Challenges in the Care of IBD in Patients of All Ages

October 2 – 3, 2013
Park Plaza Westminster Bridge
London, Great Britain

Program
12 credit hours (CME) have been awarded for the Falk Symposium 190 by the European Union of Medical Specialists (UEMS) - European Board of Gastroenterology (EBG).
Preface

Dear Colleagues,

On behalf of the scientific committee I would like to welcome you to join us in London for the Falk Symposium 190 „Challenges in the Care of IBD in Patients of All Ages“.

The challenge in treating patients with IBD has been compounded in recent years because of the increased incidence and prevalence of IBD, the increased burden of disease in very young as well as elderly patients, and an increasing duration of disease among our patients. These factors generate an increased burden of complicated disease and subsequent therapeutic dilemmas. The improvement in our understanding of the natural history of these diseases has also changed our approach to treatment. We have moved from trying to induce remission and maintain that remission, to new goals such as improved quality of life, decreasing complications and achieving mucosal healing. Lastly, our increasing experience with use of immunomodulators, biologics and various combinations of therapy, has opened up new therapeutic strategies.

The challenge in treating IBD is not limited to the burden of disease. We now recognize that different age groups or disease phenotypes may have a different natural history, requiring individualized therapeutic strategies. This is especially true for the paediatric age group, as well as in pregnancy. Younger onset patients may require different therapeutic strategies, and as these patients grow and transition into adulthood, their duration of disease will also impact on the treatment of the disease. Prevention and recognition of malignancies are a challenge that should be shared by paediatric and adult gastroenterologists alike.

The current Falk Symposium 190 was designed to stimulate dialogue between paediatric and adult gastroenterologists, as well as to educate and stimulate participants with regard to recent advances in our understanding of the natural history and therapeutic interventions for different age groups and phenotypes of disease. The scientific committee has endeavored to strike a balance between treatment and prevention, with a symposium designed to review current therapeutic strategies, state-of-the-Art talks on the pathogenesis of IBD and advances in treatment, as well as a symposium planned to stimulate discussion about future or controversial therapies. We hope that the program, the stellar list of speakers, the wonderful venue and Falk hospitality will provide the intellectual and social atmosphere for a most enjoyable symposium.

We look forward to seeing you in London.

On behalf of the scientific organizers
Arie Levine, Holon
Challenges in the Care of IBD in Patients of All Ages

Park Plaza Westminster Bridge
London, Great Britain

**Registration:**
Tuesday, October 1, 2013
16.00 – 21.00 h
at the congress office

**Scientific Organization:**
A. Levine, Holon (Israel)
A. Forbes, London (Great Britain)
C. Probert, Liverpool (Great Britain)

**Congress Venue:**
Park Plaza Westminster Bridge Hotel
200 Westminster Bridge Road
London SE1 7UT
Great Britain

**Information:**
Prof. Dr. Arie Levine
E. Wolfson Medical Center
Pediatric Gastroenterology & Nutrition
P. O. Box 5
58100 Holon
Israel
Phone: +972(3)502/8422
Email: arie.levine.dr@gmail.com

**Official Language:**
English

**Posters:**
For details see page 13.
Wednesday, October 2, 2013

8.30 Welcome and opening

A. Forbes, London
A. Levine, Holon

Session I
Natural history

Chair: R. Heuschkel, Cambridge; A. Levine, Holon

8.40 The natural history of IBD

E. Domènech, Barcelona

9.05 The natural history of childhood onset IBD

D. C. Wilson, Edinburgh

9.30 Can we predict the high risk patient?

E. Louis, Liège

10.00 Standardised recording of parameters related to the natural history – From Montreal to Paris

J. S. Hyams, Hartford

10.30 Coffee break with poster session

Session II
Can we change the natural history of Crohn’s disease?

Chair: A. Dignass, Frankfurt; R. K. Russel, Glasgow

11.00 Can we change the natural history of Crohn’s disease with early immunomodulation?

J. F. Markowitz, New York

11.20 Are we changing the natural history of Crohn’s disease with biologics?

P. L. Lakatos, Budapest

11.40 Have we changed the natural history of paediatric Crohn’s with biologics?

M. C. Dubinsky, Los Angeles

12.00 Are we under-treating or mistreating patients at the time of presentation?

R. N. Baldassano, Philadelphia
Wednesday, October 2, 2013

Session III
Newer Concepts

Chair: M. Parkes, Cambridge; D. Rampton, London

12.20 Crohn’s disease: Loss of tolerance or a disorder of autophagy? M. Scharl, Zurich

12.45 Is rifaximin effective in maintaining remission in Crohn’s disease? A. O. Jigaranu, Iasi

13.00 Lunch break with poster session

Session IV
Strategy for difficult Crohn’s disease

Chair: J. C. Escher, Rotterdam; C. Probert, Liverpool

14.00 Loss of response to biologics: What is the next step? S. Ben-Horin, Tel-Hashomer

14.30 Exclusive enteral nutrition in Crohn’s disease; Clues to pathogenesis A. Levine, Holon

15.00 Strategies after intestinal resection I. Arnott, Edinburgh

15.30 Rehabilitation after resection A. Forbes, London

16.00 Coffee break with poster session

Session V
Are we doing something wrong?

Chair: M. A. Gassull, Barcelona; P. Lionetti, Florence


16.50 Should we be treating the bugs instead of cytokines and T cells? E. Wine, Edmonton

17.10 Are we using and monitoring thiopurines and biologicals optimally? P. Irving, London
Thursday, October 3, 2013

Session VI
Problems in ulcerative colitis that won’t go away

Chair: J. Amil Dias, Porto; A. Forbes, London

8.00 Relapsing and refractory ulcerative colitis in children
D. Turner, Jerusalem

8.30 Managing intractable proctitis and the problematic pouch
S. Keshav, Oxford

9.00 Extraintestinal manifestations unrelated to disease activity
T. Orchard, London

9.30 Primary sclerosing cholangitis
R. W. Chapman, Oxford

10.00 Coffee break with poster session

Session VII
Management of challenging cases

Chair: C. Lees, Edinburgh; G. Rogler, Zurich

10.30 The patient who is refractory to anti-TNF therapy
M. Allez, Paris

10.50 Inflammatory bowel disease and pregnancy
C. J. van der Woude, Rotterdam

11.10 Inflammatory bowel disease unclassified (IBDU)
R. K. Russell, Glasgow

11.30 Treatment resistant forms of IBD in young infants
F. Ruemmele, Paris

11.50 Perianal disease in IBD
K. Nugent, Southampton

Session VIII
IBD Research 2013: What is new?

Chair: N. Croft, London; A. R. Eliakim, Haifa

12.10 State-of-the-Art Lecture: The most important IBD studies of 2012-2013
T. Orchard, London
Thursday, October 3, 2013

12.30 Morphologic individualised medicine: A break through approach for early determination of anti-TNFα responders among IBD patients. P. Eftekhar, Strasbourg

12.45 Lunch break with poster session

13.45 Laudation Herbert Falk Prize D. P. Jewell, Oxford

14.00 Herbert Falk Prize Lecture: Inflammatory bowel disease today: Are we taking the right steps to understand and cure it? C. Fiocchi, Cleveland

Session IX
Recognizing complications
Chair: S. Buderus, Bonn; C. Probert, Liverpool

14.30 Infective colitis exacerbating or mimicking IBD M. Novelli, London

14.50 Unusual manifestations of IBD in the elderly X. Hébuterne, Nice

15.10 Cancer risk and avoiding colectomy M. D. Rutter, Stockton-on-Tees

15.40 IBD-associated neoplasia in children and young adults P. A. Rufo, Boston

16.10 Presentation of poster prizes

16.20 Coffee break with poster session

Session X
Off the wall!
Chair: A. Forbes, London; A. Levine, Holon

16.50 Future methods for diagnosis of IBD C. Probert, Liverpool

17.10 Cannabis for Inflammatory bowel disease T. Naftali, Kfar Saba

17.30 Mucosal barrier, bacteria and IBD – Possibilities for therapy J. M. Rhodes, Liverpool

17.50 Closing remarks C. Probert, Liverpool
Herbert Falk (1924 – 2008)

Herbert Falk was born in 1924 in Mülheim, a small town in South-West Germany between Freiburg and Basle, where his father ran a pharmacy. It was here that Herbert Falk spent his early years, attending primary school and high school up to the 5th grade. His parents then moved to Freiburg, where his father had his own pharmacy. On gaining his university entrance diploma from the Rotteck high school in March 1942, he was immediately called up for military service. During the Second World War he served on the front line in North Africa as a soldier with the Africa Corps and narrowly escaped death several times. At the end of the North Africa campaign, he was captured and transferred to the USA as a prisoner of war, spending his final year of captivity in England.

On his release and return to Germany, Herbert Falk studied pharmacy then medicine at the University of Freiburg. He graduated and received his doctor’s degree in both subjects. Thereafter, he took over the pharmacy in Freiburg from his father.

After several years of success as a pharmacist, Herbert Falk made the decision which would prove so crucial for his future life’s journey and founded his own company, producing and marketing pharmaceuticals for application in gastroenterological and hepatological diseases. Within a few years, his abundant energy, determined pursuit of goals, untiring diligence, keen eye for promising research developments, and not least his legendary talent for organization, had turned his pharmaceutical company into a global enterprise world famous in specialist circles. Falk products are meanwhile highly acclaimed not only in Germany and other European countries but also in South America, countries of the Near and Far East, Russia, China and Australia.

Herbert Falk’s contributions to research were founded not on his own scientific work but on his organization of symposia, workshops and other scientific congresses which he sponsored and promoted to an extraordinary level and with great personal dedication. International Falk symposia, workshops and congresses have won global recognition. There are several reasons for this:

– In addition to numerous advanced medical education programs for doctors organized by the Falk Foundation, which are primarily or exclusively concerned with issues of medical practice, the foundation also organizes symposia, workshops and congresses. These feature in-depth lectures and critical discussions on questions and findings of biomedical basic sciences as well as their application in diagnostic measures, diagnostic decision-making, disease prevention and therapy.

– Leading researchers from a particular field and clinical-medical experts are invited to Falk symposia as speakers or discussion leaders, enabling comparison within a field at an international level. The scientific organizers have a completely free hand in their choice of topics and selection of speakers. This gives symposia participants an opportunity to acquire first-hand knowledge of the latest findings in their field.

– Falk symposia are the ideal opportunity for representatives of biomedical basic research, clinical research and physicians working in clinic and practice to meet and exchange opinions. Participants benefit enormously from this fertile interchange of personal experiences, critical viewpoints and valuable suggestions for further work.
Not least, Falk symposia are of great significance for the new medical and scientific generation in Germany, since they provide an opportunity for young doctors and scientists to encounter internationally renowned scientists from the field of gastroenterology who can answer their queries and assist their further progress by offering constructive criticism, suggestions and encouragement. A frequent outcome of these encounters is the opportunity for young German scientists to spend a lengthy period abroad as guests in the laboratories or clinical institutions of foreign researchers.

It was Herbert Falk’s personality which gave the symposia their unique stamp. His generous support of organizers and speakers, intuitive flair for innovative developments, extraordinary talent for organization and overwhelming hospitality have turned Falk symposia, workshops and congresses into scientific events of international esteem and renown.

Herbert Falk received many honors and distinctions for his outstanding achievements as a sponsor of biomedical and clinical research and patron of the upcoming medical-scientific generation. These included honorary membership of numerous national and international gastroenterological and hepatological societies. He was made an honorary doctor of the medical faculties of the Universities of Cluj-Napoca (Romania), Basle and Freiburg. The German Medical Association commended him for his services by awarding him the Ernst von Bergmann Plakette. In 2004, the American Gastroenterological Association (AGA) honored him with its highest distinction: The Lifetime Distinguished Service Award.

The portrait of Herbert Falk would not be complete without mentioning some key aspects and traits of his personality. Despite his multifaceted success in the development of his pharmaceutical company and the many honors he received, Herbert Falk remained a man of great humility in his personal dealings with the people around him. His friends and co-workers could rely on him implicitly to fulfill any decision or promise which had been made. He always had an open ear for constructive criticism. His joie de vivre and positive attitude to life remain unforgettable. Especially memorable is the pleasure he took in the culinary delights of kitchen and cellar. On such festive occasions he would strike up the “Badener Lied”, the hymn to his beloved native area of Baden. The unique beauty of this countryside - so dear to him from countless hikes through the Black Forest - never ceased to fascinate him. This was where he felt at home. This was where he found the strength and inspiration he needed for his work.

Herbert Falk continued to contribute to the development of his company into a ripe old age. He kept up to date with the latest international research projects in the fields of gastroenterology and hepatology, showing a keen interest, critical discernment and sure instinct for quality. He did not give up his leading role in the company until the end of 2003, when he was nearly 80 years of age.

In 2008, a serious illness borne with admirable equanimity brought his life to an end. His memory, life’s work and services will live on through the Herbert Falk Prize.

Wolfgang Gerok, Freiburg
Internationaler Herbert Falk Award 2013

The International Herbert Falk Award will be presented for the second time by the Falk Foundation e. V. on the occasion of the Falk Symposium 190 in October 2013. The prize amounts to EUR 40,000,- and is awarded for outstanding contributions to gastroenterology, including advances in diagnosis, therapy and prevention.

Members of the Prize Committee:
- M. A. Gassull, Badalona (Spain)
- D. P. Jewell, Oxford (Great Britain)
- P. L. Lakatos, Budapest (Hungary)
- J. Schölmerich, Regensburg (Germany)
- S. Vermeire, Leuven (Belgium)

Herbert Falk Prize Winner:
- 2010 - P. Rutgeerts, Leuven (Belgium)
- 2013 - C. Fiocchi, Cleveland (USA)

Coordinator of the Herbert Falk Award Committee:
- Prof. Dr. med. J. Schölmerich
- Klinik für Innere Medizin I
- Klinikum der Universität Regensburg
- 93042 Regensburg
- Germany
Poster Session

Posters will be exhibited on October 2 – 3, 2013, at the “Park Plaza Westminster Bridge”, London. The authors will be in attendance during coffee and lunch breaks on both days.

1. Efficacy and safety of adalimumab in moderate to severe paediatric Crohn’s disease: Single tertiary centre outcome
   A. Angelakopoulou, D. Curwen, K. Lindley, N. Shah, M. Elawad, F. Kiparissi (London, GB)

2. Distribution of diagnostic criteria for collagenous colitis – Pooled analysis of 2 European clinical trials

3. Anaemia can add morbidity in inflammatory bowel disease
   D. Badea, M. Badea, A. Genunche-Dumitrescu, C. Petrica, A. Badea, D. Duta, D. Iordache (Craiova, RO)

4. Age at diagnosis of the disease could be a prognostic factor in ulcerative colitis
   A. Bahnacy (Sohar, OM)

5.* Vitamin K deficiency occurred in patients with pouchitis
   T. Banasiewicz, J. Walkowiak, K. Waraczewski, J. Szmeja, T. Koscinski, P. Krokowicz, M. Drews (Poznan, PL)

6. Safety and adverse events in IBD patients occurring during biologic therapy
   C. Banciu, C. Dascau, L. Marian, I. Romosan (Timisoara, RO)

7. Faecal calprotectin: A reliable tool to pick up needles from haystack?
   A.K. Banerjee, P. Basumani, K.D. Bardhan (Rotherham, GB)

8. A multicentric study: Use of Pearls Winter+® as probiotic as adjunctive to a treatment with mesalazine oral plus rectal in patients with mild-to-moderate left-side ulcerative colitis

9.* Anemia and regulation of iron metabolism in patients with inflammatory bowel diseases
   T. Boyko (Dnipropetrovsk, UA)
10. Patient’s perception of health and diagnosis in paediatric inflammatory bowel disease
   M. Brennan, S. Gatti, F. Torrente, M. Zilbauer, R. Heuschkel (Cambridge, GB)

11. Prevalence of paediatric-onset inflammatory bowel disease: A systematic review
   F. Cameron, P. Henderson, D.C. Wilson (Edinburgh, GB)

12. Anti-TNF dependency in paediatric IBD – The Scottish experience
   (Edinburgh, Inverness, Aberdeen, Glasgow, GB)

13. Calprotectin: A cost effective screening tool in paediatric inflammatory bowel disease
   A. Carey, J. O’Gorman, K. O’Driscoll, M. Hamzawi, B. Bourke, A. Broderick,
   S. Hussey (Dublin, IE)

   A. Carey, J. O’Gorman, A. Cafferty, K. O’Driscoll, M. Hamzawi, B. Bourke,
   A. Broderick, S. Hussey (Dublin, IE)

15. Risk factors of thrombotic complications in inflammatory bowel disease
   I. Copaci, L. Micu, G. Chiriac (Bucharest, RO)

16. *Inosine triphosphate pyrophosphatase and xanthine oxidase gene variability in
    Croatian inflammatory bowel disease patients
   M. Cota, S. Cukovic-Cavka, N. Bozina, M. Brinar, M. Crnceanvic Urek, N. Turk,
   Z. Krznaric, B. Vucelic (Zagreb, HR)

17. Practicalities of varicella screening and vaccination in the paediatric inflammatory
    bowel disease patient
   L. Curtis, V. Garrick, P. McGrogan, A. Barclay, K. Fraser, R.K. Russell (Glasgow,
    GB)

18. The use of hydrogen breath test for the diagnosis of small intestinal bacterial
    overgrowth in patients with inflammatory bowel diseases
   N.A. Danilova, R.A. Abdulkhakov, S.R. Abdulkhakov, A.K. Odintsova (Kazan, RU)

19. Inflammatory bowel disease and colorectal carcinoma – Management and
    clinicopathological parameters
   C. Deliu, E.F. Georgescu, D. Neagoe, C. Hoanca, M. Bezna, R. Teodorescu
   (Craiova, RO)
20. Point-of-contact faecal calprotectin (FC) testing in diarrhoea helps decision making for referral to gastroenterologists: A primary care pilot study in North East England
A. Dhar, S. Lee, H. Borthwick, P. Nair, C. White (Durham, GB)

21.* Maintaining remission in ulcerative colitis: 5-Aminosalicylic acids (5-ASA) therapy
S. Din, J. O’Kelly, C. Lees, J. Satsangi, I. Arnott (Edinburgh, GB)

22.* Morphologic individualised medicine: A break through approach for early determination of anti-TNFα responders and non-responders among patients with ulcerative colitis in a prospective study
P. Eftekhari, L. Glaubitz, M. Breidert, M.F. Neurath, R. Atreya (Strasbourg, FR; Erlangen, Kösching, DE)

23.* Psychological impact of Crohn’s disease: A case-control study
M. Fekih, H. Ben Ammar, H. Zalila, A. Laabidi, N. Ben Mustapha, J. Boubaker, L. Kallel, A. Filali (Tunis, Mannouba, TN)

24. Outcome measures in paediatric IBD: Data from a tertiary level center in UK
S. Gatti, F. Torrente, M. Brennan, M. Zilbauer, R. Heuschkel (Cambridge, GB)

25. Identification of disease-associated DNA methylation in blood from patients with inflammatory bowel disease
M. Gazouli, P. Karatzas (Athens, GR)

26. The relationship between bone mineral density, disease activity and remission maintenance therapy in inflammatory bowel disease
A. Genunche-Dumitrescu, D. Badea, M. Badea, P. Mitrut, D. Duta, A. Badea (Craiova, RO)

27. Distinctive response to usual therapies of moderate ulcerative colitis in elderly patients
A. Genunche-Dumitrescu, D. Badea, M. Badea, P. Mitrut, A. Badea (Craiova, RO)

28. Familial occurrence of inflammatory bowel disease in children

29. Inflammatory response in intestinal epithelium is higher in children with ulcerative colitis
K. Guzinska-Ustymowicz, K. Niewiarowska, A. Pryczynicz, W. Famulski, V. Dymicka-Piekarska, H. Car, A. Borsuk, M. Hawryluk, A. Kemona (Bialystok, PL)
30. Clostridium difficile in IBD: An under diagnosed cause of disease relapse?  
B. Hall, G. Holleran, D. McNamara (Dublin, IE)

31. The impact of wireless capsule endoscopy in suspected Crohn’s disease –  
A longitudinal study  
B. Hall, G. Holleran, D. Costigan, D. McNamara (Dublin, IE)

32. Differences in full blood count parameters at paediatric inflammatory bowel disease diagnosis: A pilot case-control study  
P. Henderson, C. Sikorski, A.E. Thomas, D.C. Wilson (Edinburgh, GB)

33.* The effect of commonly used IBD drugs on autophagy induction using an in vitro cell culture system  
P. Henderson, J. Satsangi, D.C. Wilson, C. Stevens (Edinburgh, GB)

34.* The diagnostic accuracy of combining faecal calprotectin with common blood tests in the investigation of suspected paediatric inflammatory bowel disease  
P. Henderson, D.C. Wilson (Edinburgh, GB)

35. Influence of early therapy and other risk factors at diagnosis on relapse and surgery rate in children with Crohn’s disease  
I. Hojsak, Z. Misak, A. Mocic Pavic, A. Jaklin Kekez, O. Jadresin, S. Kolacek (Zagreb, HR)

36.* Is rifaximin effective in maintaining remission in Crohn’s disease?  
A.O. Jigaranu, O. Nedelciuc, A.M. Blaj, M. Badea, C. Cijevschi Prelipcean (Iasi, RO)

37. The routine measurement of thiopurine metabolite levels results in dose optimisation in one third of IBD patients: Results from a district general hospital  
H.E. Johnson, H.M. Dewhurst, J. Begley, S.A. Weaver, S.D. McLaughlin (Bournemouth, GB)

38.* Low-dose thiopurine and allopurinol co-therapy results in significant cost savings at a district general hospital  
H.E. Johnson, H.M. Dewhurst, S.A. Weaver, S.D. McLaughlin (Bournemouth, GB)

39. Long term outcome of azathioprine therapy in 353 consecutive IBD patients  
H.E. Johnson, K. Smith, N. Jarrett, S.D. McLaughlin, S.A. Weaver (Bournemouth, Yeovil, GB)

40. Features and long term outcomes of our patients with ulcerative colitis  
B. Kantarceken, A. Cetinkaya, K. Gisi, B. Bakar (Kahramanmaras, TR)
41. The rs1568885 and rs1813443 polymorphisms are associated with anti-TNF drug response in patients with Crohn’s disease
G. Karamanolis, M. Gazouli, D.E. Thomas, S. Rigopoulou, G. Theodoropoulos (Athens, GR)

42. An exploration of the health and social needs of people living with inflammatory bowel disease: A metasynthesis
K. Kemp, J. Griffiths, K. Lovell (Manchester, GB)

43. The development of a stratified model of follow up care for adult patients with inflammatory bowel disease
K. Kemp, J. Griffiths, S. Campbell, K. Lovell (Manchester, GB)

44. IBD patients’ partner – How important is their support?
A. Lahat, S. Neuman (Tel Aviv, IL)

45.* Blockade of the β7 integrin prevents adherence of T lymphocytes to MAdCAM-1 in an in vitro model of vascular microcirculation post-capillary shear flow

46. Prevalence and clinical significance of small intestinal bacterial overgrowth in patients with inflammatory bowel disease

47.* Usefulness of fecal calprotectin in assessing inflammatory bowel disease activity

48. Clinical parameters of inflammatory bowel disease in children do not correlate with four polymorphisms of the transforming growth factor beta 1 gene

49. Cross sectional imaging techniques data compared to per-operative data in patients with Crohn’s disease
S. Matri, N. Ben Mustapha, M. Serghini, M. Fekih, J. Boubaker, A. Filali (Tunis, TN)

50. Could we predict surgery in acute severe colitis?
S. Matri, N. Ben Mustapha, M. Serghini, M. Fekih, J. Boubaker, A. Filali (Tunis, TN)
51. Are outcomes for adults and children undergoing resection for inflammatory bowel disease comparable?  
C. McMullin, J. Morton, S. Vickramarajah, J. Mai, E. Cameron, M. Parkes, F. Torrente, R. Heuschkel, N. Carroll, R.J. Davies (Cambridge, GB)

52. Risk factors for symptom relapse in collagenous colitis after withdrawal of short-term budesonide therapy  

53. Randomized, placebo-controlled multicenter study of budesonide and mesalamine for short-term treatment of collagenous colitis  

54. Do we need a „Montreal“ classification in ulcerative colitis?  
C. Mihai, M. Dranga, I. Pintilie, G. Dumitrescu, C. Cijevschi Prelipcean (Iasi, RO)

55. Prevalence of extraintestinal manifestations in patients with inflammatory bowel diseases  
P. Mitrut, A.O. Docea, R. Mitrut, A. Genunche-Dumitrescu, D. Badea, S. Zavaleanu (Craiova, RO)

56. Sirolimus use in children with refractory inflammatory bowel disease  
M. Mutalib, S. Blackstock, F. Kiparissi, K. Lindley (London, GB)

57. Correlation of the pediatric indexes of IBD activity with common indices of the intestinal inflammation  
A. Ochocinska, R. Snitko, J. Kierkus, M. Teisseyre, R.M. Janas (Warsaw, PL)

58. Fecal lactoferrin as a differentiation marker between ulcerative colitis and irritable bowel syndrome  
M. Odah, H. Amin, M. Darwish, A. El-Saidy, M. El-Hamamsy (Benha, Cairo, EG)

59. Outcomes after ileal pouch anal anastomosis in patients with primary sclerosing cholangitis  
60. Screening for current, latent and opportunistic infection prior to initiating anti-TNFα treatment in the IBD population
R. Perowne, L. Anderson, J. Barbour (Gateshead, GB)

61.* Use of normal CRP remission as an outcome parameter in pediatric Crohn’s disease: Evaluation of the Porto IBD Group “Growth Relapse and Outcomes With Therapy” (GROWTH CD) Cohort Study
T. Pfeffer Gik, A. Levine, D. Turner, J. Amil Dias, G. Veres, R. Shaoul, A. Staiano, J.C. Escher, K.-L. Kolho, A. Paerregaard, J. Martin de Carpi, G. Veereman-Wauters, S. Koletzko, O. Shevah, L. Finnby, M. Sladek (Rehovot, Holon, Jerusalem, IL; Porto, PT; Budapest, HU; Haifa, IL; Naples, IT; Rotterdam, NL; Helsinki, FI; Hvidovre, DK; Barcelona, ES; Brussels, BE; Munich, DE; Tel Aviv, IL; Oslo, NO; Cracow, PL)

62. Changing patients with ulcerative colitis to once daily mesalazine improves outcome and reduces cost in primary and secondary care
H. Prasher, P. Savania, R. Jazrawi (Leicester, Bucks, GB)

63. Comorbidity-associated hospitalizations in IBD patients in a tertiary referral center
R. Prijic, M. Crncevic Urek, S. Cukovic-Cavka, M. Brinar, N. Turk, Z. Krzinaric, B. Vucelic (Zagreb, HR)

64. Ethanol oxidation by intestinal microflora can contribute to bowel inflammation during chronic alcohol intoxication
P.S. Pronko, A.I. Zhmakin, A.B. Kuzmich (Grodno, BY)

65. Advanced architectural changes of the intestinal epithelium are more frequent in children with UC
A. Pryczynicz, K. Guzinska-Ustymowicz, K. Niewiarowska, W. Famulski, V. Dymicka-Piekarska, H. Car, A. Borsuk, M. Hawryluk, A. Kemona (Bialystok, PL)

66.* Human intestinal T cell transcriptomes are anatomically unique and inform analysis of complex inflammatory disease genetics
T. Raine, J. Liu, C. Anderson, M. Parkes, A. Kaser (Cambridge, Hinxton, GB)

67. Trends in transition of paediatric IBD patients to adult IBD services: A 15 year regional UK experience
68. A comparison of gastroenterology and non-gastroenterology nurses knowledge of inflammatory bowel disease  
M.L. Sephton, S. Tattersall, K. Kemp, A. Hurst, L.B. Gray, A.M. Gregg, T. Law, L. Parkinson, V. Hall (Manchester, Bolton, Liverpool, Blackpool, GB)

69. The role of thrombospondin-1 (TSP-1), vascular endothelial growth factor (VEGF) and MMP9 in the angiogeneic balance of inflammatory bowel disease (IBD)  
I. Silosi, C.A. Silosi, M. Cojocaru, S. Rogoz, V. Biciusca, V.M. Boldeanu, I.M. Cojocaru (Craiova, Bucharest, RO)

70. A distinct clinical phenotype and serological response in newly onset pediatric Crohn’s disease associated with primary sclerosing cholangitis  
M. Sladek, R. Herman, I. Herman-Sucharska, K. Fyderek (Cracow, PL)

71. Further evaluation of the serum neutrophil gelatinase-associated lipocalin (NGAL) in children with inflammatory bowel disease (IBD)  
R. Snitko, A. Ochocinska, M. Szychta, J. Kierkus, R.M. Janas (Warsaw, PL)

72. The risk of relapse after discontinuation of biological therapy in Crohn’s disease patients – Initial experience in a tertiary centre  
M. Sremac, M. Brinar, N. Turk, M. Crnecvic Urek, Z. Krznaric, S. Cukovic-Cavka, B. Vucelic (Zagreb, HR)

73. The use of tacrolimus in refractory ulcerative colitis – A single centre UK district general hospital experience  
A. Srivastava, S. Mann (London, GB)

74. The prevalence and predictive factors of anaemia in IBD patients from a tertiary care centre in Romania: A retrospective survey  
C. Tieranu, C. Gigea, L. Puscasu, A. Ionescu, V. Stoica, M. Diculescu (Bucharest, RO)

75. Hyperbaric oxygen therapy as a part of treatment of ulcerative colitis  
A. Uzunova, H. Uzunov, Z. Kirvikov (Sofia, BG)

76. Proteomic analysis of Crohn’s disease serum treated with infliximab  
A. Vaiopoulou, G. Theodoropoulos, G. Mantzaris, G.T. Tsagaris, M. Gazouli (Athens, GR)

77.* Hypothesis-free analysis of ATG16L1 demonstrates gene-wide extent of association with Crohn’s disease susceptibility  
J. Van Limbergen, B. Kabakchiev, J. Stempak, P. Schumm, W. Xu, P. Henderson, S. Girardin, A. Griffiths, D. Philpott, M.S. Silverberg (Edinburgh, GB; Toronto, CA; Chicago, US)
78.* Natural history confirms the validity of separating paediatric IBD at 10 years of age in the Paris classification

79. Prevention is better than cure – Are we doing enough for our IBD patients?
S. Vinnamala, M. Khan, F.M. Shahid, G. Moran, M. Kwok, L. Ulrich, L. Field, R. Cooney (Birmingham, GB)

80. Awareness amongst patients with inflammatory bowel disease for the need for vaccinations whilst on immunosuppressive therapy

81. Soluble transferrin receptor-ferritin index to assess iron status of children with Crohn’s disease treated with exclusive enteral nutrition
A. Wiskin, C. Glenn, R. Haggarty, S. Wootton, R.M. Beattie (Southampton, GB)

82. The clinical outcomes of accelerated step-up therapy for Crohn’s disease

83. Anti-glycan antibodies associated with disease activity in inflammatory bowel diseases
E. Yorulmaz, G. Adali, I. Tuncer (Istanbul, TR)

* = Posters of Distinction
List of Speakers, Moderators and Scientific Organizers

Prof. Dr. Matthieu Allez
Hôpital Saint-Louis
Service de Gastroentérologie
1 Ave. C. Vellefaux
75010 Paris
France
matthieu.allez@sls.aphp.fr

Dr. Jorge Amil Dias
Hospital S. Joao
Department of Pediatrics
Alameda Hernani Monteiro
4202-451 Porto
Portugal
jmaildias@zonmail.pt

Dr. Ian Arnott
University of Edinburgh
Western General Hospital
Crewe Road
Edinburgh EH4 2XU
Great Britain
ian.arnott@luht.scot.nhs.uk

Robert N. Baldassano, M.D.
Professor of Pediatrics
Children’s Hospital of Philadelphia
Division of Gastroenterology
34th Street & Civic Center Blvd.
Philadelphia, PA 19104
USA
baldassano@email.chop.edu

Dr. Shomron Ben-Horin
Sheba Medical Center
Department of Gastroenterology
2 Sheba Road
52 621 Tel-Hashomer
Israel
sbien-horin@013.net.il

Dr. Stephan Buderus
Kinder- und Jugendmedizin
St. Marien-Hospital
Robert-Koch-Str. 1
53115 Bonn
Germany
stephan.buderus@marien-hospital-bonn.de

Prof. Dr. Roger W. Chapman
John Radcliffe Hospital
NHS Trust
Dept. of Gastroenterology
Headley Way Headington
Oxford OX3 9DU
Great Britain
roger.chapman@ndm.ox.ac.uk

Dr. Nicholas Croft
The Royal London Hospital
Department of Paediatrics
and Gastroenterology
Whitechapel
London E1 1BB
Great Britain
nick.croft@barthshealth.nhs.uk

Prof. Dr. Axel Dignass
Innere Medizin I
AGAPLESION
Markus Krankenhaus
Wilhelm-Epstein-Str. 4
60431 Frankfurt
Germany
axel.dignass@fdk.info

Dr. Eugeni Domènech, Ph.D.
Hospital Universitari Germans Trias i Pujol
Department of Gastroenterology
Carretera del Canyet s/n
08916 Barcelona
Spain
edomenech.germanstrias@gencat.net
Prof. Dr. Derek P. Jewell
University of Oxford
The Radcliffe Infirmary
Gastroenterology Unit
Nuffield Department of Medicine
Woodstock Road
Oxford OX2 6HE
Great Britain
derek.jewell@ndm.ox.ac.uk

Dr. Anca O. Jigaranu
„Saint Spiridon” Emergency Hospital
Institute of Gastroenterology and Hepatology
Bd. Independentei, no. 1
707027 Iasi
Romania
olivia_jigaranu@yahoo.com

Dr. Satish Keshav
John Radcliffe Hospital
NHS Trust
Headley Way Headington
Oxford OX3 9DU
Great Britain
satish.keshav@ndm.ox.ac.uk

Prof. Dr. Peter L. Lakatos
Semmelweis University
Medical School
I Department of Medicine
Koranyi u. 2/a
1083 Budapest
Hungary
lakatos.peter_laszlo@med.semmelweis-univ.hu

Dr. Charlie Lees
University of Edinburgh
Western General Hospital
Gastrointestinal Unit
Crewe Road
Edinburgh EH4 2XU
Great Britain
charlie.lees@ed.ac.uk

Prof. Dr. Arie Levine
E. Wolfson Medical Center
Pediatric Gastroenterology & Nutrition
P. O. Box 5
58 100 Holon
Israel
arie.levine.dr@gmail.com

Dr. Paolo Lionetti
Ospedale Pediatrico Meyer
Department of Pediatrics
Viale Pieraccini, 24
50139 Florence
Italy
lionetti@unifi.it

Prof. Dr. Edouard Louis
C.H.U. Sart Tilman
Gastro-entérologie
Domain du Sart Tilman
4000 Liège
Belgium
edouard.louis@ulg.ac.be

James F. Markowitz, M.D.
Professor of Pediatrics
Division of Pediatric Gastroenterology
Cohen Children’s Medical Center of NY
1991 Marcus Ave, Suite M100
Lake Success, NY 11042
USA
jmarkowi@nshs.edu

Dr. Timna Naftali
Meir Medical Center
Department of Gastroenterology and Hepatology
Tchernichovsky 59
44281 Kfar Saba
Israel
timna.naftali@clalit.org.il
Prof. Dr. Marco Novelli  
UCL Medical School  
Department of Histopathology  
Rockefeller Building  
5, University Street  
London WC1E 6JJ  
Great Britain  
m.novelli@ucl.ac.uk

Dr. Karen Nugent  
Southampton General Hospital  
Tremona Rd.  
Southampton SO16 6YD  
Great Britain  
kpn@soton.ac.uk

Prof. Dr. Timothy Orchard  
Imperial College Healthcare NHS Trust  
St. Mary’s Hospital  
Department of Gastroenterology  
Praed Street  
London W2 1NY  
Great Britain  
tim.orchard@imperial.ac.uk

Dr. Miles Parkes  
University of Cambridge  
Addenbrooke’s Hospital  
Gastroenterology Unit  
Hills Road  
Cambridge CB2 0QQ  
Great Britain  
miles.parkes@addenbrookes.nhs.uk

Prof. Dr. Christopher Probert  
Department of Gastroenterology  
University of Liverpool  
Clinical Science at  
South Bristol  
P.O. Box 147  
Liverpool L69 3GE  
Great Britain  
chris.probert@liverpool.ac.uk

Dr. David Rampton  
Centre for Digestive Diseases  
Barts and The London School of Medicine and Dentistry  
Endoscopy Unit  
The Royal London Hospital  
London E1 1BB  
Great Britain  
d.rampton@qmul.ac.uk

Prof. Dr. Jonathan M. Rhodes  
University of Liverpool  
Gastroenterology Research Group  
Duncan Building  
Liverpool L69 3GA  
Great Britain  
rhodesjm@liverpool.ac.uk

Prof. Dr. Dr. Gerhard Rogler  
Universitätsspital Zürich  
Klinik für Gastroenterologie & Hepatologie  
Rämistrasse 100  
8091 Zürich  
Switzerland  
gerhard.rogler@usz.ch

Prof. Dr. Frank Ruemmele  
Hôpital Necker Enfants Malades  
Pediatric Gastroenterology Unit  
149 Rue de Sèvres  
75015 Paris  
France  
frank.ruemmele@nck.aphp.fr

Paul A. Rufo, M.D.  
Professor of Pediatrics  
Boston Children’s Hospital  
Pediatric Gastroenterology  
300 Longwood Avenue  
Boston MA 02115  
USA  
paul.rufo@childrens.harvard.edu

Dr. Richard K. Russell, Ph.D.  
Department of Paediatric Gastroenterology  
Yorkhill Children’s Hospital  
Dalnair Street  
Glasgow G3 8SJ  
Great Britain  
richard.russell@glasgow.ac.uk
Congress Office

During Falk Symposium 190
Telephone: +49 (0)175/7795327

Park Plaza Westminster Bridge
200 Westminster Bridge Road
London SE1 7UT
Great Britain

Opening Hours:
Tuesday, October 1, 2013 16.00 – 21.00 h
Wednesday, October 2, 2013 7.30 – 18.00 h
Thursday, October 3, 2013 7.30 – 18.00 h

Congress Fees

Scientific program of Falk Symposium 190  € 200,–
Students and residents  € 100,–

* * * OR * * *

Day ticket  € 120,–
Students and residents  €  60,–

Employees of pharmaceutical companies
and their guests
Falk Symposium 190  € 600,-

The congress fees include:
- Welcome Evening on October 1, 2013
- Refreshments during coffee breaks
- Lunch on October 2 and 3, 2013
- A copy of the abstract volume
Admission to Scientific Events
For admission to scientific events your name badge should be clearly visible.

Congress Report
The official congress report of the Falk Symposium 190 “Challenges in the Care of IBD in Patients of All Ages” will be published in English in the first half of 2014 by Karger, Switzerland. Orders for this book at a reduced subscription price of € 35,- can be placed at the congress office during the congress in London.

Hotel Accommodation
Hotel reservations can be made online:
http://www.visitlondon.com/where-to-stay

Airport
London City Airport → 13 km from the congress venue
Heathrow Airport → 30 km from the congress venue
London Gatwick Airport → 50 km from the congress venue
Luton Airport → 56 km from the congress venue
Stansted Airport London → 65 km from the congress venue
London Southend Airport → 70 km from the congress venue
Innovative Drugs
for bowel and liver diseases
Modern formulations and specially designed delivery systems ensure targeted release of the active drug

Scientific Dialogue
in the interest of therapeutic progress
Falk Symposia and Workshops
nearly 250, attended by more than 100,000 participants from over 100 countries since 1967
Continuing medical education seminars
over 14,000, attended by more than one million physicians and patients in Germany alone
Comprehensive literature service for healthcare professionals and patients with more than 200 publications
General Information:

FALK FOUNDATION e.V.
Leinenweberstr. 5
79108 Freiburg
Germany

Congress Department
Telephone: +49(0)761/1514-0
Telefax: +49(0)761/1514-359
E-mail: symposia@falkfoundation.de
www.falkfoundation.de