund will be made if the registration is cancelled at a later date. Please notify the congress office of your cancellation in writing.

### Who Is Who

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

### Congress Venue

The ICC Berlin introduces new dimensions to communication worldwide. The capacity, the technology and the services offered are excellent. The ICC Berlin enjoys a unique position worldwide, with its more than 80 meeting rooms and halls, a seating capacity in one hall of up to 5,000, its state-of-the-art communication technology, and a comprehensive congress service that puts people first. The ICC Berlin is the ideal venue for the 21st UEG Week. The Congress will take place mainly in the large halls of the ICC.

The ICC is linked to the fairground, in which additional halls (11, 12, 13, 14.1, 15.1, 16 and 17) will be used. The technical exhibition will also take place there. Exhibitors can be assured of excellent conditions and best service. The poster exhibition will be located next to the technical exhibition. The congress will host everything under one roof. Independent of weather conditions participants can move around the congress venue.

### ICC Berlin

Messedamm 22  
 14055 Berlin  
 Germany

### Main entrance:

Neue Kantstraße / Ecke Messedamm  
 14057 Berlin  
 Germany

### Congress Registration Desk

The congress counter will be located in the Foyer of the ICC Berlin.

### Preliminary Opening Hours

Friday	October 11, 2013	14:00 – 18:00
Saturday	October 12, 2013	07:30 – 18:00
Sunday	October 13, 2013	07:30 – 18:00
Monday	October 14, 2013	07:00 – 18:00
Tuesday	October 15, 2013	07:00 – 18:00
Wednesday	October 16, 2013	07:00 – 16:00

### Congress and Exhibition / Sponsor Office

**CPO HANSER SERVICE GmbH**  
 Paulsborner Str. 44, 14193 Berlin, Germany  
 T +49 (0) 30 300 669-0  
 uegweek2013@cpo-hanser.de

### Technical Exhibition

The UEG Week will be accompanied by a major technical exhibition taking place in Halls 11.1, 15.1 – 17 of the ICC. Potential exhibitors can request an exhibition / sponsoring brochure from the Congress and Exhibition / Sponsor Office, CPO HANSER SERVICE GmbH.  
 Email: uegweek2013@cpo-hanser.de

### Opening Hours

Monday	October 14, 2013	09:00 – 17:00
Tuesday	October 15, 2013	09:00 – 17:00
Wednesday	October 16, 2013	09:00 – 14:00

## Hotels

### Poster Exhibition

Posters will be displayed from Monday, October 14 until Wednesday, October 16 in Hall 12. The posters will be changed daily and are at display during the opening hours of the technical exhibition. Information regarding poster format, set-up and dismantling will be sent to the authors along with their notification of acceptance.

### Congress Information System CO CONGRESS ONLINE®

For the 21st United European Gastroenterology Week, the web based Congress Information System CO CONGRESS ONLINE® has been installed: [www.ueg.eu/week/](http://www.ueg.eu/week/)

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

- Faculty
- Preliminary scientific programme
- Accepted abstracts
- Satellite Symposia and Breakfast Meetings
- List of participants (Who is Who)
- Hotel accommodation
- Private Mailbox

### Congress Website

Further and updated information will be available on the internet at [www.ueg.eu](http://www.ueg.eu) (click on the button UEG Week). Registration, hotel reservation and submission of abstracts are available online.

### Congress Language

The official language of the UEG Week is English.

### Final Programme and Abstracts

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

### Invitation Letter

The congress office will be pleased to send a formal letter of invitation to any individual requesting one. It is understood that such an invitation is intended to help potential delegates to raise funds or to obtain a visa. This does not imply a commitment from the UEG to provide any financial support. Invitation letters can be requested in the online registration process until September 23, 2013. The letters will be sent as email attachment. If an express delivery is required, the delegate shall order a courier at his / her own expense.

### Visa

The entry formalities for Germany vary according to the country of origin. For citizens of the European Union Member Countries, a valid identity card is sufficient. Please address enquiries about entry and vaccination requirements to your travel agent or to the local German consulate.

### Hotel Accommodation

CPO HANSER SERVICE GmbH has reserved a large number of hotel rooms in various hotels in different price categories. The majority of the hotels are located in the city centre. The ICC Berlin can be comfortably reached from all hotels by public transport, particularly the U- and S-Bahn train networks.

### **Hotel Website for Online Bookings**

CPO HANSER SERVICE created a special hotel website for the 21st UEG Week. A link to this website is available on the congress website. On this website you can read a comprehensive description of each hotel, including photos, a map of Berlin and 'How to get to the ICC Berlin', and you can book your hotel room online and receive a direct confirmation.

### **Excellent Hotel Rates**

As CPO HANSER SERVICE handles hotel reservations for many events in Berlin throughout the year, we are able to offer you the best available hotel rates for the 21st UEG Week.

### **Individual Reservations (maximum 9 rooms)**

Individual reservations for up to 9 rooms can only be made through the fully secured hotel website. A direct confirmation will be sent by email. All individual reservations require a guarantee with a valid credit card. The payment of your stay will be settled in the hotel. Notifications of cancellations and changes can be made online or in writing to CPO HANSER SERVICE.

### **Group Reservations (10 rooms or more)**

Group reservations for 10 rooms or more can only be made by special request. Please choose your preferred hotel and send your request by email to [uegweek2013@cpo-hanser.de](mailto:uegweek2013@cpo-hanser.de). Please state number of rooms, arrival and departure dates, room type (single or double), preferred hotel and / or location and maximum room rate. A tailor-made offer will be sent to you within 2 working days of the receipt of your request. This will include the payment and cancellation conditions.

For further details please contact the

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

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## Berlin

The history-charged Berlin, host city of the 21st UEG Week, is the capital of Germany and known for its cross-cultural and creative coexistence. Berlin has a population of about 3,5 million from 187 different nations on an area of 892 sqkm and is the biggest city in Germany and Middle Europe. Many world famous restaurants, hotels and museums are located in Berlin and the city attracts 9.8 million tourists every year.

### Airport and Arrival Information

#### **Arrival by plane**

Berlin has two airports (Tegel – TXL and Schönefeld – SXF) with international flights from major cities all over the world. Berlin is easily accessible from all over the world. Congress participants arrive at Tegel or Schönefeld. From Tegel the trip to the city centre takes 20 minutes, and from Schönefeld to the city centre 40 minutes by using the public transportation system or taxi.

Both airports in Berlin are linked to the public transportation system and your destination can be reached by multiple roads. The ICC Berlin can also be reached easily by taxi.

#### **Arrival by train**

You can reach Berlin from all directions by using the fast InterCity-Express-, InterCity-, EuroCity- and InterRegio Trains. The central station Berlin Hauptbahnhof, connecting east-west train lines with north-south train lines, in the heart of Berlin was opened in 2006. Depending on the location of your hotel you may also choose Ostbahnhof, Bahnhof Gesundbrunnen, Südkreuz or Bahnhof Spandau as arrival train station. All train stations are well connected to the public transportation system.



8 Gendarmenmarkt

### Public Transportation

All registered UEG Week and fellow in training delegates, ESGENA delegates and accompanying persons are entitled to use the public transportation system free of charge for three days. The congress badge serves as public transportation ticket because it includes the logo of the public transportation company BVG as well as the dates the ticket can be used on. Berlin's public transportation system includes bus, tram, U-Bahn (underground train) and S-Bahn (express city train).

#### **How to get to the Congress Centre**

The most convenient way to reach the ICC is via public transportation:

- by S-Bahn S41, S42 and S46 to "Messe Nord / ICC" stop or S5, S7, S9, S41, S42, S45, S46, S47 and S75 to "Westkreuz" stop
- by U-Bahn U2 to "Kaiserdamm" stop
- by Bus with line M49, X34, X49, 104 and 139 to "Messedamm / ZOB / ICC"

### Taxi

A taxi stand is located on the lower level of the ICC Berlin. Participants can request taxis at the ICC information counter in the entrance foyer. The information counter is located opposite the main entrance doors of the ICC Berlin. Taxis can be called day and night on the telephone numbers: 21 02 01 or 44 33 22.

### Bank and ATM

Banks are usually open from Monday to Friday. Bank cards using the Cirrus and Maestro systems can be used at any of the ATM machines in Berlin. If you need cash on your arrival in Berlin there are ATM machines at the airport, train stations and throughout the city. Most hotels, restaurants and shops accept major credit cards.

### Climate

In October the average temperatures in Berlin range from 8 to 13° C during the day.

### Currency

The currency is EURO.

### Electricity

The voltage in Germany is 230 Volts, 50 Hertz. Sockets meet European regulations and use the two-round pin system.

### Time Zone

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

## Supporting Programme

During the UEG Week 2013 the officially appointed local partner CPO HANSER SERVICE will offer various guided tours in and around Berlin for participants and their accompanying persons. All tours are accompanied by an English-speaking guide. Please note that all tours will start and end at the congress centre ICC Berlin.

### Jewish Berlin

**Saturday October 12, 2013 09:00 – 13:00**

From the ICC a bus will take you to the “Spandauer Vorstadt“ (Spandau suburb) which is the area around Hackescher Markt in the district Mitte. The heart of Spandauer Vorstadt is the New Synagogue which has always been and still is the symbol of Jewish culture in Berlin. Since the 90s, a lot of Jewish restaurants, cafés, institutions – cultural as well as educational – and a Jewish community have settled here. The bus will stop at Hackescher Markt and drop you off for a walking tour.

The tour will pass by shops, exhibits, restaurants and cafés on August Street, Tucholsky Street and Johannis Street with the guide giving insider information. Some of the restaurants offer kosher meals and Jewish literature.

The bus will pick you back up at the New Synagogue and Centrum Judaicum and take you to the Jewish Museum in Kreuzberg. This museum is a spectacular highlight of modern architecture in Berlin. The design by Daniel Libeskind is based on a process of connecting lines between locations of historic events and locations of Jewish culture in Berlin. The museum opened in 2001 and gives an interesting insight into the history of the Jewish people. A tour of the museum will be arranged.

On the way back to the ICC you will also pass the Holocaust Memorial. Together, the Field of Steles and the exhibit remind the world of up to six million Jewish victims of the holocaust and honor them.

**Price per person: EUR 42,00**

*incl. admission to the Jewish Museum and guided tour*



9 East Side Gallery

### City Sightseeing Tour of Berlin

<b>Saturday</b>	<b>October 12, 2013</b>	<b>14:00 – 17:00</b>
<b>Monday</b>	<b>October 14, 2013</b>	<b>09:00 – 12:00</b>
<b>Tuesday</b>	<b>October 15, 2013</b>	<b>09:00 – 12:00</b>

*For registered accompanying persons this tour is included in the registration fee. Please note that pre-registration is required.*

The tour will take you through the West, the East and the Middle of Berlin. It will pass the famous Checkpoint Charlie, the former border crossing and the Potsdamer Platz, where you will get an impression of what used to be the biggest construction site of Europe. Then the tour proceeds to West Berlin passing the Philharmonic Hall on to the Tiergarten district, one of Berlin's loveliest parks, and to Bellevue Palace, the residence of the President of the Federal Republic. You will see the Victory Column, crowned with the golden Goddess of Victory. The tour continues to the Kurfürstendamm, West Berlin's main street, lined with elegant shops and cafes. See the Memorial Church, the symbol of the city, preserved as a ruin. Then you will pass by the Zoo and the Aquarium, one of the world's largest, and continue on to Charlottenburg Palace, a late 17th century baroque masterpiece. The tour will end at the ICC.

**Price per person: EUR 25,00**

### Historical Walking Tour Berlin-Mitte

<b>Sunday</b>	<b>October 13, 2013</b>	<b>09:00 – 12:00</b>
<b>Tuesday</b>	<b>October 15, 2013</b>	<b>14:00 – 17:00</b>

A bus will take you to the starting point of the walking tour at the Brandenburg Gate. Your guide will introduce you to the city and explain its former unique status and its new situation. Start at the Brandenburg Gate, the only one still existing of Berlin's old city gates. Continue by walking along the famous boulevard “Unter den Linden“ and the historical centre of East Berlin. See such famous buildings as the State Opera House, Humboldt University, the Museum of German History (formerly the Zeughaus), and the Red City Hall.

Your guests will continue to the most beautiful historical place in Berlin – the Gendarmenmarkt.

Afterwards see the former border crossing, the famous Checkpoint Charlie and continue to the Nikolai Quarter, a restored historical area of Berlin, with beautiful houses, little pubs and nice shops. The bus will take you back to the ICC or you can take the chance to individually explore Berlin.

**Price per person: EUR 25,00**



Day excursion to Potsdam**Sunday October 13, 2013 09:00 – 16:00**

Depart to Potsdam, the city which best reflects the brilliance of Prussian history in many different periods. Visit one of the castles of Sanssouci and their beautiful gardens. The whole complex has been built as the summer residence for the royal family. Visit Palace Cecilienhof, built between 1913 and 1917 in the style of an English Country Manor for the family of the Crown Prince. In 1945 the Potsdam Agreement between the Allied Powers was signed here. Lunch will be arranged in one of the local restaurants. Continue by bus through Potsdam. Pass the early 18th century settlement "Holland Quarter" with its colourful houses and the Russian colony "Alexandrovka". The tour will end at the ICC.

**Price per person: EUR 110,00**

*incl. admission to one of the castles of Sanssouci and Palace Cecilienhof and guided tours, light lunch at a local restaurant*

Visit Museum Island**Monday October 14, 2013 14:00 – 17:00****Wednesday October 16, 2013 10:00 – 13:00**

Visit Berlin's world-famous Museumsinsel (Museum Island) which is wedged between the River Spree and Kupfergraben.

The buildings on the island accommodate the archaeological collections and the art of the 19th century. The Altes Museum, built in 1830 after the design by Karl Friedrich Schinkel, was the first building on the Museum Island and the first public museum in the Prussian state. It was followed by the Neues Museum, the Old National Gallery, the Bode Museum and the Pergamonmuseum. In 1999 the Museum Island was added to the UNESCO World Cultural Heritage list.

**Price per person: EUR 49,00**

*incl. admission to one of the museums at Museum Island and guided tour*

**10** Government districtBerlin from Spree Canals**Monday October 14, 2013 09:00 – 12:00****Wednesday October 16, 2013 14:00 – 17:00**

Berlin was once Germany's second largest inland port. And the city still has more bridges than Venice!

From the ICC, you will be taken by bus to Schlossbrücke pier which is located behind the famous Charlottenburg Palace. Here you will board a public sightseeing boat. See Berlin from an unusual and fascinating perspective during this 80-minutes cruise on the Spree River.

Highlights of the tour will be the Reichstag (seat of the German Parliament), Bellevue Palace, Museum Island, the Berlin Cathedral and the Palace of the Republic. After disembarking at the pier Jannowitzbrücke the bus will take you back to the ICC.

**Price per person: EUR 45,00**

*incl. admission to a public boat tour*

Half day excursion to Potsdam**Monday October 14, 2013 09:00 – 13:00****Tuesday October 15, 2013 09:00 – 13:00**

Depart to Potsdam, the city which best reflects the brilliance of Prussian history in many different periods. Visit one of the castles of Sanssouci and their beautiful gardens. The whole complex has been built as the summer residence for the royal family. Continue by bus through Potsdam. Pass the early 18th century settlement "Holland Quarter" with its colourful houses and the Russian colony "Alexandrovka".

The tour will end at the ICC.

**Price per person: EUR 60,00**

*incl. admission to one of the castles of Sanssouci and guided tour*

Day excursion to Dresden**Tuesday October 15, 2013 08:00 – 19:00**

Excursion by bus to Dresden, capital of the province of Saxony and also known as Elb-Florence due to its many museums and art treasures.

Under the twenty-four year regency of "August the Strong" Dresden experienced its cultural peak. Even today impressive cultural treasures remind us of this era.

The first stop will be the Dresdner Zwinger, a master-piece of the 17th century baroque architecture, where King August the Strong was renowned for hosting the most luxurious and frolic festivities in the land.

You will enjoy a lunch in one of the local restaurants in Dresden. You will then be led to the Semper Opera, the Residential Palace and the Catholic Court Church, which stands as a reminder of Dresden as the capital of the independent state of Saxony.

Continue to walk to the rebuilt Frauenkirche, which was shattered to smithereens as a result of the allied bombing in the night of February 13th 1945. The reconstruction was finished in 2005 thanks to private donations. Get detailed information during a guided tour. You will pass the “Fürstenzug” (Princes’ Parade) – a historic tile wall made of over 20.000 Meissen porcelain tiles – which shows August the Strong as well as other princes during the course of history. Afterwards you will climb up the stone stairs to the Brühl’sche Terraces, where you can admire the view onto the River Elbe. Then you return to Berlin, driving time will be approximately 3 hours one-way.

**Price per person: EUR 120,00**

*incl. admission to the Frauenkirche and guided tour, light lunch at a local restaurant*

Controversial Berlin

**Tuesday      October 15, 2013      14:00 – 18:00**

To the majority of the Berlin visitors and tourists, the most important attraction is in its recent decades. People want to discover the city’s cold-war past and its “island” status. On this tour, your guide will take you back in time and show you the most famous sites. During the 40 years of Berlin’s separation, the East and the West side developed in completely different ways. Even though today it is hard even to tell where the wall used to run, a lot of the aftermath of the separation is still noticeable and visible. A historic place and the first stop on this tour will be Checkpoint Charlie, the famous former border crossing in the heart of Berlin. Visit the documentation of the courage and ingenuity with which many East Germans escaped to the West. An experience not to be forgotten!

The bus tour resumes with a stop at the East Side Gallery, an 1,3 km long stretch of the wall that was left as a memorial and painted by artists from all over the world. It now stands as Europe’s most famous open air gallery. Two further stops on this tour can be made at other spots where pieces of the wall have been kept for memorial purposes.

The other one is the “Berlin Wall Memorial”. This part of the wall has been preserved in commemoration of the people who suffered under communism. This is probably the best spot to see the wall as it really used to be.

**Price per person: EUR 45,00**

*incl. admission to Checkpoint Charlie Museum*

**Booking Conditions**

- Prior to the UEG Week 2013 booking is only available online via the official congress website.
- Full payment in advance is required.
- Your reservation will automatically be cancelled if full payment is not received before September 2, 2013.
- All tours will be conducted in the English language.
- All prices include the current VAT tax rate.
- Confirmations will be sent out upon receipt of full payment.
- You will receive your tour tickets at the Tour Desk at the Congress Centre.
- All tours are based on a minimum of 25 participants.
- Tours will be cancelled if the minimum number is not reached.
- Full refunds will be available for tours which do not take place.
- Cancellations of tours are to be made in writing to CPO HANSER SERVICE.
- For cancellation of tours before September 2, 2013 an administration fee of EUR 10 will be charged.
- Tours cancelled after September 2, 2013 cannot be refunded.
- No refund will be possible for included services not taken.
- Lost or unused tickets cannot be refunded.
- Tours will start and end at the ICC Berlin.

Organiser of Supporting Programme

**CPO HANSER SERVICE GmbH**

Paulsborner Str. 44  
14193 Berlin, Germany  
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uegweek2013@cpo-hanser.de



**11** Potsdam

Photo credits:

- 1 Gianluca Santoni (DZT) • p. 18    2 Hans-Peter Merten (DZT) • p. 19    3 UEG Week, Amsterdam 2012 • p. 37    4 UEG Week, Amsterdam 2012 • p. 37  
5 UEG Week, Amsterdam 2012 • p. 38    6 UEG Week, Amsterdam 2012 • p. 38    7 UEG Week, Amsterdam 2012 • p. 40    8 Gendarmenmarkt, Berlin • p. 51  
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## Acknowledgements

The UEG gratefully acknowledges the support of the following companies (as of February 5, 2013):

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