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## DATES TO REMEMBER

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<td>January 3, 2012</td>
<td>Opening Online Registration &amp; Hotel Registration</td>
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<tr>
<td>January 9, 2012</td>
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<td>May 4, 2012</td>
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<td>May 15, 2012</td>
<td>Deadline Early Registration</td>
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<td>September 14, 2012</td>
<td>Deadline Late Registration</td>
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20th United European Gastroenterology Week

UEGW

AMSTERDAM 2012

October 20 – 24, 2012

Amsterdam / The Netherlands

Venue: Amsterdam RAI

Responsible Organisation
UEGF – United European Gastroenterology Federation

UEGF Secretariat
House of European Gastroenterology
Wickenburggasse 1
1080 Vienna, Austria
Phone: +43 – 1 – 997 16 39
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Email: office@uegf.org

Congress Venue
Amsterdam RAI Exhibition & Convention Centre
Europaplein
1078 GZ Amsterdam, The Netherlands

Congress and Exhibition / Sponsor Office
Office Berlin
CPO HANSER SERVICE GmbH – Core PCO
Paulsborner Str. 44
14193 Berlin, Germany
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Email: uegw2012@cpo-hanser.de

EACCME applied · www.uegf.org
THE VOICE OF EUROPEAN GASTROENTEROLOGY

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

www.uegf.org
Dear Colleagues,

The 2012 UEGW in Amsterdam promises to be a very special occasion. We will be celebrating twenty years of our existence. I have no doubt that the founders of the federation envisaged the success of the UEGW.

It is now an established premier meeting in our field. This is reflected by an increase in attendance and abstracts submitted at each meeting. The success of the meeting is due to the scientific content which is rigorously prepared by John Atherton and his committee. This committee represents all interests of the federation. Scientific abstracts are welcome but are rigorously assessed by a panel of experts ensuring that only quality is accepted.

The federation is the community of gastroenterology which provides a multi-disciplinary approach to the treatment of patients with gastrointestinal diseases. Gastroenterology is an evolving field with new discoveries and advances in treatment making it mandatory for practitioners to be updated and scientists to exchange knowledge and have a critical appraisal of their work.

The UEGW is now a meeting of global consequence. Delegates attend from all corners of the world with broad spectrum of interest in the field of gastroenterology. Amsterdam has been chosen as congress venue as it is in the centre of Europe, making it accessible to the rest of the world. It is a thriving city that offers both culture and science.

I encourage you to visit our website to get updates. The website will give you a flavour of the activities that the federation do on your behalf throughout the year and I would particularly like to draw your attention to OLGa an excellent resource for teaching and learning.

I look forward to seeing you in Amsterdam for our celebratory meeting.

Colm O’Morain  
UEGF President
ABOUT UEGF

MISSION & GOALS
Improving the quality of care delivered to patients and steadily increasing gastroenterological knowledge are the principles which make up the foundation of UEGF.

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

To reach these goals, the Federation undertakes to:
- Promote the knowledge of GIT and liver diseases among the public and the medical profession for the benefit of patients
- Coordinate the activities of the clinical and scientific associations in the field
- Harmonise and improve clinical standards throughout the whole of Europe
- Stimulate and promote basic and clinical research in the field and to render it visible in the global context
- Promote excellence in clinical and scientific education

FOUNDED MEMBERS OF THE UEGF

ASNEMGE  Association of National European and Mediterranean Societies of Gastroenterology
In October 2011 ASNEMGE was dissolved and integrated into the federative structure of UEGF by installing a National Societies Forum and a National Societies Committee.

EAGEN  European Association for Gastroenterology, Endoscopy and Nutrition

EASL  European Association for the Study of the Liver

EFISDS  International Society of Digestive Surgery (European Federation)

EPC  European Pancreatic Club

ESGE  European Society of Gastrointestinal Endoscopy

ESPGHAN  European Society for Paediatric Gastroentrology, Hepatology and Nutrition

ASSOCIATE MEMBERS OF THE UEGF

EAES  European Association for Endoscopic Surgery

ECCO  European Crohn’s and Colitis Organisation

EDS  European Digestive Surgery

EHSG  European Helicobacter Study Group

UEGF COUNCIL
Colm O’Morain, Ireland  President
Michael Farthing, UK  President Elect
Christoph Beglinger, Switzerland  Secretary General
Marco Bruno, The Netherlands  Treasurer
John Atherton, UK  Education Committee Chairman
Reinhold Stockbrügger, Italy  Scientific Committee Chairman
Mark Hull, UK  Public Affairs Committee Chairman

Block Society Representatives
Michael Trauner, Austria  Liver Representative
Horst Neuhaus, Germany  Endoscopy Representative
Franco Bazzoli, Italy  General Gastroenterology Representative
Abe Fingerhut, France  Surgery Representative
Markus Lerch, Germany  Independent Councillor

UEGF SCIENTIFIC COMMITTEE 2012
John Atherton, UK  Chairman UEGF Scientific Committee
Laurent Castera, France  Independent
Yehuda Chowers, Israel  EECO
Helena Cortez-Pinto, Portugal  EASL
Jacques Deviere, Belgium  ESGE
Karl Fuchs, Germany  EAES
Beat Gloor, Switzerland  EDS
Mark Hull, UK  National Societies Representative
Pali Hungin, UK  ESPCG
Roger Leicester, UK  EFISDS
ABOUT UEGF

Jose Machado, Portugal          EHSG
Julia Mayerle, Germany          EPC
Chris Mulder, The Netherlands   Local UEGW Representative
Julian Panes, Spain             EPC
Wolff Schmiegel, Germany       Independent
Raanan Shamir, Israel           ESDO
Magnus Simren, Sweden           ESPGHAN
Jaap Stoker, The Netherlands    ESNM
Jan Tack, Belgium               ESGAR
Dina Tiniakos, Greece          EENC

PUBLIC AFFAIRS COMMITTEE
Reinhold Stockbrügger, Italy    Chairman UEGF Public Affairs Committee

Anthony Axon, UK
Miguel A. Gassull, Spain
Heidi-Ingrid Maaros, Estonia
Nurdan Tozun, Turkey
Walter Reinisch, Austria
Eduardo Targarona, Spain
Dominique-Charles Vall, France
Michel Delvaux, France
Marc Benninga, The Netherlands

FUTURE TRENDS COMMITTEE
Michael Farthing, UK            Chair Future Trends Committee
Davor Stimac, Croatia
Tamara Matysiak-Budnik, France  National Societies Representative
Fabio Marra, Italy
Marco del Chiaro, Italy
Mario Dinis-Ribeiro, Portugal   EAGEN
Nikhil Thapar, UK

Mustapha Adham, France          EFISDS
Alberto Arezzo, Italy           EAES
Pierre Michetti, Switzerland    ECCO
Roberto Salvia, Italy           EDS
Ari Ristimaki, Finland          EHG
Dieter Hahnloser, Switzerland   ESCP
Regina Beets-Tan, The Netherlands ESGAR
Javier Santos, Spain            ESNM
Foteini Anastasiou, Greece      ESPCG
Thomas Seufferlein, Germany     ESO

EDUCATION PROGRAMME COMMITTEE
Marco Bruno, The Netherlands    Chairman UEGF Education Committee
Lars Aabakken, Norway           ESSE
Regina Beets-Tan, The Netherlands ESGR
Pascal Berberat, Germany        EDS
Maximilian Bockhorn, Germany    EFISDS
Lorenzo D’Antiga, Italy         ESPGHAN
Nieke de Wit, The Netherlands   ESPCG
Joost Drenth, The Netherlands   National Societies Representative

Jean-François Dufour, Switzerland EASL
Mark Fox, UK
Najib Haboubi
Matthias Lohr, Sweden           EPC
Jaroslaw Regula, Poland         EAGEN
Theodore Rokkas, Greece         ESNM
Selman Uranues, Austria         EAS
Eric van Cutsem, Belgium        ESGN
Boris Vucelic, Croatia

NATIONAL SOCIETIES COMMITTEE
Mark Hull, UK       Chairman UEGF National Societies Committee
Monica Acalovschi, Romania
Joost Drenth, The Netherlands
Roberto Penagini, Italy
Magnus Simren, Sweden
Davor Stimac, Croatia
Laszlo Herszenyi, Hungary
Laurent Peyrin-Biroulet, France
Jordi Serra, Spain

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Phone: +49 – 30 – 300 669-0 // Email: uegw2012@cpo-hanser.de
Welcome to UEGW 2012 in Amsterdam!

UEGW 2012 is our big birthday, and we will be marking it in many ways! The programme will include a celebration of the UEGW and UEGF: where we’ve come from and where we’re going; top journal editors summarizing advances in digestive diseases over the last 20 years; and leaders in research and clinical practice describing what will happen next in their fields. Come and help set the agenda for the next 20 years!

Special themes will include the modern role of multidisciplinary care and the effect of obesity and alcohol on GI and liver disease. We will have two full days of live endoscopy, a focus on IBD (including treatment advances), more on the expanding role of gastroenterologists in GI oncology and a plethora of state-of-the-art lectures by established names and rising stars.

We will continue our efforts to make the meeting even more lively and interactive with keypad sessions, clinical cases, debates and tandem talks. Our 2 day cutting edge “Today’s science; tomorrow’s medicine” symposium will feature the top world experts describing the latest research on how obesity affects inflammation and disease in the GI tract and liver. For the practical-minded, we will continue to improve our hands-on training in our endoscopy and ultrasound learning areas.

We will continue to expand our original research innovations, which have already driven up standards. The 5 best abstracts submitted will be awarded prestigious prizes of 10,000 Euro each, every free paper session will see a Chairmen’s prize awarded to the best presentation, and we will continue to improve our poster exhibition and award prizes for the best posters. The UEGW is now THE best place to present your research to the people who matter, and to the world!

Last, but not least, 2012 will see our best PG course ever! There will be increased interactivity with keypad and phone 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 customize your own course. Topics will include GI and liver emergencies, live endoscopic teaching, personalized IBD treatment, viral hepatitis, colo-rectal cancer and more!

Come and support us on our 20th birthday – it is your birthday too! More importantly, come and learn, present, interact, be stimulated ... and enjoy yourself!

John Atherton
Chair, UEGF Scientific Committee
The UEGW 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.

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

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, including State-of-the-Art Lectures.
SCIENTIFIC INFORMATION

TODAY'S SCIENCE; TOMORROW'S MEDICINE:
Obesity, inflammation and carcinogenesis in the GI tract and liver
The Amsterdam UEGW is proud to host an international two-day symposium on obesity, inflammation and carcinogenesis in the GI tract and liver, co-organised and hosted by Anna-Mae Diehl, Herbert Tilg and Mark Hull. This will feature the best basic and translational scientists from around the world, meeting to discuss the current state of the art in research into mechanisms linking obesity and cancer risk.

Speakers will concentrate on several mechanisms by which excess body weight may drive carcinogenesis and the important implications of this understanding for research directions and future management of obese and overweight individuals. There will also be free paper sessions where the best original research is presented by young and established researchers, and discussed by international experts.

The Today's science; tomorrow's medicine symposium is open to all UEGW registrants at no extra cost. It provides a unique opportunity for gastroenterologists and hepatologists to learn how this important research field will impact on their disciplines. It will interest inquisitive clinicians and young clinical-scientists, as well as those already active in this field. Welcome to this initiative!

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

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

LIVE ENDOSCOPY
Live endoscopy was the top request for future UEGWs in delegate feedback, and is included in the main programme and 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 chairmen ensure interactive learning without unnecessary gaps.

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

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

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

INCREASED USE OF DIFFERENT FORMATS
The UEGF Scientific Committee continues to work to improve session formats used in the UEGW programme. For example, more debates are introduced, where two speakers present opposite sides of a problem followed by personal and audience interaction. Tandem Talks are introduced where two experts present different aspects of the same problem. For example, a basic scientist might explain the biological rationale and mechanism for a treatment, and a clinician might explain the practicalities and effectiveness. Another example would be a physician explaining the medical treatment of a condition and a surgeon discussing surgical alternatives. The Scientific Committee encourages wider use of cases to illustrate talks and anchor them in medical experience. Finally, interactivity is increased by encouraging audience voting and by more interactive chairing.
**POSTER EXHIBITION / POSTER ROUNDS**
Poster Sessions feature an improved and more spacious room layout and poster format. Posters are displayed from Monday until Wednesday. The posters are changed daily and are at display from 09:00 – 17:00 (Mon to Tue) and 09:00 – 14:00 (Wed). Poster Rounds are held during the lunch period at the congress. Selected experts will visit groups of posters, when the presenter is expected to give a 1 – 2 minute summary of the major findings described in the poster. The experts lead the discussion with other members attending the poster session. It is the responsibility of the presenter to ensure that at least one of the authors is present during the poster session to take part in the poster discussion.

Top poster presentations will be awarded. At 13:45 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

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

**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 UEGF 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 provide 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.

**BOARDS & COMMITTEE MEETINGS** Invitation only
Business meetings for elected (UEGF) leadership.

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

**COMMON INTEREST GROUP MEETINGS**
All delegates welcome
Activities taking place outside of the core scientific programme and open to all UEGW 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 UEGF is in the process of seeking approval from the European Accreditation Council for Continuing Medical Education in Brussels (EACCME), an institution of the UEMS, to provide EACCME credits for attendance at the scientific sessions of the core programme as well as for the postgraduate teaching programme of UEGW. Following the agreement signed between the UEMS/EACCME and the American Medical Association, the EACCME credits are recognised as PRA Class 1 Credits by the AMA and vice versa.

**Information for Italian Delegates**
FISMAD – The Italian Federation of Digestive Diseases Societies c/o GRUPPO SC Studio Congressi – Servizi per la Comunicazione Via Napoleone Colajanni, 4, 00191 Rome, Italy Phone: +39 – 06 – 3290250 Fax: +39 – 06 – 36306897 Email: uegw@grupposc.com www.grupposc.com
UEGF COMMENORATES THE 20TH ANNIVERSARY OF UEGF & UEGW!

Celebrate with us!

- **BIRTHDAY OPENING SPEECH**
  of Prof Colm O’Morain, UEGF President

- **PRESENTATION OF THE FILM**
  “UEGF – 20 years of care for digestive diseases”

- **ANNIVERSARY SYMPOSIA:**
  European integration in Digestive Diseases: Successes and possibilities
  The last 20 years: Lasting paradigm changes in digestive disease management
  The next 20 years: Today’s science; tomorrow’s medicine

- **ANNIVERSARY BRUNCH**

- **COMPETITION**
  “Digestive Health & Disease – Science & Art”

- **SHOWCASE OF UEGF & UEGW HISTORY**

Watch out for further details at the UEGW Congress Website [www.uegw12.uegf.org](http://www.uegw12.uegf.org)
More information will be published shortly!
The UEGW 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 20, 2012

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<th>Hall 4 / 5</th>
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<th>Auditorium</th>
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<tr>
<td>09:00 – 10:30</td>
<td>Plenary I</td>
<td>Management of GI and liver emergencies</td>
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<td>10:30 – 11:00</td>
<td>Coffee Break</td>
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<tr>
<td>11:00 – 13:00</td>
<td>Endoscopy I</td>
<td>Live endoscopy I</td>
<td>Liver I Case-based update on management of viral hepatitis</td>
<td>Medical Gastroenterology I Nutrition in IBD and other GI disorders</td>
<td>Surgical Gastroenterology I Fistulizing Crohn’s disease</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch Break</td>
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<tr>
<td>14:00 – 16:30</td>
<td>Endoscopy II</td>
<td>Live endoscopy II</td>
<td>Liver II Hepatocellular carcinoma</td>
<td>Medical Gastroenterology II Characterising and managing IBD today</td>
<td>Surgical Gastroenterology II Management of pancreatic and biliary cancer</td>
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<tr>
<td>17:15 – 18:15</td>
<td>Satellite Symposia</td>
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### SUNDAY, OCTOBER 21, 2012

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<tr>
<td>08:30 – 10:30</td>
<td>Endoscopy III</td>
<td>ERCP update</td>
<td>Liver III Alcohol and liver disease</td>
<td>Medical &amp; Surgical Gastroenterology III Modern medical and surgical management of difficult GORD</td>
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<td>10:30 – 11:00</td>
<td>Coffee Break</td>
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<tr>
<td>11:00 – 13:00</td>
<td>Endoscopy IV</td>
<td>Colonoscopy challenges</td>
<td>Liver IV What is new and what is controversial about NAFLD?</td>
<td>Medical &amp; Surgical Gastroenterology IV Assessment and treatment of motility disorders: Medical and surgical issues</td>
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<td>14:00 – 16:00</td>
<td>Plenary II</td>
<td>The multidisciplinary approach to morbid obesity</td>
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<td>16:15 – 17:45</td>
<td>Satellite Symposia</td>
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<td>18:00 – 19:30</td>
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# POSTGRADUATE TEACHING PROGRAMME

**Saturday, October 20, 2012**

**09:00 – 10:30**

**Plenary I**

**Management of GI and liver emergencies**
- Oesophageal perforation: iatrogenic and spontaneous
- Torrential non-variceal upper GI bleeding
- Severe acute liver failure
- Acute colonic obstruction and acute diverticulitis: Multi-disciplinary management

**11:00 – 13:00**

**Endoscopy I**

**Live endoscopy I**
Live satellite transmission from the Academic Medical Center (AMC), Amsterdam

**Liver I**

**Case-based update on management of viral hepatitis**

**Debate:**
- Evaluation of disease severity in viral hepatitis: Is it really needed before starting treatment? Yes
- Evaluation of disease severity in viral hepatitis: Is it really needed before starting treatment? No
- Update on the treatment of hepatitis C
- Update on the treatment of hepatitis B
- Prediction of response to treatment in hepatitis B and hepatitis C

**Medical Gastroenterology I**

**Nutrition in IBD and other GI disorders**
- Nutritional assessment in the GI clinic
- The role of nutrition in the management of IBD
- Gluten free diets: When should we use them?
- Nutrition in the perioperative period
- Long term home parenteral nutrition vs intestinal transplantation

**14:00 – 16:30**

**Endoscopy II**

**Live endoscopy II**
Live satellite transmission from the Academic Medical Center (AMC), Amsterdam

**Liver II**

**Hepatocellular carcinoma**

**Debate:**
- What is the role of liver biopsy in the diagnosis of HCC? Pre-treatment tissue diagnosis is necessary
- What is the role of liver biopsy in the diagnosis of HCC? Pre-treatment tissue diagnosis is unnecessary
- Local ablational therapies: Which therapy for which indication?
- Biomarkers for diagnosis and prognosis: Ready for prime time?
- New opportunities for medical treatment: Sorafenib and other molecular targeted therapies
- Surgical treatment or liver transplantation?

**Medical Gastroenterology II**

**Characterising and managing IBD today**
- Predicting the course of Crohn’s disease
- Endoscopy and cross-sectional imaging in IBD: New roles
- Crohn’s disease: Different phenotypes, different management approaches?
- Starting and stopping immunosuppressants and biologics in IBD
- Preventing and handling complications of immunosuppressant therapy
- When to call the surgeon in Crohn’s disease management
POSTGRADUATE TEACHING PROGRAMME

Surgical Gastroenterology II
Management of pancreatic and biliary cancer
→ Preoperative tissue diagnosis in suspected pancreatic cancer: When do we need it?
→ Chemotherapy of pancreatic cancer: Is it really improving?
→ Role of radiation therapy in locally advanced pancreatic cancer
→ Borderline resectable pancreatic cancer: Selection of patient and procedure
→ Palliation of malignant bile duct obstruction: When and how?
→ Update biliary cancer: Resection, local ablation or systemic therapy?

Endoscopy III
ERCP update
→ Pre-therapeutic imaging
→ Anticoagulants/antiaggregants
→ Cannulation: Wire, injection, both?
→ Preventing post ERCP complications
→ The future of biliopancreatic therapy

Liver III
Alcohol and liver disease
→ Risks for ALD: Genes for dependence and liver damage
→ How alcohol affects risk and progression of other liver diseases
→ New insights into the pathogenesis of ALD
→ The management of acute alcoholic hepatitis including liver transplantation
→ Interventions for the alcohol problem: Drug treatment and other interventions

Medical & Surgical Gastroenterology III
Modern medical and surgical management of difficult GORD
→ A patient with refractory reflux symptoms: Which diagnostic work up?
→ Optimizing medical therapy: What works in clinical practice?
→ The patient with presumed extra-oesophageal GORD symptoms: The gastroenterologist’s approach
→ Surgery for refractory reflux disease: Risks and outcomes
→ Management of persistent severe symptoms and complications after reflux surgery

Sunday, October 21, 2012
08:30 – 10:30

Endoscopy IV
Colonoscopy challenges
→ The challenges of colonoscopy for CRC screening: Non imaging markers or virtual colonoscopy?
→ Optimising polyp detection by colonoscopy
→ Colon capsule: Any indication?
→ Tandem Talks:
  → My technical tricks for resection and management of complications

Liver IV
What is new and what is controversial about NAFLD?
→ Natural history: Who is likely to get significant liver disease?
→ Is there progress in diagnosis and staging? Role of serum markers, CAP, Fibroscan and imaging modalities
→ The role of liver biopsy: In whom and when do we need it?
→ Cardiovascular risk in NAFLD: Management of the metabolic syndrome
→ Treatment: The roles of lifestyle changes, and of emerging new drugs

Medical & Surgical Gastroenterology IV
Assessment and treatment of motility disorders: Medical and surgical issues
→ Assessment and treatment of upper oesophageal sphincter disorders
→ Oesophageal motility disorders: New manometric classification and modern treatment
→ Assessment and treatment of gastric motility disorders including surgery and gastric electrical stimulation
→ Assessment and treatment of chronic constipation
→ Assessment and treatment of defecation disorders

Plenary II
The multidisciplinary approach to morbid obesity
→ The multidisciplinary approach to the obese patient
→ Obesity surgery: Patient selection is the key
→ Endoscopic therapy for obesity: Does it work?
→ How to avoid medical complications after bariatric surgery

14:00 – 16:00
# Scientific Programme Overview

## Monday, October 22, 2012

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<th>Time</th>
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<td>Opening Plenary Session</td>
<td>Multidisciplinary challenges in ulcerative colitis: The medical/surgical partnership</td>
<td>Endoscopy meets Pathology: EMR and ESD</td>
<td>Management of chronic hepatitis C in 2012</td>
<td>Functional GI disorders: From children to adults</td>
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## SCIENTIFIC PROGRAMME OVERVIEW

### WEDNESDAY, OCTOBER 24, 2012

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<td>CT-colonography vs colonoscopy</td>
<td>Evidence based medicine in pancreatology</td>
<td>Bloating and abdominal distension: New insights into underlying mechanisms and clinical management</td>
<td>Modern management of oesophageal cancer</td>
<td>Clinics in Gastroenterology and Hepatology 3</td>
<td>Bone mineral disease in GI disorders</td>
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<td>Alcoholic and non-alcoholic liver disease: Staging and treatment</td>
<td>Effect of food on GI function and dysfunction</td>
<td>Management of complications of pancreatic and biliary surgery</td>
<td>IBD: A personalised medicine approach</td>
<td>Biology and treatment of GISTs (Gastro-intestinal stromal tumours)</td>
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Windmill in Holland © Lsantilli
### OVERVIEW SCIENTIFIC PROGRAMME

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Poster Sessions and Poster Award Ceremony (13:45)

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Satellite Symposia
Renowned experts have been invited to the UEGW 2012. More information will be available on the website in due time.

Monday, October 22, 2012
08:00 – 10:30

**Opening Plenary Session**
- Words of Welcome
- The multidisciplinary approach to IBD management
- UEGF Research Prize
- Management of screen-detected colorectal neoplasia
- Lifetime Achievement Award
- Obesity, inflammation and cancer
- Commemorating the 20th Anniversary of the UEGF
- Film
- Best Abstracts

11:00 – 12:30

**Special Anniversary Symposium**

**European integration in Digestive Diseases: Successes and possibilities**

**Tandem Talks:**
- Partnerships: Saving lives through changing policy
- Education in Europe: Recent advances and future aims
- Training and standards: Improving partnerships
- European guidelines: How could we move forward?
- UEGj: Our new international journal

**Symposium**

**Endoscopy meets Pathology: EMR and ESD**
- EMR and ESD in the upper gastrointestinal tract
- The pathologist’s role in the evaluation of upper gastrointestinal tract EMR / ESD-specimens
- Molecular pathogenesis of upper GI carcinoma: What the clinician needs to know
- EMR and ESD in the lower GI tract
- The pathologist’s role in the evaluation of lower GI tract EMR / ESD-specimens
- Molecular pathogenesis of lower GI carcinoma: What the clinician needs to know

**Symposium**

**Management of chronic hepatitis C in 2012**
- New algorithms for treating genotype 1: Incorporating genetic studies and the new drugs
- How to manage non-responders
- Interferon free-regimens: The way forward?
- Rising Star: Molecular escape mechanisms in chronic hepatitis C in 2012

**Symposium**

**Functional GI disorders: From children to adults**
- Epidemiology of FGIDs and their overlap
- Differences and similarities between paediatric and adult FGIDS
- Adult outcomes of paediatric recurrent abdominal pain
- Rising Star: Brain-gut interactions in visceral pain and disorders of food intake

**Symposium**

**Barrett’s oesophagus: How big is the cancer risk and how should we deal with it?**

**Debate:**
- Is endoscopic surveillance in Barrett’s oesophagus worthwhile? No
- Is endoscopic surveillance in Barrett’s oesophagus worthwhile? Yes
- Can we tell which patients will progress?
- Free papers

**Clinics in Gastroenterology and Hepatology 1**
**Symposium**
**Colorectal cancer therapy: New targets and biomarkers**
- K-RAS as a predictive biomarker in colorectal cancer: Are all mutations equal?
- Rising Star: Evidence based treatment decisions in CRC: The role of the pathologist
- Bevacizumab: When should we use it?
- New antiangiogenic compounds in the treatment of advanced CRC

**Symposium**
**Epidemiology, detection and treatment of early gastric cancer**
- Why do we not find early lesions in western countries?
- How to best diagnose early cancer
- Local resection: The endoscopist’s view
- Surgical resection: How extensive should it be?

**Symposium**
**Management of groups at high risk of colorectal cancer**
- Lynch syndrome surveillance
- Surveillance for individuals with a family history of CRC
- Developments in chemoprevention strategies
- Free papers

**Symposium**
**Genes and lifestyle: Role in liver disease**
- What is the role of genetic markers and lifestyle in NAFLD?
- Response to hepatitis C treatment: Genetic markers and insulin resistance
- Predicting HCC risk: Can genetic markers help?
- Screening for liver disease in the general population: When and how?
### Symposium
**Acute pancreatitis: Up to date management**
- Nutrition in acute pancreatitis: Early or late, nasogastric or nasojejunal
- Organ failure in acute pancreatitis
- Pancreatic and extrapancreatic necrosis: Natural course, imaging and prevention
- Treatment of infected necrosis: Early or late, NOTES or surgery

### Symposium
**Liver tumours and obesity**
- Obesity and risk of liver tumour development
- Pathology of liver tumours in obese patients
- Imaging of liver tumours: Issues in the obese patient
- Management of liver tumours in the obese patient

### Symposium
**Advances and controversies in gastric malignancies**
- Update on gastric cancer pathogenesis and risk factors
- Neo-adjuvant therapy for gastric cancer
- Palliative therapy of advanced gastric cancer: What is first line, and what else is available?
- Consensus management of gastric MALT lymphoma

### Symposium
**Management of the difficult patient with IBS**
- Importance of the physician-patient relationship
- Investigations: Do we need them?
- Optimizing pharmacological treatment
- How to use non-pharmacological treatment options wisely

### Symposium
**Challenges in the diagnosis and treatment of rectal cancer**
- Diagnostic modalities: MRI, CT, PET
- New developments in surgical treatment
- Quality of life after multimodal treatment of rectal cancer
- Contemporary neo-adjuvant chemoradiotherapy regimens for rectal cancer

### Free Paper Sessions

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### Tuesday, October 23, 2012
08:30 – 10:30

### Live Endoscopy
**Live satellite transmission from the Academic Medical Center (AMC), Amsterdam**

### Symposium
**Developments in bowel cancer screening**
- How can we increase participation in screening programmes?
- Stool tests: Are they all equal?
- Endoscopic screening: Which test and when?
- Monitoring quality assurance in colonoscopy
- Free papers

### Symposium
**New therapeutic approaches for IBD: From bench to bedside**
- New steroid / 5ASA formulations
- Targeting effector mechanisms
- Targeting cell migration
- Haematopoetic stem cell transplantation
- Cell-based therapy: Future perspectives

### Symposium
**How to keep the decompensated cirrhotic alive: Case-based sessions**
- Rising Star: Managing variceal bleeding: Do we have anything new?
- Intensive management of sepsis in cirrhotos: How far should we go?
- The spectrum of ascites to hepatorenal syndrome: Can we overcome the progression?
- Is the progression of decompensation different depending on the aetiology of liver disease?
- Overt and latent encephalopathy: How should we treat it?

### Symposium
**Cystic fibrosis: Moving from children to adults**
- Incidence, Prevalence and life expectancy of cystic fibrosis over the last 20 years
  - **Tandem Talks:**
    - Nutritional therapy: Enzyme replacement
    - Nutritional therapy: Micronutrient replacement
  - **Tandem Talks:**
    - Antibiotic prophylaxis and therapy: Benefits
    - Antibiotic prophylaxis and therapy: Threats
    - Pathophysiology and Molecular treatment of cystic fibrosis
  - **Tandem Talks:**
    - Mutations in the CFTR Gene predispose to chronic pancreatitis: Lessons from animal studies
    - Mutations in the CFTR Gene predispose to chronic pancreatitis: Lessons from clinical studies
**Symposium**

*Current issues in GORD management*
- Safety and efficacy of long-term PPI use
- Minimal standards for anti-reflux surgery
- Add-on therapies for refractory GORD: What works and what doesn’t?
- Managing GORD in children and adolescents
- GORD management in the elderly: Do we need a different approach?

**Special Symposium**

*FP7 – A golden funding opportunity for researchers*

The session will give attendees a good overview of the different European funding possibilities available. In addition, tools and methods will be presented to increase the chances of success when applying for EU funding programmes. Speakers contributing to the session will include a member of the GI community with good working knowledge of the FP7 application and participation process, the head of the UEGF Brussels office and a national FP7 point representative.

**Free Paper Sessions**

*11:00 – 12:30*

**Live Endoscopy**

Live satellite transmission from the Academic Medical Center (AMC), Amsterdam

**Special Symposium**

*Cochrane Symposium: Evidence-base for disease prevention: Past and future*
- Evidence-based medicine: The past and the future
- Colon cancer screening for the next generation
- Evidence-base for oesophageal cancer prevention
- Prevention of NSAID-injury: Evidence-based best practice

**Symposium**

*Management of chronic hepatitis B in 2012*
- The long term effects of worldwide vaccination: What are we seeing, and what can we expect?
- What is the future of current nucleos(t)ide analogs?
- Can treatment with interferons be improved?
- Treatment of hepatitis B in the setting of immunosuppression

**Symposium**

*Clinical challenges in dysphagia management (including EoE)*

- **Tandem Talks:**
  - Diagnosis and management of eosinophilic oesophagitis in children
  - Diagnosis and management of eosinophilic oesophagitis in adults
  - Oropharyngeal dysphagia: Gastroenterology or ENT?
  - Endoscopic surgical and peroral endoscopic myotomy for achalasia

**Symposium**

*Recent major advances in pancreatology*
- Chronic pancreatitis
- Pancreatic neoplasia including intraductal papillary mucinous neoplasia
- Autoimmune pancreatitis
- Rising Star: Transporters in pancreatic bicarbonate and fluid secretion

**Clinics in Gastroenterology and Hepatology 2**

**Symposium**

*Complications of bariatric surgery*
- Surgical concepts: How does the GI tract look like after bariatric surgery?
- Endotherapy for early complications
- Revisional surgery and management of late complications
- Metabolic complications and dumping syndrome after bariatric surgery

**Free Paper Sessions**

*14:00 – 15:30*

**Live Endoscopy**

Live satellite transmission from the Academic Medical Center (AMC), Amsterdam

**Special Symposium**

*Best of DDW session*

**Symposium**

*New insights into IBD pathogenesis*
- Rising Star: GWAS in UC and PSC
- The importance of bacterial recognition
- The epithelial barrier as the first line of defence
- Update on the role of adaptive immunity in IBD
Symposium
Hepatocellular carcinoma management in 2012: A multidisciplinary approach
- The surgeons approach
- The radiologists approach
- The gastroenterologic-oncologists approach
- Evidence based algorithm

Symposium
New treatment targets for functional GI disorders and GI motility diseases
- TRP and acid-sensing ion channels (ASICs)
- Bile acids and bile acid transporters
- Intestinal secretagogues with and without antihyperalgesic effects
- Free papers

Symposium
Improving outcomes in colorectal cancer
- Barriers to earlier diagnosis and how to overcome them
- Optimizing imaging
- More effective colon surgery
- Appropriate adjuvant therapy

Symposium
Dyspepsia in the community
- Distinguishing GORD and dyspepsia in clinical practice: Can we and should we?
- The changing face of dyspepsia: Impact of falling H. pylori prevalence and over-the-counter PPI use
- Today’s treatment options for dyspeptic symptoms
- Free papers

Symposium
Advances in clinical nutrition
- Enteral nutrition: Indications, composition, pitfalls
- Parenteral feeding: Indications, composition, pitfalls
- Short bowel syndrome: Medical and nutritional management
- Small bowel transplantation: Indications and outcomes

Basic Science Workshop 2

Free Paper Sessions
Wednesday, October 24, 2012

08:30 – 10:30

Symposium
Future vision of endoscopy: European and Japanese perspectives
→ Opening remarks

Tandem Talks:
→ Toward the standardization of image enhanced endoscopy: Colorectal Cancer
→ Toward the standardization of image enhanced endoscopy: Barrett’s oesophagus

Tandem Talks:
→ Microscopic Endoscopy: Current status of endocytoscopy diagnosis for superficial upper GI neoplasm
→ Microscopic Endoscopy: Confocal Microendoscopy / Endoscopic molecular imaging

Tandem Talks:
→ Treatment of early colorectal neoplasia: Piecemeal or en-bloc? Current status in Japan from screening, diagnosis to EMR/ESD
→ Treatment of early colorectal neoplasia: Piecemeal or en-bloc? Current status in Europe from screening, diagnosis to EMR/ESD
→ Closing remarks

Symposium
Cholestatic diseases in clinical practise: An update based on clinical cases
→ Primary biliary cirrhosis: Long-term progression and how treatment affects it
→ Primary sclerosing cholangitis: Is it always primary?
→ IgG4-related diseases
→ Cholestasis of pregnancy and familial intrahepatic cholestatic disorders
→ Free papers

Symposium
Coeliac disease: A changing paradigm?
→ Serological diagnosis
→ Capsule endoscopy in the diagnosis of coeliac disease
→ Prospective studies in high-risk populations
→ Overlap of coeliac disease with other auto-immune disorders
→ Advances in the treatment of coeliac disease

Symposium
Treatment of Barrett’s oesophagus
→ Management of non dysplastic Barrett’s and low grade dysplasia
→ Standards of management for high grade dysplasia
→ Limits of endotherapy
→ Surgical alternatives
→ Free papers

Symposium
Ulcerative colitis: Difficult management issues
→ Medical treatment of steroid-refractory colitis
→ How to define drug failure in ulcerative colitis
→ Refractory proctitis
→ Pouchitis
→ Free papers

Symposium
Neuroendocrine tumours: Beyond octreotide
→ Case presentation
→ NET: Difficulties in diagnosis and staging
→ Surgical management in metastatic NET
→ Standard treatment and beyond: Tyrosine kinase and mTOR inhibitors
→ Radioligand therapy: The future?

Free Paper Sessions
11:00 – 12:30

Symposium
CT-colonography vs colonoscopy
→ State of the art CT-Colonography: Technique and results

Debate:
→ When colonoscopy beats CT-colonography
→ When CT-colonography beats colonoscopy
→ Panel discussion: Integrating colonoscopy, CT colonography, MRI and PET

Symposium
Evidence based medicine in pancreatology
→ Evidence based treatment of chronic pancreatitis
→ Standardized treatment for pancreatic cancer
→ Treatment of autoimmune pancreatitis
→ Up-to-date treatment algorithm for neuroendocrine tumours
SCIENTIFIC PROGRAMME

Wednesday, October 24, 2012

**Symposium**

Bloating and abdominal distension: New insights into underlying mechanisms and clinical management
- Epidemiological aspects
- The role of gut microbiota
- Motility, sensation and viscerosomatic reflexes
- Clinical management: A case based discussion

**Symposium**

Modern management of oesophageal cancer
- Role of PET-CT in staging and monitoring response to therapy
  - Debate:
    - Squamous cell carcinoma: Definitive radiochemotherapy and no surgery
    - Squamous cell carcinoma: Radiochemotherapy as a bridge to surgery
    - Metastatic oesophageal squamous cell carcinoma: Current management standards and future directions
    - Free papers

**Symposium**

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    - Free papers

**Clinics in Gastroenterology and Hepatology 3**

**Symposium**

Bone mineral disease in GI disorders
- Epidemiology of bone mineral disease in GI disorders
- Vitamin D: Bone mineralisation and beyond
- Diagnosis of bone mineral disease: Methods and pitfalls
- Prevention and treatment of bone mineral disease in GI disorders

**Symposium**

Management of complications of pancreatic and biliary surgery
- Therapeutic ERCP and PTC
- Therapeutic EUS
- Redo Surgery
- Free papers

**Symposium**

IBD: A personalised medicine approach
- Biomarkers for prediction of disease course
- Tailoring Immunomodulator therapy
- Anti-TNF agents: Pharmacokinetics and anti-drug antibodies
- Free papers

**Symposium**

Biology and treatment of GISTs (Gastro-intestinal stromal tumours)
- Biology of GISTs and mechanisms of resistance: Rationale for current and future therapies
- Choice and outcome of initial treatment
- Management of progression after imatinib
- Assessing response to treatment: How and when?

**Free Paper Sessions**
SCIENTIFIC PROGRAMME

TODAY’S SCIENCE; TOMORROW’S MEDICINE

Obesity, Inflammation and Carcinogenesis in the GI Tract and Liver

The Amsterdam UEGW is proud to host an international two-day symposium on obesity, inflammation and carcinogenesis in the GI tract and liver, co-organised and hosted by Anna Mae Diehl, Herbert Tilg and Mark Hull. This will feature the best basic and translational scientists from around the world, meeting to discuss the current state of the art in research into mechanisms linking obesity and cancer risk. Speakers will concentrate on several mechanisms by which excess body weight may drive carcinogenesis and the important implications of this understanding for research directions and future management of obese and overweight individuals. There will also be free paper sessions where the best original research is presented by young and established researchers, and discussed by international experts.

The ‘Today's science; tomorrow's medicine symposium’ is open to all UEGW registrants at no extra cost. It provides a unique opportunity for gastroenterologists and hepatologists to learn how this important research field will impact on their disciplines. It will interest inquisitive clinicians and young clinical-scientists, as well as those already active in this field. Welcome to this initiative!

The provisional programme is as follows:

**Monday, October 22, 2012**

11:00 – 12:30

**Obesity and carcinogenesis: Insights into the obesity-cancer link from human observational studies**

- Excess body weight and GI/liver cancer risk
- The association between NAFLD and GI/liver cancer risk
- Genetic and molecular pathological epidemiological evidence
- Inflammation biomarkers, cardiovascular and cancer risk

14:00 – 15:30

**Obesity and carcinogenesis: Metabolic syndrome, inflammation and carcinogenesis**

- Metabolic syndrome and inflammation
- The innate and acquired immune response to excess adiposity
- Cytokine signalling in adipose tissue and NAFLD
- Insights from genetic and metabolomic studies

15:45 – 17:15

**Free Paper Session**

**Tuesday, October 23, 2012**

08:30 – 10:30

**Obesity and carcinogenesis: Adipokines and energy balance**

- Leptin and chronic inflammation in the intestinal tract and liver
- Adipokines and colorectal carcinogenesis
- Insulin / IGF signalling
- Energy homeostasis, AMPK and carcinogenesis
- Cell trafficking from adipose tissue to tumours

11:00 – 12:30

**Obesity and carcinogenesis: Host-intestinal microbiota interactions**

- Gut microbiota, obesity and carcinogenesis
- GI innate immune receptors and metabolic syndrome
- Host sensors of the intestinal microbiota
- Diet, microbiota and intestinal immunity

14:00 – 15:30

**Obesity and carcinogenesis: ER stress, oxidative stress and autophagy**

- What has ER stress got to do with obesity?
- Obesity, ER stress and the unfolded protein response
- Autophagy in lipid metabolism and obesity
- Lipotoxicity and liver carcinogenesis

15:45 – 17:15

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

Please note that registration for UEGW 2012 is mandatory in order to register for lunch sessions.

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<th>Monday, October 22, 2012</th>
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<td>12:45 – 13:45</td>
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<td>→ Management of the patient with refractory nausea and vomiting</td>
<td>→ How to deal with gluten sensitivity</td>
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<td>→ Upper GI bleeding: Tips and tricks</td>
<td>→ Psychological treatment options for patients with IBS</td>
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<td>→ Pregnancy and IBD</td>
<td>→ Managing anti-TNF therapy: Starting and loss of response</td>
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<td>→ Approach to treatment of perianal Crohn's disease</td>
<td>→ Pitfalls in autoimmune pancreatitis</td>
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<td>→ Adenoma of the papilla vateri: Endoscopic therapy / Surgical therapy</td>
<td>→ How to advise colleagues regarding hepatitis B patients undergoing immunosuppression</td>
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<td>→ How I manage patients with severe alcoholic hepatitis</td>
<td>→ Management of acute lower GI bleeding</td>
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<td>→ How I manage side effects in patients treated with triple therapy for hepatitis C</td>
<td>→ Treatment of end-stage jaundice / palliative biliary drainage</td>
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<td>→ Surveillance of high risk groups for colorectal cancer</td>
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<td>→ Drug development in functional GI disorders: How should it be achieved?</td>
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<td>→ Best practice in colonoscopic surveillance after polypectomy</td>
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<td>→ Balancing efficacy and safety of immunosuppressants in IBD</td>
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<td>→ Who are the patients that really benefit from a noninvasive diagnosis of liver fibrosis</td>
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<td>→ Management of acute diverticulitis</td>
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<td>→ Management of pancreatic collections</td>
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CALL FOR ABSTRACTS

GENERAL INFORMATION
Thank you for your interest in submitting an abstract for UEGW 2012 in Amsterdam! This will be our 20th Anniversary Meeting and we have arranged many special symposia and events. We hope that this will be our biggest and best meeting ever!

Abstract submissions for UEGW are increasing over recent years in both number and quality, and UEGW has become a premier world meeting at which to present clinical and basic gastrointestinal and liver research. This year we are further improving the environment for both oral and poster presentations to allow your work to get excellent quality exposure. We are also again offering a large number of travel and accommodation grants to young abstract presenters from both clinical and scientific backgrounds.

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

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

In recent years, the UEGW has included a 2 day cutting edge “Today’s science; tomorrow’s medicine” symposium featuring the top world experts describing the latest research on a specific topic. This year’s topic is Obesity and carcinogenesis in the GI tract and liver. 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 GUT / ENDOSCOPY as well as on a CD-ROM that will be distributed at the congress. The BMJ Publishing Group Ltd (BMJ Group), Thieme Publishers and the British Society of Gastroenterology (BSG) require an Exclusive Licence to publish the accepted abstracts which you need to grant on behalf of all authors to the abstract as part of your submission of an abstract for UEGW and for publication in the journals GUT and ENDOSCOPY.

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

Submission of an abstract constitutes a formal commitment by the author to present the abstract in the session and at the time decided upon by the UEGF Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEGF Scientific Committee. If the original presenting author is unable to present the abstract, it is that person’s responsibility to ensure that one of the co-authors takes over this role.
CALL FOR ABSTRACTS

Failure to present the abstract for other than well-founded reasons will lead to rejection of abstracts submitted at the next UEGW Congress. The registration fees for the presenting author will not be waived.

We encourage authors to register via the online registration system at the same time as they submit abstracts. Please note that we offer 200 travel grants in the amount of EUR 1,000 to clinician-scientists of 40 years of age (born on January 1, 1972 and later) for best submitted abstracts.

You will need to apply for these at the same time as submitting your abstract. Failure by the presenting author to register for the meeting by September 1, 2012 will mean that the abstract will neither be included in the Final Programme nor be printed in GUT / ENDOSCOPY.

Notification of acceptance or rejection by the UEGF Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the submission form by the middle of July 2012. You can also monitor the acceptance status of your abstract online at the submission website by the middle of July 2012. 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.

HOW TO SUBMIT AN ABSTRACT

1. Abstracts may be submitted only electronically by using the online form from January 9, 2012 until the deadline via the conference website, at: http://uegw12.uegf.org/

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

2. Please note that a separate submission form for Video Cases has been created. In addition to the submission of Video Cases via the online form, a CD-ROM or DVD needs to be sent to the organisers by May 14, 2012. 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

IMPORTANT DATES

Opening of Abstract submission:
Monday, January 9, 2012

Note: Early deadline!

Deadline for Abstract submission:
Friday, May 4, 2012; Midnight, CET
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 uegw2012abs@mci-group.com not later than August 10, 2012. Thereafter, UEGF cannot make any changes within its printed matters!

19. Conflict of interest: It is in the intent of UEGF to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus the submitting author of an abstract is requested to declare any potential conflict of interest for all authors during the abstract submission.

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

UEGW 2012
c/o MCI Suisse SA
Phone: +41 – 22 – 33 99 625
Email: uegw2012abs@mci-group.com

Office Opening Hours:
Monday to Friday 09:00 – 18:00 CET

Save the date!

21ST UNITED EUROPEAN GASTROENTEROLOGY WEEK

October 12 – 16, 2013
Berlin, Germany

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

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

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

We encourage authors to register via the online registration system at the same time as they submit Video Cases as, much to the regret of the organisers, failure to register by the presenting author by September 1, 2012 will automatically imply that the Video Case will neither be included in the Final Programme nor be printed in GUT / ENDOSCOPY.

Notification of acceptance or rejection by the UEGF Scientific Committee will be mailed to the submitting author at the email address supplied on the submission form by the middle of July 2012. Additionally you have the possibility to see the acceptance status of your abstract online at the submission website (B-Com Portal). 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
Opening of Video Case submission: Monday, January 9, 2012

Deadline for Video Case submission: Friday, May 4, 2012; Midnight, CET


HOW TO SUBMIT A VIDEO CASE
1. Video Cases may be submitted only electronically by using the online form from January 9, 2012 until the deadline via the conference website, at: http://uegw12.uegf.org/
   On the website you will find detailed instructions regarding the submission procedures (also see below for more details).

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 acknowledgement 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:
   a. State the specific objective of the study
   b. State the methods used, if pertinent
   c. Summarise the results obtained
   d. 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:

   UEGW 2012 c/o MCI Suisse SA
   Attn: Katharina Fischer
   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 UEGW 2012, 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 uegw2012abs@mci-group.com not later than August 10, 2012. Thereafter, UEGF cannot make any changes within its printed matters!
CALL FOR CLINICAL CASES

GENERAL INFORMATION
The successful format for communication and discussion of Clinical Cases will be continued at UEGW 2012 in Amsterdam. These sessions, called ‘Clinics in Gastroenterology and Hepatology’, will provide a forum for the discussion of difficult clinical problems. We encourage the best Clinical Cases to showcase themselves in these prestigious symposia.

- Three sessions of Clinical Cases will be organised, one on each day of the meeting. Each session will include 3 cases over a 90-minute timeslot, i.e. 30 minutes per case. Sessions will be defined according to the submitted cases.

- The Clinical Case sessions are intended to be highly interactive (using keypads) and to provide the audience with clinically relevant discussions of multifaceted, multidisciplinary clinical challenges. Therefore, submissions will not concern cases that can be managed using standard clinical guidelines but will deal with either uncommon diseases or difficult management issues. Clinical series of multiple cases and large studies will be rejected before evaluation by a panel of referees.

- To foster the interactive format of the sessions, the cases will be discussed by a multidisciplinary panel (including physicians, surgeons, radiologists, pathologists, etc.), who will comment on the clinical presentation and management strategies. Moreover, the meeting room will be equipped with keypads, allowing the audience to vote on critical points within the presentations, such as diagnostic and treatment options, and to interact with the experts and presenters.

- The Clinical Cases should be presented by a member of the team who directly participated in the case, and should be illustrated by high-quality endoscopic, radiological and pathological images using ‘still’ or video formats.

IMPORTANT DATES
Opening of Clinical Case submission:
Monday, January 9, 2012

Note: Early deadline!

Deadline for Clinical Case submission:
Friday, May 4, 2012; Midnight, CET

Deadline for submission of the PPT file and illustrative material: Friday, August 31, 2012

HOW TO SUBMIT A CLINICAL CASE
1. Clinical cases may be submitted only electronically by using the online form from January 9, 2012 until the deadline via the conference website, at: http://uegw12.uegf.org/

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

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 acknowledgement 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 UEGF to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus the submitting author of an abstract is requested to declare any potential conflict of interest for all authors during the abstract submission.

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).
CALL FOR CLINICAL CASES

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 UEGF Scientific Committee will be mailed to the submitting author at the e-mail address supplied on the abstract form by the middle of July 2012. 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.

14. Submission of a Clinical Case constitutes a formal commitment by the author to present the case in the session and at the time decided upon by the UEGF Scientific Committee. Any change in the presenting author needs to be communicated in the form of a written statement to the UEGF Scientific Committee. If the original presenting author is unable to present the case, it is that person’s responsibility to ensure that one of the co-authors takes over this role.

Failure to present the Clinical Case for other than well-founded reasons will lead to rejection of cases submitted at the next UEGW Congress. The registration fees for the presenting author will not be waived. We encourage authors to register via the online registration system at the same time as they submit Clinical Cases as, much to the regret of the organisers, failure to register by the presenting author by September 1, 2012 will automatically imply that the case will not be included in the Final Programme.

15. 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 17, 2012. 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.

16. If you need to withdraw your clinical case, a written statement reflecting the reasons for this decision needs to be sent to uegw2012abs@mci-group.com not later than August 10, 2012. Thereafter, UEGF cannot make any changes within its printed matters!

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

UEGW 2012
c/o MCI Suisse SA
Phone: +41 – 22 – 33 99 625
Email: uegw2012abs@mci-group.com

Office Opening Hours:
Monday to Friday 09:00 – 18:00 CET
TOPIC LIST

1 Obesity And Carcinogenesis in the GI Tract and Liver

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
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

UEGF RESEARCH PRIZE

100,000 EURO awarded for the most outstanding research programme

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

The recipient of the prize shall be a senior well established active researcher, leading a substantial research group and the work will have been conducted predominantly in Europe. The work should have been supported by substantial peer reviewed grants through internationally recognised research councils, research charities or industrial partners. This prize is aimed at researchers at the height of their active research career rather than those who have done previous excellent research. One major criterion is the standard of the best 10 publications by the researcher over the last 5 years.

The prize will be formally presented at the UEGW Amsterdam Plenary Session on Monday, October 22, 2012 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 1, 2012 at www.uegf.org

Prof. Hultcranz and Lifetime Achievement Award Winner 2011, Prof. Hermon Dowling

John Atherton and Research Prize Winner 2011, Prof. Pierre-Alain Clavien

UEGF LIFETIME ACHIEVEMENT AWARD

Recipients have proven lifelong excellence and leadership in the field

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

The Award will be formally presented during the UEGW Plenary Session on Monday, October 22, 2012 to honour individuals whose sustained and outstanding accomplishments have significantly improved the lives of people with gastrointestinal diseases and whose contributions, leadership and impact are widely acknowledged by the broader gastroenterological community.

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

Online application until April 16, 2012 at www.uegf.org
UEGF offers the following Awards, Travel Grants and Scholarships to support young scientists and clinicians to attend the UEGW 2012 and/or the Postgraduate Teaching Programme in Amsterdam.

**TRAVEL GRANTS**
UEGF is offering 200 Travel Grants of EUR 1,000 each for clinician-scientists of 40 years of age (born on January 1, 1972 and later) for best submitted abstracts.

Travel grants are awarded on the basis of scientific merit using the evaluation process of the UEGF Scientific Committee. Winners will be notified about the travel grant when they are informed that their abstract has been accepted for presentation and will receive their grant after the congress.

**TRAVEL GRANTS – BASIC SCIENTISTS**
UEGF will offer 140 Travel Grants of EUR 1,000 each for non-clinical scientists of 40 years (born on January 1, 1972 and later) for best submitted basic science abstracts. The application must be supported by a letter from the Head of Department. Travel grants are awarded on the basis of scientific merit using the evaluation process of the UEGF Scientific Committee.

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

**TOP POSTER PRIZES**
The 12 top posters will be awarded a prize on basis of scientific merit using the evaluation process of the UEGF Scientific Committee.

The Award Ceremony will be held each day in the poster exhibition area. Prize winners will receive free entry to the Postgraduate Training Programme of the next year’s UEGW.

**INTERNATIONAL SCHOLARSHIPS**
UEGF will award grants to 30 young gastroenterologists of 40 years of age (born on January 1, 1972 and later) to support their travel and related expenses to attend the UEGW 2012 in Amsterdam.

Furthermore, free congress registration and free entry to the UEGW 2012 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 20, 2012.

Notifications will be sent on May 2, 2012.
AWARDS & GRANTS

RISING STAR AWARDS
Every year at UEGW 7 – 8 emerging clinical scientists are selected by the Scientific Committee and the National Societies Committee of the UEGF. They are awarded Rising Star status based on a track record of international-quality research. This initiative ensures promotion of clinical and scientific research activity in the National Societies. It provides a durable platform for young researchers as part of the UEGW Faculty so that they give state-of-the-art lectures and chair scientific sessions.

An annual call is sent out to all National Societies for nomination of young researchers (40 years or under) with a developing track record of independent, international-quality research.

NATIONAL SCHOLAR AWARDS
The second Research Scholar award scheme of the UEGF – the National Scholar Award (NSA) – is designed to identify and nurture promising young investigators at a junior level, thereby encouraging early career researchers to work towards a more ‘senior’ Rising Star Award.

The NSAs are based on National Society affiliation: Among all abstracts that have been accepted for presentation at UEGW 2012, 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 UEGW 2012, and will receive their awards on occasion of their abstract presentation.

UEGW TOP ABSTRACT PRIZES
We will award prizes of EUR 10,000 each to the top 5 abstracts submitted to the UEGW*. These prize-winning abstracts will also be featured heavily in UEGF literature and on the website. The prizes will be awarded to the first author, who should also be the presenting author to qualify. The money should be spent on future research and potential winners will be asked to supply brief plans for this before the prize is awarded. Where the prize is awarded for a multi-centre study sponsored by industry, the author will be expected to waive the monetary part of the prize.

*All abstracts will be considered for the prizes provided that the abstract has not been presented at an international meeting previously – no additional application procedure is required.

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.uegf.org for more information.
The ESGE Learning Area will be open to all UEGW 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 20 – 24
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, ablation techniques in Barrett’s oesophagus, and the use of short wire systems for ERCP. 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, 2012).

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, ablation techniques on Barrett’s oesophagus and laparoscopic and endoscopic simulator training. Biologic models and simulators are featured as well as various endoscopic equipment and techniques. Self-teaching modules at computer stations are available for individual study and self-assessment.

ESGE LECTURE THEATRE
→ Sunday – Wednesday, October 21 – 24
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 20 – 24
In the DVD Learning Centre UEGW 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 DVD Encyclopaedia, complemented by select teaching DVDs from ASGE.
ULTRASOUND LEARNING CENTER

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 glass´ 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  
   → intraoperative applications  
   → elastography  
   → endoscopic intestinal and transbronchial ultrasonography EUS and BUS;

c. at a minimum of expenses and

d. easy to learn

LEARN TO PERFORM CLINICAL ULTRASONOGRAPHY

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

JUST DO IT, AND YES: YOU CAN.

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

1. The Postgraduate Course of Ultrasonography for the Gastroenterologist – a two-day course on Saturday, October 20 and Sunday, October 21, 2012. This course is lecturing and hands on at a 50:50 ratio, the lectures predominantly based on realtime video clips.

   The list of topics covered is as follows:
   → basics and advanced aspects in organ anatomy of large and small abdominal vessels, liver, pancreas, biliary system, intestine, kidneys, pelvis  
   → frequent pathology in diseases of liver, bilopancreatic system, intestine, abdominal cavity, kidney, genitourinary tracts, and vessels

2. On Monday, October 22 and Tuesday, October 23, 2012, The Ultrasound Learning Center is open for hands on training for all congress participants who want to make their first steps in looking into the abdomen, again guided and trained by experienced medical colleagues. In addition, noon lectures will be held on these days from 12:30 – 14:30 on special clinical ultrasonography topics as follows:

   Monday, October 22, 2012
   Abdominal emergencies; vascular complications; focal liver lesions – detection and classification; contrast enhanced ultrasonography CEUS; Sonographic elastography; and abdominal vessels complications.

   Tuesday, October 23, 2012
   Endosonography – simple, advanced, and interventional; intestine-sonography with normal and with high resolution probes; case reports in a quiz fashion; ultrasonography guided interventions for diagnosis and for therapy – revisited.

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

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

www.flyingfaculty.de or nuernberdieter@gmx.de

Welcome again, sincerely

Profs. Dieter Nuernberg, Klaus Schlottmann, Lucas Greiner, Germany and Dr. Alina Popescu, Romania
Dear Colleagues,
On behalf of ESGENA and the Dutch Society of Endoscopy and GE Nurses and Assistants (V&VN Maag Darm Lever) we have great pleasure inviting you to the 16th ESGENA Conference, which will be held during the 20th UEGW from Saturday, October 20 – 22, 2012, in Amsterdam, the Netherlands.

The ESGENA Conference is an opportunity to meet colleagues from 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 the UEGW makes the ESGENA Conference to an exceptional educational event.

In 2001, the 5th ESGENA Conference was held in Amsterdam. We are very happy that we can again organise a meeting with the Dutch society of endoscopy and GE nurses, because the Dutch colleagues are very active within ESGENA.

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

We hope that we will be able to welcome you at the 16th ESGENA Conference in October 2012 in Amsterdam, the Netherlands.

Michael Ortmann
Petra Bol

President of ESGENA
President of V&VN MDL
16TH ESGENA CONFERENCE

GENERAL INFORMATION
Scientific Secretariat
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85077 Manching, Germany
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Fax: +49 – 8459 – 323942
Email: info@esgena.org

You may also visit
For ESGENA ➔ www.esgena.org
For V&VN MDL ➔ www.mdl.venvn.nl
For Conference Organisation ➔ www.uegf.org

ESGENA Annual General Meeting
Saturday, October 20, 2012 from 17:15 – 18:30
( Access for ESGENA members only)

SOCIAL EVENTS
Welcome Reception & Opening of ESGENA Conference
Saturday, October 20, 2012 (Evening)
(Attendance at the Welcome Reception is included in the registration fee // Ticket: Access only with badges of ESGENA Conference)

ESGENA SCIENTIFIC PROGRAMME
➔ Saturday, October 20, 2012
Afternoon: 8 workshops in four parallel sessions
Afternoon: Hands-on training on bio simulators

➔ Sunday, October 21, 2012
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 22, 2012
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 20 – 21, 2012
➔ Two poster sessions will be held on Sunday, October 21, 2012

ESGENA Lunch Session
➔ Lunch sessions will combine state-of-the-art-lectures with hands-on training on different stations focused
➔ On Sunday, October 21, 2012, 3 parallel lunch sessions will be offered.

Scientific Deadlines for ESGENA Abstracts
May 31, 2012: Deadline for submitting abstracts

CONFERENCE LANGUAGE
The official language of the ESGENA Conference is English.
## 16TH ESGENA CONFERENCE PROGRAMME OVERVIEW

### SATURDAY, OCTOBER 20, 2012

**LECTURE HALLS**

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<thead>
<tr>
<th>Time</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Workshop 1</th>
<th>Workshop 2</th>
<th>Workshop 3</th>
<th>Workshop 4</th>
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<th>Workshop 8</th>
<th>Workshop 9</th>
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<tr>
<td>08:30 – 10:00</td>
<td>Free Paper Session</td>
<td>Hygiene</td>
<td>Scientific Lectures</td>
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<td>Hands-on-training on bio simulators</td>
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<td>10:00 – 10:30</td>
<td>Coffee Break</td>
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<td>Upper GI Bleeding ERCP Colonoscopy</td>
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<td>10:30 – 12:00</td>
<td>Session 3</td>
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<td>12:00 – 13:00</td>
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<td>Upper GI Bleeding ERCP Colonoscopy</td>
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<tr>
<td>13:00 – 14:30</td>
<td>Lunch Session 1</td>
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<td>Lunch Session 3</td>
<td>Poster Round 1</td>
<td>Hands-on-training on bio simulators</td>
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<td>14:30 – 16:00</td>
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<td>16:00 – 17:00</td>
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<td>17:00 – 18:30</td>
<td>Session 7</td>
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**ESGE LEARNING AREA**

- Workshop 5: Hands-on-training on bio simulators
- Upper GI Bleeding ERCP Colonoscopy

### SUNDAY, OCTOBER 21, 2012

**LECTURE HALLS**

| Time       | Session 1                  | Session 2        | Session 3                   | Session 4                | Workshop 1 | Workshop 2 | Workshop 3 | Workshop 4 | Workshop 5 | Workshop 6 | Workshop 7 | Workshop 8 | Workshop 9 | Workshop 10 |
|------------|----------------------------|------------------|----------------------------|--------------------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 08:30 – 10:00 |                         |                  |                            |                          | Hands-on-training on bio simulators |            |            |            |            |            |            |            |            |
| 10:00 – 10:30 | Coffee Break               |                  |                            |                          | Upper GI Bleeding ERCP Colonoscopy |            |            |            |            |            |            |            |            |
| 10:30 – 12:00 |                         |                  |                            |                          | Hands-on-training on bio simulators |            |            |            |            |            |            |            |            |
| 12:00 – 13:00 | Lunch Break                |                  |                            |                          | Upper GI Bleeding ERCP Colonoscopy |            |            |            |            |            |            |            |            |
| 13:00 – 14:30 | Lunch Session 1            | Lunch Session 2  | Lunch Session 3             | Poster Round 1           | Hands-on-training on bio simulators |            |            |            |            |            |            |            |            |
| 14:30 – 16:00 | Session 5                  | Session 6        |                            |                          | Hands-on-training on bio simulators |            |            |            |            |            |            |            |            |
| 16:00 – 17:00 | Coffee Break               |                  |                            |                          | Hands-on-training on bio simulators |            |            |            |            |            |            |            |            |
| 17:00 – 18:30 |                         |                  |                            |                          | Hands-on-training on bio simulators |            |            |            |            |            |            |            |            |

**POSTER ROUNDS**

- Poster Round 1: 13:00 – 14:00
- Poster Round 2: 15:00 – 17:00

### MONDAY, OCTOBER 22, 2012

**LECTURE HALL**

| Time       | Session 1                  | Session 2        | Session 3                   | Session 4                | Workshop 1 | Workshop 2 | Workshop 3 | Workshop 4 | Workshop 5 | Workshop 6 | Workshop 7 | Workshop 8 | Workshop 9 | Workshop 10 |
|------------|----------------------------|------------------|----------------------------|--------------------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 08:30 – 10:30 | New techniques and developments in Endoscopy (Presentation by Major Sponsors) | Scientific Lectures | Best Free Paper and Best Poster Award | Invitation to next conference |             |            |            |            |            |            |            |            |            |

**ESGE LEARNING AREA**

- Workshop 5: Hands-on-training on bio simulators
- Upper GI Bleeding ERCP Colonoscopy

**SESSIONS**

- Education
- Diagnosis & Therapy

**EVENTS**

- Visit of Exhibition // ESGE Learning Area // UEGW Sessions
- Coffee Breaks
- Lunch Breaks
CALL FOR ABSTRACTS
ESGENA invites colleagues from Europe and from all over the world to present their experience, studies and projects at the 16th ESGENA Conference in October 2012 in Amsterdam, The Netherlands. Participants wishing to submit abstracts can do so only in electronic format by sending a MS Word document with their abstract by e-mail to:

Ulrike Beilenhoff,
ESGENA Scientific Secretariat
Email: uk-beilenhoff@t-online.de

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

Deadline for submitting abstracts: May 31, 2012

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

→ Abstracts must be submitted in English and must be presented in English.
→ Abstracts will be reviewed by a panel of experts and may be selected for oral or poster presentations, or may be rejected.
→ Notification of acceptance (for oral or poster presentation) or rejection by the Scientific Programme Committee will be e-mailed to the presenting author by June 30, 2012.
→ Detailed information, guidelines and recommendations for oral or poster presentation, as well as day, time and room will be sent in due time to duly registered presenting authors. The time allotted for each oral presentation will be 10 minutes, followed by 5 minutes of question time. During the poster round, authors of posters should also be prepared to answer questions in English.
→ The presenting author of an accepted free paper or poster will receive a free registration to the ESGENA Conference.
→ Accepted abstracts will be published in the ESGENA Abstract Book, in the ESGENA NEWS and on the ESGENA website.

The abstract should be typed as follows:
→ Use font that is easy to read such as Arial, Times Roman, Helvetica or Courier fonts.
→ The abstract must not be more than 500 words long or must not fill more than one A4 page, using type in 12-point font.
→ A brief title, which clearly states the nature of the investigation
→ Abbreviations should, if possible, be avoided in the title, but may be used in the text if they are defined on the first usage
→ The authors’ names (full first name, surname) and the institution (hospital, university, organization, city and country, e-mail and fax number) where the research was carried out, with the name of the presenting author underlined
→ Use single line spacing
→ Include tables if necessary
→ The abstract should be as informative as possible
→ The abstract should have a logical, scientific structure (introduction, 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.

<table>
<thead>
<tr>
<th>Abstract Sections</th>
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<td>Title, which clearly states the nature of the investigation</td>
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<td>Authors’ names (full first name, surname), please underline</td>
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<td>Summary of results / findings</td>
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<td>References (minimum 2)</td>
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<td>Learning outcomes (2 things you would like the reader to learn from your presentation)</td>
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<td>→ Clear title</td>
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<td>→ Abbreviations should, if possible, be avoided in the title, but may be used in the text if they are defined on the first usage</td>
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<td>→ Presenting author underlined</td>
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<td>→ Single line spaced</td>
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<td>→ Abstracts must be submitted in English and checked for spelling errors</td>
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<td>→ Use 12 point font e.g. Arial, Times Roman, etc.</td>
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<td>→ 500 words – max. one A4 page</td>
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The abstract should have a NURSING RELEVANT CONTENT and should add to existing knowledge.
Harmonizing professional standards in Europe and beyond, fostering basic and clinical science and by this raising the quality of patient care and well-being

www.uegf.org

TRAINING SUPPORT
Financial and activity-driven support for promising educational activities

WORKSHOPS & COURSES
Multidisciplinary training formats from Basic Science to EBM and Hands-on Training
### CONGRESS REGISTRATION

<table>
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<tr>
<th>Registration and Payment received</th>
<th>by May 15, 2012 EUR, incl. VAT</th>
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<tr>
<td>ESGENA Conference **</td>
<td>185</td>
<td>200</td>
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</tbody>
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* 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)

Please register online for UEGW 2012: [www.uegf.org](http://www.uegf.org) (click on the button UEGW Amsterdam)

Registrations received after September 14, 2012 will be processed as on-site registrations.

**Registration fee for UEGW delegates and fellows in training includes:**
- Admission to all scientific sessions (Mon – Wed, Oct 22 – 24)
- Admission to poster exhibition and technical exhibition
- Admission to the ESGE Learning Area
- Admission to the Ultrasound Learning Centre
- Unlimited use of Amsterdam public transportation system (Mon – Wed, Oct 22 – 24)
- Congress materials (delegate bag, final programme, abstract document, etc.)
- Coffee breaks and lunches (Mon – Wed, Oct 22 – 24)

**Registration fee for accompanying persons includes:**
- Unlimited use of Amsterdam public transportation system (Mon – Wed, Oct 22 – 24)
- Half-day Amsterdam Sightseeing Tour

**Registration fee for ESGENA conference includes:**
- Admission to all ESGENA scientific sessions and workshops (Sat – Mon, Oct 20 – 22)
- Admission to the ESGENA Welcome Reception on Saturday, October 20
- Admission to the UEGW scientific sessions on Monday, October 22, 2012
- Admission to UEGW Poster and technical exhibition (Mon, Oct 22)
- Admission to the ESGE Learning Area (Sat – Mon, Oct 20 – 22)
- Admission to the Ultrasound Learning Centre (Sat – Mon, Oct 20 – 22)
- Unlimited use of Amsterdam public transportation system (Sat – Mon, Oct 20 – 22)
- Congress materials (delegate bag, final programme, ESGENA abstract book, etc.)
- Coffee breaks and lunches (Sat – Mon, Oct 20 – 22)

**Registration fee for Postgraduate Teaching Programme and PGT fellow in training includes:**
- Admission to PGT courses (Sat – Sun, Oct 20 – 21)
- Syllabus documentation
- Coffee breaks and lunches (Sat – Sun, Oct 20 – 21)

**On-Site Registration** (after September 14, 2012)
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.

**PAYMENT**

When registering for the UEGW 2012, please arrange payment of the registration fee. All payments must be made in EUR.

You can choose between two forms of payment, credit card payment or bank transfer. We strongly recommend credit card payment as charges for bank transfers may apply twice, once in the country of origin, and a second time in the target country.

- Credit card (AMEX, Eurocard / Mastercard, VISA)
- Bank transfer to the congress bank account:
  **UEGF – United European Gastroenterology Federation**
  Deutsche Bank PGK AG
  Account no.: 101 20 61 11
  Bank code: 100 700 24
  IBAN: DE02 1007 0024 0101 2061 11
  BIC (SWIFT-COdE): DEUT DE DB BER

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* delegate 470 600 750  
* Fellow in Training of UEGW* 200 225 250  
* Accompanying person 80 80 80  
* Lunch Session 55 55 55  
* Postgraduate Teaching Programme 250 250 250  
* Postgraduate Teaching Programme, Fellow in Training * 100 100 100  
* ESGENA Conference ** 185 200 250  

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* 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)
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, 2012, the registration fee minus a processing fee of 25% will be refunded. The attendee will have the option to prove that the expenditure for processing is less than 25% of the registration fee. No refund will be made if the registration is cancelled at a later date. Please notify the conference office of your cancellation in writing.

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

CONGRESS VENUE
The Amsterdam RAI Exhibition & Convention Centre has a rich history. What started as the Bicycle Industry (De Rijwiels-Industrie) Association in 1893 has grown in just over a century into a leading international convention and exhibition organisation. It is located in the south-west of Amsterdam. The congress centre has got its own railway station and travelling time by train from/to Schiphol Airport is less than ten minutes.

Amsterdam RAI Exhibition & Convention Centre
Europaplein
1078 GZ Amsterdam
The Netherlands
www rai nl

CONGRESS REGISTRATION DESK
The congress counter will be located in the Europe Foyer of the Amsterdam RAI Exhibition & Convention Centre.

PRELIMINARY OPENING HOURS
Friday, Oct 19, 2012 → 14:00 – 18:00
Saturday, Oct 20, 2012 → 07:30 – 18:00
Sunday, Oct 21, 2012 → 07:30 – 18:00
Monday, Oct 22, 2012 → 07:00 – 18:00
Tuesday, Oct 23, 2012 → 07:00 – 18:00
Wednesday, Oct 24, 2012 → 07:00 – 16:00

CONGRESS AND EXHIBITION/SPONSOR OFFICE
CPO HANSER SERVICE GmbH
Paulsborner Str. 44
14193 Berlin, Germany
Phone: +49 – 30 – 300 669-0
Email: uegw2012@cpo-hanser.de

POSTER EXHIBITION
Posters will be displayed from Monday, 22 October until Wednesday, 24 October. 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.

TECHNICAL EXHIBITION
The UEGW will be accompanied by a major technical exhibition taking place in Hall 1 of the Amsterdam RAI Exhibition & Convention Centre. Potential exhibitors can request an exhibition/sponsoring brochure from the Congress and Exhibition/Sponsor Office, CPO HANSER SERVICE GmbH.
Email: uegw2012@cpo-hanser.de

Opening Hours
Monday, Oct 22, 2012 → 09:00 – 17:00
Tuesday, Oct 23, 2012 → 09:00 – 17:00
Wednesday, Oct 24, 2012 → 09:00 – 14:00
CONGRESS INFORMATION

CONGRESS INFORMATION SYSTEM
CO CONGRESS ONLINE®
For the 20th United European Gastroenterology Week, the web based Congress Information System CO CONGRESS ONLINE® has been installed: www.uegw12.uegf.org

Prior to the congress CO CONGRESS ONLINE® will provide information on:
- Preparation of the congress
- List of topics
- Call for abstracts
- Faculty
- Preliminary scientific programme
- Accepted abstracts
- Satellite Symposia and Breakfast Meetings
- List of participants (Who is Who)
- List of exhibitors
- Supporting programme
- Long Term, Premium, Major Partners and General Sponsors
- Congress venue
- City of Amsterdam
- Hotel accommodation
- Travel to Amsterdam
- Special news
- Private Mailbox

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

CONGRESS LANGUAGE
The official language of the UEGW is English.

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

INVITATION LETTER
The congress will be pleased to send a formal letter of invitation to any individual requesting one. It is understood that such an invitation is intended to help potential delegates to raise funds or to obtain a visa. This does not imply a commitment from the UEGF to provide any financial support. Invitation letters can be requested in the online registration process until September 30, 2012.

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 the Netherlands vary according to the country of origin. Please check the current visa requirements with your travel agent or the local Dutch Consulate in your home country.

UEGW Participants please note:
AMSTERDAM MARATHON
The city of Amsterdam hosts the 37th TCS Amsterdam Marathon on Sunday, October 21, 2012.

The marathon course will go through the whole city with the effect that certain parts of the city are temporarily not accessible. The metro and train service to the RAI Convention Centre will be available at all times during the marathon. In addition, the tram 4 will connect the Central Station with the RAI Convention Centre and vice versa before approximately 08:30 and after 17:00.

Please visit www.gvb.nl to get latest travel information.

© Nadja Riedel
HOTEL ACCOMMODATION

RAI Hotel & Travel Service (RHTS) is part of Amsterdam RAI and arranges hotel accommodation for many international conferences in Amsterdam. RAI Hotel & Travel Service has been appointed as the official accommodation agent for the 20th United European Gastroenterology Week in Amsterdam from October 20 – 24, 2012.

Amsterdam RAI Hotel & Travel Service
PO Box 77777
1070 MS Amsterdam
Phone: +31 – 20 – 549 1927
Fax: +31 – 20 – 549 1946
Email: uegw2012@rai.nl
www.rai.nl/hotelservice

SELECTION OF HOTELS

In close consultation with the organisation of the 20th United European Gastroenterology Week, RAI Hotel & Travel Service made a wide selection of hotels in Amsterdam for you in the different categories (3- to 5-star). RAI Hotel & Travel Service offers hotels near the RAI, as well as in the historical city centre of Amsterdam or near the airport. As the demand for hotel rooms will be high during the 20th United European Gastroenterology Week, RAI Hotel & Travel Service has contracted a large amount of rooms. Nevertheless, we suggest that you reserve your hotel room as soon as you know your exact travel dates.

HOTEL WEBSITE FOR ONLINE BOOKINGS

RAI Hotel & Travel Service has created a special hotel website for the 20th United European Gastroenterology 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 Amsterdam and ‘How to come to the RAI’, and you can book your hotel room online and receive a direct confirmation.

EXCELLENT HOTEL RATES

As the RAI Hotel & Travel Service handles hotel reservations for many events in Amsterdam throughout the year, the RAI is able to offer you the best available hotel rates for the 20th United European Gastroenterology Week.

INDIVIDUAL RESERVATIONS (maximum 9 rooms)

Individual reservations for up to 9 rooms can be made through the fully secured hotel website. A direct confirmation will be sent by email. If you prefer to make your reservation offline, please send an email or fax. 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 the RAI.

An administration fee of EUR 15 per room will be charged for cancellations. For cancellations received within 48 hours prior to the arrival date, the hotel is entitled to charge the first night’s room rate or the full stay, depending on the hotel.

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 exact request by email or fax: number of rooms, arrival and departure dates, room type (single or double), preferred hotel and/or location and maximum room rate to uegw2012@rai.nl. A tailor-made offer will be sent to you within 2 working days following the receipt of your request. This will include the payment and cancellation conditions.
Amsterdam, host city of the 20th UEGW, is one of the greatest small cities in the world and known for its tolerant character. Located in the south of the Netherlands, the city with a population of about 735,000, 173 nationalities, 600,000 bicycles, 1,281 bridges and 8 windmills offers an impressive array of world-class culture, entertainment, cuisine and accommodation. The Dutch are widely regarded as very friendly, efficient, reliable, well organised and helpful. Amsterdam’s broad spectrum of recreational and cultural sights ranges from fascinating old buildings like the Oude Kerk to the Van Gogh Museum, the Anne Frank House and oddities such as the Hash Marihuana Museum. Picturesque neighbourhoods such as the Jordaan – once a working class area and now inhabited by a colourful mixture of students, well-to-do businessmen and creative professionals – contribute to the unique atmosphere of the city.

PUBLIC TRANSPORTATION AND METRO
Amsterdam boasts an impressive public transport network including metros, buses, trams, ferries and trains to help you get around the capital. All delegates will receive a public transport pass (PT Smart Card) of the public transport company (GVB). This entitles to unlimited travel in Amsterdam – day and night – by tram, bus and metro, for three days. Trams are common in Amsterdam, with routes heading out from the centre in all directions. Trams are ideal for short journeys around the city centre, as well as for traveling to other districts. Amsterdam’s metro runs underneath the centre, from Central Station to the outer districts. Amsterdam operates a full bus network, which will take you anywhere you have to go. Behind Central Station, ferries hustle their way across the River IJ, transporting passengers to various locations in the north of Amsterdam. Some specialist ferries also travel along the river to other districts of the city.

HOW TO GET TO THE CONVENTION CENTER
Arrival by plane Amsterdam RAI is only a 15 minute journey away from Amsterdam Schiphol Airport by car, taxi and public transport. On leaving the baggage reclaim area, you enter Schiphol Plaza, and you can follow the sign posts to find the trains, taxis, shuttle buses, and car rental. Schiphol train station is located directly underneath the airport. From here, intercities and regular trains of Nederlandse Spoorwegen (Dutch Railways - NS) can take you to Amsterdam Central Station, Amsterdam Zuid-WTC and Amsterdam RAI. Train tickets are available at the ticket office in the airport’s main hall and yellow ticket machines. The Connexxion shuttle bus, some hotel shuttle busses, as well as Connexxion bus 197 will take you to the centre of Amsterdam.

Arrival by train If you arrive at Amsterdam Central Station (CS), you can take the metro 51 or tram 4 to the RAI. If you arrive at the Amstel station, you can take the metro 51 or the busses 62 or 65, which will take you to the RAI. From Amsterdam Sloterdijk station, the best way to reach the RAI is with express tram 50. The Amsterdam RAI railway station is 300 metres from the RAI and has direct connection with Duivendrecht, Amsterdam Amstel, Amsterdam Zuid and Schiphol railway stations, which are linked to the international InterCity network. Follow the signs Amsterdam RAI when you leave the station.

TAXI
Taxis can be called, hailed on the street or found at one of more than 50 official taxi ranks located around the city. Please note that not all taxis accept credit cards. The ranks, identifiable by blue boards, can be found near to tourist spots such as the Dam, Leidseplein and Rembrandtplein. Space in the city centre is limited, taxis cannot stop anywhere they like. To keep traffic flowing in the city at peak efficiency, stopping is not allowed at various places.

BANK AND ATM
Banks are open weekdays only, between 9:00 and 16:00. Bank cards using the Cirrus and Maestro systems can be used at any of the ATM machines in Amsterdam. If you need cash on your arrival in Amsterdam there are loads of ATM machines in Schiphol airport and at Central Station. Most shops and restaurants in Amsterdam accept credit cards, but not all. It is therefore recommended to either ask before you order or ensure you have a sufficient amount in cash to cover the bill. Most shops and restaurants do not accept EUR 200 – EUR 500 notes.

CLIMATE
Amsterdam’s climate is mild. In October, the average temperature is 12° C during the day. Fluctuation between day and night temperatures are about 7° C. Rain is possible.

CURRENCY
The currency is EURO (EUR).

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

TIME ZONE
The time zone in the Netherlands is Greenwich Mean Time (GMT) +1 hour in winter and +2 hours in summer.
During the UEGW 2012, the officially appointed local partner RAI Special Events, partner of ITBholland, will offer various guided tours in and around Amsterdam 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 venue Amsterdam RAI Exhibition & Convention Centre.

Amsterdam City Tour incl. Visit of Rembrandthuis

- Saturday, October 20, 2012 • 09:00 – 13:00

Past and present, trade and leisure, religion and coffee shops, diamonds and beer, all flourish together in splendid Amsterdam! On this extensive bus excursion you will see all that Amsterdam has to offer, from the historical monuments in the centre to the modern architecture of the 21st century. A picture stop at a windmill and a visit to a diamond factory are included.

You will also visit the Rembrandthuis. The house, whereRembrandt lived from 1659 until 1659, is now the home of a large collection of his etchings and the very place, where most of them were made. In addition, it has a large collection of paintings of people, who inspired him, like Pieter Lastman.

Cost: EUR 35 per person

City Sightseeing Tour of Amsterdam

- Saturday, Oct 20, 2012 • 14:00 – 17:00
- Monday, Oct 22, 2012 • 09:00 – 12:00
- Tuesday, Oct 23, 2012 • 09:00 – 12:00

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

Join the panoramic tour through the historic center of Amsterdam, passing along the Amstel River with the wooden skinny bridge, the Munt tower and floating flower market, Dam Square with the Royal Palace and the New Church, central station and the museum and antique quarters. You will also pass through the oldest part of Amsterdam called “the Jordaan” with quaint little streets. This tour, which will cover the center and the modern suburbs, will give you a good overview of the most interesting sights and monuments that Amsterdam has to offer.

Cost: EUR 23 per person

Dutch Countryside, Windmill and Fishermen Villages Tour

- Sunday, October 21, 2012 • 09:00 – 17:00

During this tour you will discover the typical sights of Holland. First you will drive to the windmills area, the Zaanse Schans, where along the river Zaan in the 18th century used to be more than 700 windmills. Nowadays, only 5 of them are left. The tour will continue with a visit to Marken, this small town is situated on a former island and is located near the IJssellake. It is a lovely place to visit and has many special features like its houses on pillars, the traditional green painted houses and folkloristic customs and clothings. The guide will inform you, while walking along the small bridges and little alleys, about the history of this former isle. After this visit you will drive to Monnickendam. This town is a former fisherman’s village and has an interesting history. During the city walk you will for instance see the beautiful City Hall and “De Waag”, a place where people used to weigh the ship loadings coming in from overseas. If you like you can try some typical Dutch fish: “gerookte paling” (smoked eel). Lunch is served at a local restaurant.

Cost: EUR 64 per person, incl. small lunch

Afterwards, you will visit Broek in Waterland. See the beautiful characteristic wooden houses this village proudly owns. Broek in Waterland is situated in the “Waterland” area. During the 17th and 18th century this village was one of the most prosperous villages in this area. Many ship owners, captains and merchants used to settle here. Famous people like the French philosopher Victor Hugo, the emperor Alexander of Russia and Napoleon visited this small village.

Cost: EUR 64 per person, incl. small lunch
De Zaanse Schans and Edam

- Sunday, October 21, 2012 • 13:00 – 17:00
You will start this tour with a small drive to the windmill village of the Zaanse Schans. The Zaanse Schans is a fully inhabited, open-air conservation area and museum, located 9 miles north of Amsterdam. Original buildings vividly depict Dutch life in the 17th and 18th centuries. The authentic wooden houses, the historic shipyard, the clog-making demonstrations and, above all, the windmills attract hundreds of thousands of visitors each year. Before returning to Amsterdam, you will visit the medieval town of Edam.
Cost: EUR 28 per person

Panoramic Sightseeing Tour of Amsterdam including Private Boat Tour

- Monday, October 22, 2012 • 13:00 – 17:00
- Wednesday, October 24, 2012 • 09:00 – 13:00
Join the panoramic tour through the historic center of Amsterdam, passing along the Amstel River with the wooden skinny bridge, the Munt tower and floating flower market, Dam Square with the Royal Palace and the New Church, central station and the museum and antique quarters. You will also pass through the oldest part of Amsterdam called “de Jordaan” with quaint little streets. Then you will board a private sightseeing boat at the Central Station to explore Amsterdam from the water during a one-hour-canal cruise. While gliding through the old center of the city and into its harbour, you will see merchant’s mansions, churches and warehouses dating back to the 17th century.
Cost: EUR 46 per person

Amsterdam, in the Footsteps of Jewish History

- Monday, October 22, 2012 • 13:00 – 17:00
Enjoy a private tour through Amsterdam, passing the main highlights of the city. First stop on the tour will be the Anne Frank House, the hiding place, where Anne Frank wrote her famous diary during World War Two. The original of the diary is on display as part of the Anne Frank House’s permanent exhibition. Visiting the Anne Frank House has been a moving experience for millions of people from all over the world. You will leave the Anne Frank House again and proceed with a panoramic drive through the city. Weather permitting the guide can include some walking, either through the oldest part of Amsterdam, called “de Jordaan” with its quaint narrow streets, bridges and inner courtyards. Alternatively you will visit the beguinage, or have a walk through the Jewish district. Afterwards you will visit the Portuguese Synagogue. The Synagogue was built by the architect Elias Bouman in 1675 and is the largest synagogue in the world. The exterior and interior have remained largely in their original state since its completion. The surrounding buildings include the world famous Ets Chaim library of Livraria Montezinos.
Cost: EUR 48 per person
Bruges and Ghent, the Flemish Charm of Belgium

Tuesday, October 23, 2012 • 08:00 – 20:00

After a two-hour drive, you arrive in Ghent, where you will visit the St. Bavo’s Cathedral, home of the world famous “Mystic Lamb” painting. During the city tour you will see all the important buildings from the Middle Ages, such as the Belfry, the St. Nicholas Church and the Castle of the Counts of Flanders. Through the Flemish countryside, you will then proceed to Bruges. Upon arrival in Bruges you will visit the Lake of Love (Minnewater) and the Beguinage (convent). Lunch is served at a local restaurant.

Afterwards your guide will take you on a discovery walking tour of the historic city Bruges, which was one of the wealthiest cities of the Medieval Northern Europe. It never prospered in the age of the industrial revolution and therefore, its medieval character has been completely preserved. In the old days Bruges was linked to the sea via the River Reie. Therefore, especially textile trade bloomed and round 1500 Bruges had almost triple the number of inhabitants as London in those days. However, the decline came when the direct water to the sea, the Zwin silted up. In the late 16th century the competition of the city of Antwerp did the rest. Lying between its ring of city walls and moats, Bruges awaited better times. Nowadays, Bruges is one of the most attractive cities in the region to visit. It is a very intimate, pocket sized city and must be discovered on foot. You can easily get away from the busy main streets and find little streets or small courtyards and experience the unique atmosphere. Discover Our Lady’s Church, with the Madonna statue by Michelangelo, the Market Square with the Belfry and the Town Hall square (Burg) with the Chapel of the Holy Blood. Don’t forget your walking shoes!

Cost: EUR 103 per person, incl. small lunch

BOOKING CONDITIONS

Prior to the UEGW 2012 booking is only available online via the official UEGW website.

Full payment in advance is required.

Your reservation will automatically be cancelled if full payment is not received before September 1, 2012.

All tours will be conducted in English.

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 number of participants.

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

Full refunds will be granted for tours, which do not take place.

Cancellations of tours are to be made in writing to RAI Special Events.

For cancellation of tours before September 1, 2012 an administration fee of EUR 10 will be charged.

Tours cancelled after September 1, 2012 cannot be refunded.

No refund will be possible for included services not taken.

Lost or unused tickets cannot be refunded.

For changes in confirmed reservations, an administration fee of EUR 15 per change applies.

Tours will start and end at the Amsterdam RAI.
## ACKNOWLEDGEMENTS

The UEGF gratefully acknowledges the support of the following companies (as of January 31, 2012):

<table>
<thead>
<tr>
<th>PREMIUM PARTNERS</th>
<th>MAJOR PARTNERS</th>
<th>GENERAL SPONSORS</th>
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