President Message

Message from Dr. Yat-Wah Yeung, President

The year of 2008 has been another fruitful year for The Hong Kong Society of Gastroenterology in promoting the advancement of gastroenterology in Hong Kong. The Annual General Meeting & Scientific Meeting of the Society was held on 13th March 2008 and the Joint Annual Scientific Meeting on 6th September 2008. Furthermore, a scientific symposium was organized jointly with The Hong Kong Association for the Study of Liver Diseases. With the presentations of prominent local and overseas speakers, all these meetings were very successful and well attended.

On behalf of the Society, I wish to express my heartfelt thanks to all who have contributed to the Society especially Prof. Man-Fung Yuen for organizing the scientific meetings, Dr. Wai-Mo Hui for editing this Newsletter; Prof. Anthony Axon, Dr. Wai-Keung Leung, Prof. Patrick Marcellin, Dr. Wilfred L.M. Mui, Prof. Enders Ng and Dr. Justin C.Y. Wu for contributing to the scientific updates in this Newsletter and to friends from the pharmaceutical industry for their generous sponsorship and efforts throughout the year towards the scientific meetings and the Society’s Newsletters. I look forward to their continued support and active participation in the year to come.

Merry Christmas and Happy New Year!

Scientific Updates

The Clinical Relevance of Dysplasia in Barrett’s Oesophagus

Professor Anthony Axon

Department of Gastroenterology,
The General Infirmary at Leeds,
Great George Street, Leeds, LS1 3EX, UK

The incidence of oesophageal adenocarcinoma in the West has risen rapidly in recent years. It follows the increase in prevalence of gastro-oesophageal reflux disease and its complication, Barrett’s oesophagus that develops in a significant minority of those with severe gastro-oesophageal reflux. Adenocarcinoma arising in Barrett’s oesophagus is thought not to develop de novo but to progress through low grade dysplasia to high grade dysplasia and then to invasive cancer. 30-40% of individuals with high grade dysplasia already harbour invasive cancer or are likely to develop it within a short period1.

The risk of progression from low to high grade dysplasia is less well documented because there have been few long term studies in individuals with low grade dysplasia, there is significant inter-observer variation in the pathological diagnosis of low grade dysplasia and there are inevitable sampling errors when taking endoscopic biopsies during surveillance. Recent studies suggest that low grade dysplasia progresses to high grade dysplasia or cancer at a rate of between 2 and 3% per year, but a substantial proportion of individuals with low grade dysplasia do not progress and it may disappear spontaneously2.

Patients with high grade dysplasia should be treated surgically or endoscopically whilst those with low grade dysplasia should be kept under close endoscopic surveillance so that the presence of high grade dysplasia can be identified at an early stage3.

Standard endoscopic surveillance at present involves biennial endoscopy with four quadrant biopsies for every 2 cm of Barrett’s mucosa. Newer endoscopic techniques have been introduced however that enable suspicious areas to be identified in real time. These techniques include chromoscopy4, narrow band imaging5, auto-fluorescence6, optical coherence tomography7 and virtual computed chromoendoscopy8.

When high grade dysplasia is identified, endoscopic treatment can be employed to remove the affected area of mucosa however total eradication of the Barrett’s mucosa is desirable because dysplastic change may be multi-focal. Techniques currently employed include Argon plasma coagulation, endoscopic mucosal resection, balloon radio-frequency and photodynamic therapy9. The use of these modalities obviate the need for conventional surgery with its significant mortality but have their own disadvantages that include bleeding, perforation, stricture formation and incomplete Barrett’s ablation.
CONCLUSIONS: Patients with NERD and ERD have distinct differences in clinical characteristics. NERD is characterized by higher prevalence of functional gastrointestinal disorders and esophageal acid hypersensitivity.

Study 2: On-demand versus daily proton pump inhibitor (PPI) for maintenance treatment of gastroesophageal reflux disease (GERD): A double blind, double dummy, randomized placebo controlled trial and cost-effectiveness analysis.


BACKGROUND: On-demand PPI has been shown to be an effective step-down therapy for GERD. But data on comparison with regular PPI is lacking.

AIM: To compare the efficacy, quality of life (QoL) and cost-effectiveness of on-demand and daily PPI regimens in long-term management of mild GERD in a non-inferiority study.

METHODS: Consecutive patients with weekly reflux symptoms for >6 months were prospectively recruited for assessment of reflux symptom score (0-3) and validated disease-specific GERD-QOL questionnaire (0-400). EGD defined esophagitis by LA classification. Exclusion criteria included NSAID use, peptic ulcer, esophagitis ≥ grade B, stricture or Barrett’s esophagus. Eligible patients were given esomeprazole (Eso) 20 mg daily for 8 weeks as initial treatment. Patients with complete symptom resolution to Eso were randomized to (1) On-demand (OD) group: daily placebo + on-demand Eso 20 mg, or (2) Regular (R) group: daily Eso 20mg + on-demand placebo for 26 weeks. Treatment failure was defined as inadequate relief of reflux symptom by patient reported global symptom assessment. Primary measure was treatment failure at 26 weeks.

RESULTS: 250 patients (Male=87, Mean age: 51.5±11.7, NERD=205) were randomized (N=125 in each group). 37 (29.6%) patients in OD and 22 (17.6%) in R group had treatment failure at 26 weeks (p=0.025). The probability of treatment failure at 26 weeks was 31.6% (mean remission time: 21 weeks) for OD and 19.0% (mean remission time: 24 weeks) for R group, respectively (p=0.018, log rank). Among OD patients without treatment failure, PPI was taken in 20.5% of time and there was no significant difference in symptom severity (Median symptom score: 1, p=0.34) or GERD-specific QoL measures (OD: 210.8 ± 94.9 vs R: 195.6 ± 101.2, p=0.43) at 26 weeks compared to R patients. The incremental cost to achieve an additional patient with adequate symptom relief by switching from OD group to R group was US$2448.2.

CONCLUSION: On-demand PPI regimen is inferior to daily PPI regimen for long-term management of mild GERD. However, on-demand PPI strategy is much more cost-effective.

Study 3: The clinical course of patients with non-cardiac chest pain after empirical proton pump inhibitor test: a prospective cohort study.


INTRODUCTION: PPI test has been recommended for initial management of NCCP. However, the impact of PPI test on long-term management of NCCP is unclear.

AIMS & METHODS: To study the clinical course of NCCP patients undergoing empirical PPI test, consecutive patients with
monthly attacks of angina-like chest pain but negative cardiac investigations were prospectively recruited for upper GI symptom assessment, followed by empirical open-label Esomeprazole (Eso) 20 mg daily. Initial response of symptom was evaluated at 13 weeks post-treatment using patient-reported global symptom assessment and subsequent follow-up visits were arranged at 13 weeks interval. Patients with inadequate or no initial response of chest pain underwent EGD, esophageal manometry and 24-hour esophageal pH monitoring after withdrawal of PPI for 4 weeks. The rate of adequate relief of chest pain, need of GI investigations and use of antidepressant were evaluated at 52 weeks.

RESULTS: 142 NCCP patients (Mean age: 54±12; male: 63) were studied. 32 patients (22%) had concomitant weekly reflux symptoms (GERD+) and the remaining 110 patients had no reflux (GERD-). 34 (24%) patients had initial adequate relief of chest pain by Eso at 13 weeks. In GERD+ group, all 32 patients had complete resolution of reflux symptom but only 20 (63%) of them had initial adequate relief of chest pain by Eso. In GERD-group, only 14 (13%) had initial adequate relief of chest pain. Among the 34 initial responders, only 19 (56%, 9 GERD+ and 10 GERD-) still had adequate relief of chest pain on maintenance Eso. During the 52-week period, antidepressant therapy was used in 42 (30%) patients and 16 (12%) had adequate relief of chest pain. 90 (63%) patients underwent EGD, which detected erosive esophagitis in 5 (4%) patients. 56 (39%) patients underwent manometry, which detected nutcracker esophagus in 4 (3%), hypertensive LES in 3 (2%), hypotensive LES in 12 (9%) and ineffective esophageal motility in 24 (17%) patients. 64 (45%) patients underwent pH monitoring, which detected abnormal acid exposure (acid exposure time >4%) in 10 (7%) and positive symptom-reflux association in 4 (3%), respectively.

CONCLUSION: Empirical PPI is neither effective nor durable for treatment of chest pain in a significant proportion of NCCP patients despite relief of concomitant reflux. Use of antidepressant and GI investigations are still common practice for long-term management of NCCP but their benefits are limited.

Study 4: Clinical Course of Patients with Non-Erosive Gastroesophageal Reflux Disease (NERD) On Step-Down Acid Suppressive Therapy: A Prospective Cohort Study.
AIM: The long-term clinical course of NERD patients after initial response to proton pump inhibitor (PPI) therapy is unclear. We conducted a prospective cohort study to compare the effectiveness of step-down therapy in patients with NERD and erosive esophagitis (EE).

METHODS: Consecutive patients with weekly attacks of heartburn and/or acid regurgitation were prospectively recruited for symptom evaluation and EGD. EE was defined by LA classification. Hiatus hernia and H. pylori status were determined by EGD. Exclusion criteria included gastric surgery, peptic ulcer, recent NSAID or PPI use. Patients with NERD and grade A/B esophagitis at baseline EGD and complete symptom response to PPI were enrolled to step-down therapy at 16-weeks intervals (in descending order: daily PPI, on-demand PPI, daily H2-receptor antagonist (H2RA), on-demand H2RA, on-demand antacid) to maintain patient-reported adequate relief of reflux by global symptom assessment. EGD was repeated if there was alarm symptom or inadequate symptom relief by previous effective regimen.

RESULTS: 376 NERD (mean age: 50.3±12.3) and 176 EE patients (mean age: 55.0±14.5, p<0.002) were studied (mean follow-up: 45±25 months). NERD patients had more severe baseline symptom (p<0.01), higher prevalence of female gender (68% Vs 36%, p<0.001), dyspepsia (54% Vs 38%, p<0.001) and IBS (31% Vs 21%, p<0.02). 106 (28.6%) NERD and 67 (38.7%) EE patients (p=0.02) failed step-down therapy and required regular PPI. NERD patients also had adequate symptom relief with lower strength of step-down therapy (p=0.04, see Table). Using multivariate analysis, baseline symptom severity was the only predictor of failed step-down therapy in NERD patients (p=0.001). 38 (10.1%) NERD patients and 32 (18.2%) EE patients required repeated EGD and grade A erosaphagitis was found in 3 (0.8%) NERD Vs 22 (12.5%, p<0.001) EE patients, respectively.

CONCLUSION: Despite more severe baseline symptom and co-morbidities, NERD patients have higher success rate of step-down therapy than EE patients in long-term management. Esophagitis was uncommon and mild in NERD patients with symptom relapse on step-down therapy.

Summary on research project “Colonoscopic screening in first-degree relatives of Hong Kong Chinese Patients with sporadic colorectal cancer”

Professor Wai-Keung Leung
MD, FRCP
Professor, Department of Medicine & Therapeutics
The Chinese University of Hong Kong

Background: First-degree relatives to patients with sporadic colorectal cancer have a higher risk of developing colonic adenomas and cancer. The evidence has been based mostly on cohort studies. There has been controversy over methodology in choosing control subjects.

Methods: We invited first degree relatives (aged 40-70) to patients with sporadic colorectal cancers to undergo colonoscopy. In the same period, we also invited control subjects, who were first degree relatives to subjects with normal colonoscopic findings from our asymptomatic screening cohort. We excluded subjects with known inflammatory bowel disease, FAP or HNPCC or recent colonoscopy (<5 years). Endoscopists were blinded to family history of subjects. In both studied and control subjects, colonoscopies were performed concurrently. Each examined relative, one control matched for sex, age (+/- 3 yrs), and possible symptom was selected.

Results: A total of 269 cases and 269 control subjects underwent colonoscopies. The prevalence of colonic adenoma was 27.9% in CRC relatives which was significantly higher than control population (16.4%; OR 1.97, 95% CI 1.3-3.0). The respective percentage of advanced colonic neoplasm in CRC relatives and controls was 5.6% and 2.2% (OR 2.59, 1.00-6.75). There was no significant difference in prevalence of hyperplastic polyps between the two groups (15.2% vs 16.3%).

Conclusions: Subjects with affected first degree relatives are at increased risk of developing advanced lesions and screening by colonoscopy is recommended.
**Surgical Treatment for Morbid Obesity**

**Professor Enders KW Ng**
**Head of Upper Gastrointestinal Division**
**Department of Surgery, Prince of Wales Hospital**
**The Chinese University of Hong Kong (CUHK), and**
**Director, CUHK Jockey Club Minimally Invasive Surgical Skills Centre**
**Hong Kong**

Surgery offers the only proven long-term weight control strategy for the morbidly obese.\(^1\) According to the NIH consensus statement, bariatric surgery is indicated for those with a body mass index (BMI) >40 kg/m\(^2\) or BMI >35 kg/m\(^2\) with severe comorbidities. It is contraindicated for active substance abusers, patients with psychiatric disorders or those who were noncompliant with previous medical care.\(^1\) For Asian populations, the Asia Pacific Bariatric Surgery Group recommends bariatric surgery for adult patients with a BMI >37 kg/m\(^2\) or >32 kg/m\(^2\) with diabetes or two other obesity-related comorbidities and who have been unable to lose weight by dietary or medical measures.\(^2\)

Bariatric procedures can be broadly classified as either restrictive or malabsorptive. The typical restrictive procedure is laparoscopic gastric banding. Others include vertical sleeve gastrectomy and vertical band gastroplasty. Malabsorptive procedures include gastric bypass, jejuno-ileal bypass, bilipancreatic diversion and duodenal switch. Although bariatric procedures are now largely minimally invasive, they are not without risks and complications.

Bypass procedures, which often combine restrictive and malabsorptive effects, tend to confer better and longer-lasting weight control, but are also associated with more complications. As mortality risk associated with complications is high, especially in the super-obese, the overall treatment strategy should aim to minimize complications. The appropriate procedure should be selected according to the patient’s condition and characteristics, and performed by well-trained, experienced surgical teams that handle a high caseload. Optimal equipment setup and an in-hospital early warning system for complications are also recommended.

**References:**


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**Endoscopic Therapy for Obesity**

**Dr Wilfred LM Mui**
**Consultant Surgeon, Union Hospital, and**
**Honorary Clinical Assistant Professor**
**The Chinese University of Hong Kong**
**Hong Kong**

Endoscopic therapy is an attractive alternative to obesity surgery, particularly in Asia where the acceptability of current bariatric procedures is low. Endoscopic obesity therapies include BioEnterics® intragastric balloon (BIB), heliosphere air balloon and adjustable air balloon. Dr Mui focused on the BIB device and experience with this procedure at Union Hospital.

Although the effects of the BIB, which can only be placed for a maximum of 6 months, are not as dramatic as those seen with bariatric surgery, the weight loss induced is still meaningful. Dr Mui and his colleagues at the Union Hospital have obtained good results with the BIB: body weight losses from baseline of 15-59 kg, and BMI reductions from baseline of 5-21 kg/m\(^2\), accompanied by improvements in fasting blood glucose, plasma lipid levels and quality of life scores. However, the procedure is most effective in patients with BMI of <35 kg/m\(^2\) (Mui LM, et al. Unpublished data, 2007).

Researchers at the Institute of Digestive Disease of the CUHK have also conducted a randomized controlled trial comparing the effectiveness of intragastric balloon placement and pharmacotherapy with sibutramine in non-morbid obese Chinese patients (BMI, 27-35 kg/m\(^2\)) (Mui LM, et al. Unpublished data, 2007). Preliminary results show that the BIB procedure caused a substantially greater percentage loss of excess body weight than sibutramine at both the 3- and 6-month timepoints.

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**Optimize Treatment Outcomes in Patients with Chronic Hepatitis B: the Importance of On-treatment Response**

**Professor Patrick Marcellin, MD, PhD**
**Professor of Hepatology**
**Head of Viral Hepatitis Research Unit**
**Hôpital Beaujon, University of Paris**
**Clichy, France**

The goal of therapy of CHB is to eliminate or significantly suppress replication of HBV and to prevent progression of liver disease to cirrhosis that may result in liver failure or hepatocellular carcinoma (HCC) leading to death or transplantation. Hence, the primary aim of treatment should be to reduce and maintain serum HBV DNA at the lowest possible levels (ie, durable HBV DNA suppression). This, in turn, will lead to the other aims of therapy, including histologic improvement and ALT normalization.\(^1,2,3\)

In patients who are HBeAg-positive before therapy, an additional goal of treatment is loss of HBeAg with seroconversion to anti-HBe. The latter is preferable because attainment of complete HBeAg seroconversion indicates that antiviral therapy may be stopped, and the likelihood is high that the benefit will persist off-therapy. Loss of HBsAg, although highly desirable, rarely is achieved with short-term antiviral therapy and, hence, is not a common goal for antiviral trials.\(^1,2,3\)

Entecavir, telbivudine and tenofovir are the newest treatment agents available in the past three years. Although most of them compared with lamivudine in their pivotal trials, it is difficult to evaluate their efficacy beyond 1 year due to different trial designs as revealed in figure 1.\(^4,13\) and II.\(^4,10,14-19\) For example, trial design of entecavir can only report ‘cumulative’ response rates beyond 1 year and thus only 200 over 650 patients were monitored for resistance at 2 years.\(^16,20\)
With all these new agents available, how do we choose an optimal initial therapeutic strategy? Are there satisfactory baseline predictors of response to anti-viral therapy? How should we monitor patients for better long-term outcomes?

Most of the CHB treatment guidelines recommended the importance of monitoring on treatment responses by measuring HBV DNA every 3–6 months.2, 21, 22 Keeffe et al further proposed measurement of the HBV DNA level at week 24 to characterize virologic responses as complete, partial, or inadequate. Complete virologic response was defined as negative HBV DNA (<60 IU/mL or <300 copies/mL); partial virologic response as HBV DNA levels less than 2,000 IU/mL (4 log10 copies/mL) and inadequate virologic response as HBV DNA levels of 2,000 IU/mL or greater (4 log10 copies/mL). Figure III summarize the percentage of complete response achieved by different anti-viral drugs.10, 23, 24

Strategies are then proposed for managing patients in each of the above categories, depending in part on the rapidity with which HBV DNA suppression is achieved and the emergence of genotypic mutations that reduce the effectiveness of a specific drug. This treatment plan, labeled as “roadmap”, is therefore of great value for clinicians in making decisions with the ultimate aim to individualize and optimize treatment outcomes.1

Recent analysis further show that by combining patients baseline characteristics and the roadmap of on-treatment monitoring strategy, efficacy responses may be further enhanced. A good example is the use of telbivudine. 71% of telbivudine HBVAg-positive patients with baseline HBV DNA <9 log10 copies/mL and ALT ≥2 x ULN have complete response at week 24. Among them, 89% remains PCR negative, 52% achieve e seroconversion and only 1.8% develop resistance at week 104. Results are even better for telbivudine HBVAg negative patients.18 Future studies of the use of the patients baseline characteristics and roadmap concept in predicting and improving outcomes of chronic hepatitis B are warranted.

References:
24. FDA NDA 21-449.
Highlights from the Tenth Joint Annual Scientific Meeting
6th September 2008 (1:00 p.m. – 6:20 p.m.)
Ballroom, Level 7, Langham Place Hotel, Mongkok, Kowloon, Hong Kong

Co-organizers: The Hong Kong Society of Gastroenterology
Hong Kong Society of Digestive Endoscopy
Hong Kong Society for Coloproctology
The Hong Kong Association for the Study of Liver Diseases
The Hong Kong Society of Gastrointestinal Motility

Organizing Chairman: Professor Man-Fung Yuen

Sponsors: AstraZeneca Hong Kong Ltd.
GlaxoSmithKline Limited

The Joint Annual Scientific Meeting held on 6th September 2008 marked the 10th anniversary of the Meeting. The Meeting was very successful attended by about 443 medical professionals. Prof. Yuen welcomed all the participants including 60 of them coming from various parts of Mainland China. The Meeting continued with the lectures delivered by renowned overseas and local speakers on multidisciplinary topics. These include “Management of aspirin and NSAID related GI complications: an European perspective” and “Screening of CRC in first-degree relatives” by Prof. Angel Lanas (Spain), “Beyond the use of PPI in the management of acute peptic ulcer bleeding” by Prof. James Lau (PWH), “Management and prevention of HBV resistance” and “Antiviral treatment of HBeAg-negative chronic hepatitis B” by Dr. Pietro Lampertico (Italy), “Non-invasive assessment of liver fibrosis” by Dr. James Fung (QMH), “Endoscopic submucosal dissection for early GI cancers – a local experience” by Dr. Philip Chiu (PWH) and “Colonic Stenting” by Prof. W.L. Law (QMH). There were highly interactive discussions after each session led by session chairpersons Prof. Francis K.L. Chan, Dr. Annie O.O. Chan, Prof. Man-Fung Yuen, Prof. Henry L.Y. Chan, Dr. Yat-Wah Yeung and Dr. Chi-Ming Lam. As a token of appreciation, crystal trophies were presented to the speakers and sponsors.

Highlights from the Joint Scientific Symposium
2nd October 2008 (7:00 p.m. – 10:00 p.m.)
7th Floor, W Hong Kong, 1 Austin Road West, Kowloon Station, Hong Kong

Co-organizers: The Hong Kong Society of Gastroenterology
The Hong Kong Association for the Study of Liver Diseases

Topic: Optimize Treatment Outcomes in Patients with Chronic Hepatitis B: the Importance of On-treatment Response

Speaker: Professor Patrick Marcellin
Professor of Hepatology, University of Paris, France
Head, Viral Hepatitis Research Unit, Hopital Beaujon, Clichy, France

Chairman: Professor Man-Fung Yuen

Sponsor: Novartis Pharmaceuticals (HK) Ltd.

This was a successful symposium attended by some 77 medical professionals. The lecture on “Optimize Treatment Outcomes in Patients with Chronic Hepatitis B: the importance of On-treatment Response” delivered by distinguished speaker, Prof. Patrick Marcellin from France was captivating and stimulated a number of questions which were discussed. Most participants stayed for the dinner after the symposium.
Major Meetings

The Hong Kong Society of Gastroenterology
28th Annual General Meeting & Scientific Meeting
Date: 12th March 2009 (Thursday)
Venue: Level 7, Langham Place Hotel, Mongkok
555 Shanghai Street, Kowloon, Hong Kong
President: Dr. Yat-Wah Yeung
Organizing Chairman: Dr. Justin C.Y. Wu

6:15 – 7:00 pm  Registration & Refreshments/
Viewing of Industry Exhibits
7:00 – 7:10 pm  Presentation of Honorary Fellowship
Dr. Yat-Wah Yeung

7:10 – 7:40 pm  Chairman: Dr. Vincent W.S. Wong
Topic: “Is fat bad for the liver?”
Professor Geoffrey C. Farrell (Australia)
Director of Gastroenterology & Hepatology
The Canberra Hospital
Professor of Hepatic Medicine
Australian National University

7:40 – 8:10 pm  Chairman: Dr. Wai-Chung Lao
Topic: to be confirmed
Professor Dai-Ming Fan (China)
President, Chinese Society of Gastroenterology
Department of Gastroenterology
Fourth Military Medical University

8:10 – 8:20 pm  Discussion
8:20 – 8:45 pm  Annual General Meeting /
Tea & Viewing of Exhibits
8:45 – 10:00 pm  Dinner

3-6 December 2008
Colorectal Congress 2008
Organizer: Kantonsspital St. Gallen
Location: St. Gallen, Switzerland
Website: www.colorectalsurgery.eu

5-7 December 2008
The APASL 4th STC on Viral related HCC
Organizer: Indonesian Association for the Study of the Liver
Location: Bali, Indonesia
Website: www.apasl2008.org

7-9 December 2008
6th International Meeting Hepatocellular Carcinoma:
Eastern and Western Experiences
Organizer: The Organizing Committee of the IMHCC 2008
Location: Seoul, Korea
Website: www.imhcc2008.org

9-11 December 2008
23rd International Workshop on Therapeutics
Endoscopy
Organizer: Institute of Digestive Disease, The Chinese University
of Hong Kong, The Netherfield School of Nursing, The Chinese
University of Hong Kong, Hong Kong Society of Digestive
Endoscopy
Location: Prince of Wales Hospital, Shatin, N.T., Hong Kong
Website: www.hkse.de

29-30 January 2009
Falk Workshop: Translational Research in Chronic
Liver Diseases
Organizer: Falk Foundation
Location: Heidelberg, Germany
Website: www.falkpharma.de

12-14 February 2009
20th Annual International Colorectal Disease
Symposium (ACDS 2009)
Organizer: The Association of Coloproctology of Great Britain and
Ireland
Location: Florida, USA
Website: www.acgob.org.uk/events/other_conf/acds_2009

15 February 2009
Falk Workshop: Autoimmune Hepatitis & Overlap
Syndromes – East meets West
Organizer: Falk Foundation
Location: Hong Kong, China (during APASL Conference)
Website: www.falkpharma.de

27 February – 2 March 2009
Canadian Digestive Diseases Week (CDDW)
Organizer: Canadian Association of Gastroenterology
Location: Barrie, Alberta, Canada
Website: www.cag-acg.org

12 March 2009
28th Annual General Meeting & Scientific Meeting
Organizer: The Hong Kong Society of Gastroenterology
Location: Langham Place Hotel, Mongkok, Kowloon, Hong Kong
Program: more details on this page

20-24 March 2009
The 13th International Symposium on Viral Hepatitis
and Liver Disease
Organized by: American Association for the Study of Liver
Diseases and the National Institute of Health
Location: Washington, DC, USA
Website: www.isvhd2009.org

23-26 March 2009
BSG Annual Meeting
Organizer: British Society of Gastroenterology
Location: Glasgow, United Kingdom
Website: www.bsg.org.uk

27-28 March 2009
Falk Symposium 168: IBD in Different Age Groups
Organizer: Falk Foundation
Location: Madrid, Spain
Website: www.falkpharma.de

22-26 April 2009
44th Annual Meeting of the European Association
for the Study of the Liver (EASL)
Organizer: The European Association for the Study of the Liver
Location: Copenhagen, Denmark
Website: www.easli.ch

15-16 May 2009
Falk Symposium 169:
Inflammation in the Intestinal Tract:
Pathogenesis and Treatment
Organizer: Falk Foundation
Location: Kiev, Ukraine
Website: www.falkpharma.de

30 May – 4 June 2009
Digestive Disease Week 2009 (DDW)
Organizer: DDW Organizers
Location: Chicago, Illinois, USA
Website: www.ddw.org

10-13 June 2009
8th International Gastric Cancer Congress
Organizer: International Gastric Cancer Association
Location: Krakow, Poland
Website: www.igcc2009.pl

22-24 June 2009
Gastroenterology & Endotherapy: 27th European
Workshop
Organizer: Department of Gastroenterology and
Hepato-Pancreatology of Erasme Hospital
Location: Brussels, Belgium
Website: www.live-endoscopy.com

24-27 June 2009
11th World Congress on Gastrointestinal Cancer
Organizers: European Society for Medical Oncology
Location: Barcelona, Spain
Website: www.worldgicancer.com

5 September 2009
11th Joint Annual Scientific Meeting
Co-organizers: The Hong Kong Society of Gastroenterology
Hong Kong Society of Digestive Endoscopy
Hong Kong Society of Coloproctology
Hong Kong Association for the Study of Liver Diseases
The Hong Kong Society of Gastrointestinal Motility
Location: Langham Place Hotel, Mongkok, Kowloon, Hong Kong
Program to be advised

27-30 September 2009
The Asian Pacific Digestive Week 2009 (APDW 2009)
Organizer: The Gastroenterological Society of Taiwan
Location: Taipei, Taiwan
Website: to be advised

21-25 November 2009
Gastro 2009 (UEGW + WCOG)
Organizers: The United European Gastroenterology Federation (UEGF)
World Gastroenterology Organization (WGO)
World Organisation of Digestive Endoscopy (OMED)
British Society of Gastroenterology (BSG)
Location: London, United Kingdom
Website: www.gastro2009.org