Belgian Week of
Gastroenterology
asbl / vzw

XXXIst EDITION

20 > 22.02.19

HILTON HOTEL ANTWERPEN

www.bwge.be

WELCOME

Dear Colleagues,

It is our pleasure to welcome you to the XXXIth Edition of the Belgian Week of Gastroenterology.

Enclosed you will find the complete program of this meeting. We are pleased we can offer you once again a variety of high quality **scientific meetings** combining the presentation of **cutting-edge research** performed at our Belgian institutions as well as **state-of-the-art lectures** by renowned experts on a wide range of topics, relevant to our field and its various subdisciplines.

Besides these scientific sections that constitute the backbone of the congress for many years, the BWGE 2019 offers a lot of other attractive sessions and activities!

As for the latest edition, the program starts already on **Wednesday 20th February** with a brand new initiative: the **BWGE Postgraduate Course**. The speakers of the PGC will focus on new diagnostic and therapeutic insights into a specific gastrointestinal disorder with direct impact on daily **clinical practice**. The program is oriented towards clinical gastroenterologists, fellows and trainees and is part of a 3-year postgraduate program covering all fields and updates in our specialty. This PGC hence fits well within the aim of the BWGE: bringing together clinicians and researchers in a stimulating meeting.

We also invite you to attend **the satellite symposia**, organized by some of our sponsors, featuring top-experts for exciting talks or panel discussions.

Posters will be permanently displayed on interactive screens in the exhibition hall. Some of the best posters will be discussed during lunchtime in a separate area in the exhibition hall. We encourage you to attend these sessions and support our young researchers.

This year's **ultrasound course** on Thursday covers basic abdominal ultrasonography, with the possibility to train on healthy volunteers.

The **Belgian Society of Gastrointestinal Endoscopy** organises for the third time a **live endoscopy** session, scheduled on Friday morning as part of the PGC, followed in the afternoon by the session of the **Working Group of Proctology**, launched last year, who has again an exciting clinical program to offer.

The **Young Belgian Association for the Study of the Liver** participates with an ethics and economy-accreditated scientific session on Wednesday afternoon.

During the **Interactive Case Report Session** on Thursday morning, interesting and rare cases will be discussed and commented on.

Do not forget to join us for **the award ceremony and evening party (with an opening concert!) on Thursday evening at the Felix Pakhuis!!**

We hope you will enjoy a stimulating scientific meeting!

Sven **FRANCQUE** and Isabelle **COLLE**
Scientific Coordinators of the Belgian Week of Gastroenterology

All abstracts will be published in
***Acta Gastroenterologica Belgica**.*

Acta Gastroenterologica is accessible on internet :
www.acta-gastroenterologica.be

Editor-in-Chief: Tom MOREELS / Nicolas LANTHIER

INDEX

20 > 22.02.19

WEDNESDAY 20
THURSDAY 21
FRIDAY 22

GENERAL INFORMATION

Accreditation

CME credits will be provided by online submission to the registered delegates who have attended the sessions. The number of credits is 6 credits points per day (category 3). The file from the online accreditation registrations will be sent to the **INAMI/ RIZIV** end of March 2019.

Languages

Dutch, French and English. English (British spelling) for abstracts, slides and announcements.

As proposed at the Steering Committee of 1995, Belgian authors may present their original papers in their mother tongue.

Venue

HILTON ANTWERPEN

Groenplaats, 32 - 2000 Antwerpen
Tel: +32 3 204 12 12

Website: www.antwerp.hilton.com

Parking

Here are the closest parkings to the Hilton Antwerp : parking fees are the responsibility of the participants.

- Groenplaats Parking: The Hilton Antwerp has reserved 200 places for our congress.
- Meir Parking
- Brabo Parking
- Lombardia Parking

Event Coordinator / Scientific Secretary

DME-EVENTS - ANNE-FRANCE DE MEYER

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STEERING COMMITEE

Scientific Coordinators

Sven FRANCQUE - Isabelle COLLE

Seven Societies

VVGE
Vlaamse Vereniging voor Gastroenterologie
P. Caenepeel, M. Peeters, H. Reynaert

SRBGE
Société Royale Belge de Gastroenterologie
C. Van Kemseke, G. Verset

BSGIE
Belgian Society of Gastrointestinal Endoscopy
R. Bisschops, C. Snauwaert, E. Toussaint

RBSS
Royal Belgian Society of Surgery
A. De Roover, J. Lerut

BSR
Belgian Society of Radiology, Section of Abdominal Imaging
L. Van Hoe, C. Dragean

BASL
Belgian Association for the Study of the Liver
A. Geerts, S. Negrin-Dastis

BGDO
Belgian Group of Digestive Oncology
I. Borbath, M. Peeters

Research Groups

GIREM
Belgian Network on Gastrointestinal Regulatory Mechanisms
I. Depoortere

Working Group of Digestive Pathology
A. Hoorens, A. Driessen

BESPGHAN
Belgian Society for Paediatric Gastroenterology Hepatology and Nutrition
I. Hoffman, F. Smets

SBNC
Société Belge de Nutrition Clinique
A. Van Gossum

VVKVM
Vlaamse Vereniging voor Klinische Voeding en Metabolism
D. Ysebaert

BIRD
Belgian IBD Research Club
J.F. Rahier, P. Hindryckx

BPC
Belgian Pancreatic Club
M. Delhaye, P. Deprez

BHPSG
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Basic research groups
L. Van Grunsven

Belgian Working Group of Proctology
C. Van Kemseke, D. De Looze

Young BASL
I. Mannaerts

Young VVGE
A. Van Hootegem

Ultrasound Course
J. Schouten

Postgraduate Course
D. De Looze

SATELLITE SYMPOSIA

WEDNESDAY FEBRUARY 20

13:15 - 14:00 TAKEDA
Endoscopic remission in IBD : fantasy or reality ?
Speakers : M. Ferrante (UZ Leuven), M. Duijvestein (AMC Amsterdam)

17:00 - 17:45 PFIZER
Practical experience with XELJANZ (tofacitinib) in ulcerative colitis.
Speaker : S. Vermeire (UZ Leuven)

THURSDAY FEBRUARY 21

08:15 - 09:00 BIOGEN - Breakfast Session
Biosimilars: A fuel to Innovation.
Speakers: M. Ferrante (UZ Leuven), L. De Clercq (GZA Antwerp), J. Gonçalves (Lisbon, Portugal)

08:15 - 09:00 ABBVIE - Breakfast Session
Towards the eradication of HCV.
Speakers : W. Verlinden (AZ Nikolaas, Sint-Niklaas), R. Bielen & D. Busschots (Zol, Genk)

12:00 - 12:45 JANSSEN-CILAG
Targeting IL-23/-12 in Crohn's disease: experience from across the border.
Speaker : M. Daperno (Torino, Italy)

13:15 - 14:00 GILEAD
Next challenge on your plate NASH! A multidisciplinary debate.
Speaker : S. Francque (UZ Antwerpen)

FRIDAY FEBRUARY 22

08:15 - 09:00 ELI LILLY
To triplet or not to triplet: How to optimize sequential treatment in Gastric & GEJ cancer.
Speakers : M. Van den Eynde (UCL Saint-Luc), V. Casneuf (OLV Aalst), K. Geboes (UZ Gent)

12:15 - 13:00 SERVIER
New perspectives in the approach of pancreatic cancer.
Speakers : G. Präger (Vienna, Austria), C. Neuzillet (Paris, France)

INVITED LECTURES

WEDNESDAY FEBRUARY 20

Postgraduate Course :
See program Postgraduate Course p 12-13

BIRD :
Genetics of IBD Disease Severity.
J. Lee (Cambridge, U.K.)
How T cells harm and protect the intestinal mucosa in IBD.
Mathieu Allez (Paris, France)
HSCT in refractory IBD and primary immunodeficiency Disorders.
Mathieu Allez (Saint-Louis, Paris, France)

BPC :
Pain management in chronic pancreatitis: beyond surgery and endotherapy.
M. Puylaert / Ziekenhuis Oost Limburg, Genk
EUS-guided main pancreatic ductal drainage: indications, clinical results, complications.
P.H. Deprez / Cliniques Universitaires Saint-Luc, Brussels

Young BASL :
Introduction to cost-effectiveness in hepatology.
D. Van Dijck (UHasselt)
Co-ordinated care - an opportunity to improve patient experience and outcomes when caring for patients with decompensated cirrhosis: the CCCP UZ Leuven project.
W. Laleman (UZLeuven)

THURSDAY FEBRUARY 21

BASL :
Role and indications of albumin in advanced liver disease.
M. Bernardi (Bologna, Italy)
Machine perfusion: a revolution in liver preservation.
C. Watson (Cambridge, UK)

Brohée Prize :
The potential of serum N-glycemics as prognostic biomarkers in liver diseases and liver transplantation.
X. Verhelst (UZ Gent)

BIRD :
Trough levels, drug- sensitive/tolerant ADA: Et Après… Remaining questions and Possible answers.
Xavier Roblin (Saint-Etienne, France)
Improving Quality of Care of Endoscopy in IBD: Scoring systems and Chromoendoscopy, How I do it?
Peter Bossuyt (Imelda, Bonheiden)

GIREM :
Ferroptosis and inflammation research in critical illness.
T. Van den Berghe (UAntwerpen)
Using pluripotent stem cells to generate a human.
M. Mahe (Nantes, France)
Gut microbiotica and IBD: approaches to improve health.
G. Hold (Sydney, Australia)

INVITED LECTURES

BSGIE :
Endoscopic management of anemia.
A. May / Offenbach am Main, Germany
Performance measures for small bowel endoscopy (capsule and DAE).
E. Despott / London, UK

FRIDAY FEBRUARY 22

BGDO :
Highlights of the year: Upper GI cancers
A. Deleporte / ULB Bordet, Bruxelles
Highlights of the year: Hepato-Bilio-Pancreatic cancers
I. Borbath / UCL Bruxelles
Highlights of the year: Colo-Rectal cancers
M. De Man / UZ Gent

Working Group of Digestive Pathology :
Tumour budding in colorectal cancer.
A.Lugli (Bern, Switzerland)
Applicability of tumour budding in daily practice.
P. Demetter (ULB Bordet)
Reporting of colorectal cancer in polypectomy specimens.
H. Dano (UCL Saint-Luc)
The immunoscore.
J. Galon (Paris, France)
Applicability of immunoscore in daily practice.
L. Verset (ULB Bordet)
Molecular pathology of colorectal cancer.
L. Gadeyne, X. Sagaert (UZ Leuven)

BeSPGHAN :
Tolerance induction in food allergic children: can we speed up natural Tolerance.
D. Bullen / UZ Leuven
Diagnosis and management of food protein induced enterocolitis Syndrome.
F. Smets / UCL Saint-Luc
Food allergy tests and gastrointestinal symptoms: not all that glitters is Gold.
A. Van Gasse / ZNA
Cutaneous side effect of drugs in children: diagnosis and differential Diagnosis.
M. Grosber / UZ Brussel
Diaper dermatitis.
H. Lapeer / UZ Gent

Proctology :
See Program Postgraduate Course p 62

WEDNESDAY 20
THURSDAY 21
FRIDAY 22

Postgraduate Course

ROOM: TEUN

PGC POSTGRADUATE COURSE

8:30-10:10 - SESSION 1

Moderators : I. Colle (ASZ Aalst & U Gent),
M. Delhaye (ULB Erasme)

- 08:30 **Eosinophilic esophagitis. Diagnostic and therapeutic algorithm.**
  D. De Looze (UZ Gent)
- 08:55 **Barrett's oesophagus. Adequate recognition and treatment of early Dysplasia and/or cancer.**
  R. Bisschops (UZ Leuven)
- 09:20 **Functional dyspepsia. How to handle it?**
  H. De Schepper (UZ Antwerpen)
- 09:45 **Percutaneous gastrostomy/jejunostomy. Indications, techniques, follow-up.**
  N. Lanthier, T. Moreels (UCL Saint-Luc)

■ 10:10 - 10:40 COFFEE BREAK

10:40-12:20 - SESSION 2

Moderators : I. Colle (ASZ Aalst & U Gent),
M. Delhaye (ULB Erasme)

- 10:40 **Diagnosis and management of autoimmune pancreatitis.**
  I. Scheers (UCL Saint-Luc)
- 11:05 **Treatment of acute biliary pancreatitis.**
  M. Arvanitaki (ULB Erasme)
- 11:30 **Elevated liver tests in pregnancy.**
  H. Van Vlierberghe (UZ Gent)
- 11:55 **Management of variceal (oesophageal and gastric) bleeding.**
  T. Gustot (ULB Erasme)

■ 12:20 - 13:45 LUNCH

Postgraduate Course

ROOM: TEUN

PGC POSTGRADUATE COURSE

13:45-15:25 - SESSION 3

Moderators : C. Van Kemseke (ULg),
F. Mana (Sint Jan Brussels & Bordet)

- 13:45 **Update on celiac disease.**
  M. Hiele (UZ Leuven)
- 14:10 **Management of IBS: psychotherapy, diet, drugs or bugs?**
  T. Vanuytsel (UZ Leuven)
- 14:35 **When to stop anti-TNF agents in IBD?**
  E. Louis (ULiège)
- 15:00 **Colorectal cancer. When is genetic counseling needed?**
  K. Dahan (UCL Saint-Luc)

■ 15:25 - 16:00 COFFEE BREAK

16:00-17:15 - SESSION 4

Moderators : C. Van Kemseke (ULg),
F. Mana (Sint Jan Brussels & Bordet)

- 16:00 **Screening issues for colorectal cancer in Belgium in 2019.**
  M. Peeters (UZ Antwerpen)
- 16:25 **Endoscopic assessment of colorectal polyps.**
  D. Tate (UZ Gent)
- 16:50 **Microscopic, lymphocytic and/or collageneous colitis. Diagnosis and treatment.**
  F. Baert (AZ Delta Roeselare)
- 17:15 **End of the session**

WEDNESDAY 20

Takeda Satellite Symposium

From 13h15 till 14h00
Room LIJN

Endoscopic remission in IBD : fantasy or reality ?

Prof. M. Ferrante
UZ Leuven
&
Dr. M. Duijvestein
AMC Amsterdam

NY/EYV/19/0006 - 31/01/2019 - UK

Takeda

BIRD Basic

ROOM: **LIJN**

■ 13:15 - 14:00 **Satellite Symposium TAKEDA: Endoscopic remission in IBD : fantasy or reality ?**
Speakers : M. Ferrante (UZ Leuven), M. Duijvestein (AMC Amsterdam)

Takeda

14:00-15:30 - SESSION 1 : IBD genetics, microbial flora and beyond

Chairs : C. Liefferinckx (ULB), I. Cleynen (KUL)

■ 14:00 **Invited Lecture : Genetics of IBD Disease Severity**
J. Lee (Cambridge, U.K.)

■ 14:25 I01 **A vedolizumab specific four-gene colonic signature accurately predicting future endoscopic remission in patients with inflammatory bowel disease.**
B. Verstockt, S. Verstockt, P. Sudahakar, J. Dehairs, H. Blevi, G. Van Assche, S. Vermeire, M. Ferrante / KU Leuven

■ 14:35 I02 **An integrated multi-omics biomarker predicting endoscopic response in ustekinumab treated patients with Crohn's disease.**
B. Verstockt (1), P. Sudhakar (1), B. Creyns (1), S. Verstockt (1), J. Cremer (1), W. Wollants (1), S. Organe (1), T. Korcsmaros (2), M. Madgwick (2), G. Van Assche (1), C. Breynaert (1), S. Vermeire (1), M. Ferrante (1) / [1] KULeuven, [2] Earlham institute, U.K.

■ 14:45 I03 **Genetic predisposition and thiopurine-induced pancreatitis in inflammatory bowel disease patient.**
G. Burnet (1), N. De Suray (2), B. De Vroey (3), P. Hoang (4), J. Coche (5), M. Denis (1), J. Gala (6), O. Dewit (1) / [1] UCL Saint-Luc, [2] Grand Hopital de Charleroi, [3] Hôpital de Jolimont, Haine-Saint-Paul, [4] Clinique Sainte-Elisabeth, Namur, [5] Clinique Saint-Pierre, Ottignies, [6] IREC, UCL

■ 14:55 I04 **Upregulation of IL17-related pathways in affected colon from ulcerative colitis compared to Crohn's disease.**
S. Verstockt (1), F. Ver Donck (1), B. Verstockt (1), E. Glorieus (2), M. De Decker (3), V. Ballet (4), G. Van Assche (4), D. Laukens (2), M. Ferrante (1), F. Mana (3), M. De Vos (2), S. Vermeire (1), I. Cleynen (1) / [1] KU Leuven, [2] UZ Gent, [3] UZ Brussel, [4] UZ Leuven

■ 15:05 **Invited Lecture : 2018 Microbiota in the Healthy and IBD.**
Jeroen Raes (Leuven)

■ 15:30 - 16:00 **COFFEE BREAK**

BIRD Basic

ROOM: LIJN

16:00-17:00 - SESSION 2: Cell - based research in IBD

Chairs : M. Ferrante (KUL), J.F. Rahier (UCL)

- **16:00** I05 **Molecular changes in non-inflamed terminal ileum in patients with ulcerative colitis.**
  H. Lee, M. Vancamelbeke, S. Verstockt, B. Verstockt, G. Van Assche, M. Ferrante, S. Vermeire, I. Cleynen / KU Leuven
- **16:10** I06 **Hepatocyte growth factor and MET in ulcerative colitis, novel drug targets impairing neutrophil recruitment?**
  M. Stakenborg (1), B. Verstockt (1), E. Meroni (1), W. Wollants (1), M. Ferrante (2), M. Di Matteo (1), M. Mazzone (1), G. Boeckxstaens (1), S. Vermeire (2), G. Matteoli (1) / [1] KU Leuven, [2] UZ Leuven
- **16:20** I07 **Organoids derived of inflammatory intestinal biopsies in ulcerative colitis patients lose their inflammatory transcriptional signature over time.**
  K. Arnauts, B. Verstockt, M. Vancamelbeke, S. Vermeire, C. Verfaillie, M. Ferrante / KULeuven
- **16:30** **Invited Lecture: How T cells harm and protect the intestinal mucosa in IBD.**
  M. Allez (Paris, France)

- **17:00 - 17:45** **Satellite Symposium PFIZER: Practical experience with XELJANZ (tofacitinib) in ulcerative colitis.**
  Speaker: S. Vermeire (UZ Leuven)

- **18:00-20:00** **BIRD General Assembly**

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 of the SPC for how to report adverse reactions.

NAME OF THE MEDICINAL PRODUCT: XELJANZ 5 mg and 10 mg film-coated tablets. **QUALITATIVE AND QUANTITATIVE COMPOSITION:** XELJANZ 5 mg resp. 10 mg filmcoated tablets: Each 5 mg resp. 10 mg film-coated tablet contains tofacitinib citrate, equivalent to 5 mg resp. 10 mg tofacitinib. *Excipient with known effect*: Each filmcoated tablet contains 59.44 *mg* resp. 118.88 mg of lactose. For the full list of excipients, see section 6.1 of the SPC. **PHARMACEUTICAL FORM:** Film-coated tablet (tablet). Tofacitinib 5 mg filmcoated tablets: White, round tablet of 7.9 mm diameter, debossed "Pfizer" on one side and "JKI 5" on the other. Tofacitinib 10 mg filmcoated tablets: Blue, round tablet of 9.5 mm diameter, debossed "Pfizer" on one side and "JKI 10" on the other. **CLINICAL PARTICULARS: Therapeutic indication:** Rheumatoid arthritis: Tofacitinib in combination with methotrexate (MTX) is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying antirheumatic drugs. Tofacitinib can be given as monotherapy in case of intolerance to MTX or when treatment with MTX is inappropriate (see sections 4.4 and 4.5 of the SPC). Psoriatic arthritis: Tofacitinib in combination with MTX is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients who have had an inadequate response or who have been intolerant to a prior diseasemodifying antirheumatic drug (DMARD) therapy (see section 5.1 of the SPC). Ulcerative colitis: Tofacitinib is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biologic agent (see section 5.1 of the SPC). **Posology and method of administration:** Treatment should be initiated and supervised by specialist physicians experienced in the diagnosis and treatment of conditions for which tofacitinib is indicated. Posology: *Rheumatoid arthritis and psoriatic arthritis*: The recommended dose is 5 mg administered twice daily. *Dose adjustment*: No dose adjustment is required when used in combination with MTX. *Ulcerative colitis*: The recommended dose is 10 mg given orally twice daily for induction for 8 weeks and 5 mg given twice daily for maintenance. For patients who do not achieve adequate therapeutic benefit by week 8, the induction dose of 10 mg twice daily can be extended for an additional 8 weeks (16 weeks total), followed by 5 mg twice daily for maintenance. Tofacitinib induction therapy should be discontinued in any patient who shows no evidence of therapeutic benefit by week 16. For some patients, such as those who have failed prior tumour necrosis factor (TNF) antagonist therapy, consideration should be given to continuation of the 10 mg twice daily dose for maintenance in order to maintain therapeutic benefit (see section 5.1 of the SPC). Patients who experience a decrease in response on tofacitinib 5 mg twice daily maintenance therapy may benefit from an increase to tofacitinib 10 mg administered twice daily. In patients who have responded to treatment with tofacitinib, corticosteroids may be reduced and/or discontinued in accordance with standard of care. *Retreatment in UC*: If therapy is interrupted, restarting treatment with tofacitinib can be considered. If there has been a loss of response, reinduction with tofacitinib 10 mg twice daily may be considered. The treatment interruption period in clinical studies extended up to 1 year. Efficacy may be regained by 8 weeks of 10 mg twice daily therapy (see section 5.1 of the SPC). Dose interruption and discontinuation: Tofacitinib treatment should be interrupted if a patient develops a serious infection until the infection is controlled. Interruption of dosing may be needed for management of dose-related laboratory abnormalities including lymphopenia, neutropenia, and anaemia. As described in Tables 1, 2 and 3 below, recommendations for temporary dose interruption or permanent discontinuation of treatment are made according to the severity of laboratory abnormalities (see section 4.4 of the SPC). It is recommended not to initiate dosing in patients with an absolute lymphocyte count (ALC) less than 750 cells/mm^3. **Table 1: Low Absolute Lymphocyte Count (ALC) (see section 4.4 of the SPC).** Data mentioned: Lab Value (cells/mm3): Recommendation. ALC greater than or equal to 750: Dose should be maintained. ALC 500-750: For persistent (2 sequential values in this range on routine testing) decrease in this range, dosing should be reduced or interrupted until ALC is greater than 750; For patients receiving tofacitinib 10 mg twice daily, dosing should be reduced to tofacitinib 5 mg twice daily; For patients receiving tofacitinib 5 mg twice daily, dosing should be interrupted; When ALC is greater than 750, treatment should be resumed as clinically appropriate. ALC less than 500: If lab value confirmed by repeat testing within 7 days, dosing should be discontinued. It is recommended not to initiate dosing in patients with an absolute neutrophil count (ANC) less than 1,000 cells/mm^3. **Table 2: Low Absolute Neutrophil Count (ANC) (see section 4.4 of the SPC).** Data mentioned: Lab Value (cells/mm3): Recommendation. ANC greater than 1,000: Dose should be maintained. ANC 500-1,000: For persistent (2 sequential values in this range on routine testing) decreases in this range, dosing should be reduced or interrupted until ANC is greater than 1,000; For patients receiving tofacitinib 10 mg twice daily, dosing should be reduced to tofacitinib 5 mg twice daily; For patients receiving tofacitinib 5 mg twice daily, dosing should be interrupted; When ANC is greater than 1,000, treatment should be resumed as clinically appropriate.ANC less than 500: If lab value confirmed by repeat testing within 7 days, dosing should be discontinued. It is recommended not to initiate dosing in patients with haemoglobin less than 9 g/dL. **Table 3: Low Haemoglobin Value (Section 4.4 of the SPC).** Data mentioned: Lab Value (g/dL): Recommendation. Less than or equal to 2 g/dL decrease and greater than or equal to 9.0 g/dL: Dose should be maintained. Greater than 2 g/dL decrease or less than 8.0 g/dL (confirmed by repeat testing): Dosing should be interrupted until haemoglobin values have normalised. *Drug-drug interactions*: Tofacitinib total daily dose should be reduced by half in patients receiving potent inhibitors of cytochrome P450 (CYP) 3A4 (e.g., ketoconazole) and in patients receiving 1 or more concomitant medicinal products that result in both moderate inhibition of CYP3A4 as well as potent inhibition of CYP2C19 (e.g., fluconazole) (see sections 4.4 and 4.5 of the SPC) as follows: Tofacitinib dose should be reduced to 5 mg once daily in patients receiving 5 mg twice daily; Tofacitinib dose should be reduced to 5 mg twice daily in patients receiving 10 mg twice daily. Special populations: *Elderly*: No dose adjustment is required in patients aged 65 years and older. There are limited data in patients aged 75 years and older. *Hepatic impairment*: **Table 4: Dose Adjustment for Hepatic Impairment:** Mild Hepatic Impairment, Classification Child Pugh A: No dose adjustment required. Moderate Hepatic Impairment, Classification Child Pugh B: Dose should be reduced to 5 mg once daily when the indicated dose in the presence of normal hepatic function is 5 mg twice daily; Dose should be reduced to 5 mg twice daily when the indicated dose in the presence of normal hepatic function is 10 mg twice daily (see section 5.2 of the SPC). Severe Hepatic Impairment, Classification Child Pugh C: Tofacitinib should not be used in patients with severe hepatic impairment (see section 4.3 of the SPC). *Renal impairment*: **Table 5: Dose Adjustment for Renal Impairment:** Mild Renal Impairment, Creatinine Clearance 50-80 mL/min: No dose adjustment required. Moderate Renal Impairment, Creatinine Clearance 30-49 mL/min: No dose adjustment required. Severe Renal Impairment, Creatinine Clearance < 30 mL/min: Dose should be reduced to 5 mg once daily when the indicated dose in the presence of normal renal function is 5 mg twice daily; Dose should be reduced to 5 mg twice daily when the indicated dose in the presence of normal renal function is 10 mg twice daily; Patients with severe renal impairment should remain on a reduced dose even after haemodialysis (see section 5.2 of the SPC). *Paediatric population*: The safety and efficacy of tofacitinib in children aged 0 to less than 18 years have not been established. No data are available. Method of administration: Oral use. Tofacitinib is given orally with or without food. For patients who have difficulties swallowing, tofacitinib tablets may be crushed and taken with water. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SPC; Active tuberculosis (TB), serious infections such as sepsis, or opportunistic infections (see section 4.4 of the SPC); Severe hepatic impairment (see section 4.2 of the SPC); Pregnancy and lactation (see section 4.6 of the SPC). **Undesirable effects:** Summary of the safety profile: *Rheumatoid arthritis*: The most common serious adverse reactions were serious infections (see section 4.4 of the SPC). The most common serious infections reported with tofacitinib were pneumonia, cellulitis, herpes zoster, urinary tract infection, diverticulitis, and appendicitis. Among opportunistic infections, TB and other mycobacterial infections, cryptococcus, histoplasmosis, oesophageal candidiasis, multidermatomal herpes zoster, cytomegalovirus, BK virus infections and listeriosis were reported with tofacitinib. Some patients have presented with disseminated rather than localised disease. Other serious infections that were not reported in clinical studies may also occur (e.g., coccidioidomycosis). The most commonly reported adverse reactions during the first 3 months in controlled clinical trials were headache, upper respiratory tract infections, nasopharyngitis, diarrhoea, nausea and hypertension (see Table 6, Adverse Drug Reactions [ADRs] based on all study durations). The proportion of patients who discontinued treatment due to adverse reactions during first 3 months of the double-blind, placebo or MTX controlled studies was 3.8% for patients taking tofacitinib. The most common infections resulting in discontinuation of therapy were herpes zoster and pneumonia. *Psoriatic arthritis*: Overall, the safety profile observed in patients with active PsA treated with tofacitinib was consistent with the safety profile observed in patients with RA treated with tofacitinib. *Ulcerative colitis*: The most commonly reported adverse reactions in patients receiving tofacitinib 10 mg twice daily in the induction studies were headache, nasopharyngitis, nausea, and arthralgia. In the induction and maintenance studies, across tofacitinib and placebo treatment groups, the most common categories of serious adverse reactions were gastrointestinal disorders and infections, and the most common serious adverse reaction was worsening of UC. Overall, the safety profile observed in patients with UC treated with tofacitinib was consistent with the safety profile of tofacitinib in the RA indication. Tabulated list of adverse reactions: The ADRs listed in the table below are from clinical studies in patients with RA, PsA, and UC and are presented by System Organ Class (SOC) and frequency categories, defined using the following convention: very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (< 1/10,000), or not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness. **Table 6: Adverse Drug Reactions:** *Infections and infestations*: Common: Pneumonia, Influenza, Herpes zoster, Urinary tract infection, Sinusitis, Bronchitis, Nasopharyngitis, Pharyngitis; Uncommon: Tuberculosis, Diverticulitis, Pyelonephritis, Cellulitis, Herpes simplex, Gastroenteritis viral, Viral infection; Rare: Sepsis, Urosepsis, Disseminated TB, Necrotizing fasciitis, Bacteraemia, Staphylococcal bacteraemia, *Pneumocystis jirovecii* pneumonia, Pneumonia pneumococcal, Pneumonia bacterial, Encephalitis, Atypical mycobacterial infection, Cytomegalovirus infection, Arthritis bacterial; Very Rare: Tuberculosis of central nervous system, Meningitis cryptococcal, *Mycobacterium avium* complex infection. *Neoplasms benign, malignant and unspecified (incl cysts and polyps)*: Uncommon: Non-melanoma skin cancers. *Blood and lymphatic system disorders*: Common: Anaemia; Uncommon: Leukopenia, Lymphopenia, Neutropenia. *Immune system disorders*: Not Known: Drug hypersensitivity*, Angioedema*, Urticaria*. *Metabolism and nutrition disorders*: Uncommon: Dyslipidaemia, Hyperlipidaemia, Dehydration. *Psychiatric disorders*: Uncommon: Insomnia. *Nervous system disorders*: Common: Headache; Uncommon: Paraesthesia. *Vascular disorders*: Common: Hypertension. *Respiratory, thoracic and mediastinal disorders*: Common: Cough; Uncommon: Dyspnoea, Sinus congestion. *Gastrointestinal disorders*: Common: Abdominal pain, Vomiting, Diarrhoea, Nausea, Gastritis, Dyspepsia. *Hepatobiliary disorders*: Uncommon: Hepatic steatosis. *Skin and subcutaneous tissue disorders*: Common: Rash; Uncommon: Erythema. *Musculoskeletal and connective tissue disorders*: Common: Arthralgia; Uncommon: Musculoskeletal pain, Joint swelling, Tendonitis. *General disorders and administration site conditions*: Common: Pyrexia, Oedema peripheral, Fatigue. *Investigations*: Common: Blood creatine phosphokinase increased; Uncommon: Hepatic enzyme increased, Transaminases increased, Liver function test abnormal, Gamma glutamyl-transferase increased, Blood creatinine increased, Blood cholesterol increased, Low density lipoprotein increased, Weight increased. *Injury, poisoning and procedural complications*: Uncommon: Ligament sprain, Muscle strain. *Spontaneous reporting data. Description of selected adverse reactions: *Overall infections*: *Rheumatoid arthritis*: In controlled Phase 3 clinical studies, the rates of infections over 0-3 months in the 5 mg twice daily (total 616 patients) and 10 mg twice daily (total 642 patients) tofacitinib monotherapy groups were 16.2% (100 patients) and 17.9% (115 patients), respectively, compared to 18.9% (23 patients) in the placebo group (total 122 patients). In controlled Phase 3 clinical studies with background DMARDs, the rates of infections over 0-3 months in the 5 mg twice daily (total 973 patients) and 10 mg twice daily (total 969 patients) tofacitinib plus DMARD group were 21.3% (207 patients) and 21.8% (211 patients), respectively, compared to 18.4% (103 patients) in the placebo plus DMARD group (total 559 patients). The most commonly reported infections were upper respiratory tract infections and nasopharyngitis (3.7% and 3.2%, respectively). The overall incidence rate of infections with tofacitinib in the long-term safety all exposure population (total 4,867 patients) was 46.1 patients with events per 100 patient-years (43.8 and 47.2 patients with events for 5 mg and 10 mg twice daily, respectively). For patients (total 1,750) on monotherapy, the rates were 48.9 and 41.9 patients with events per 100 patient-years for 5 mg and 10 mg twice daily, respectively. For patients (total 3,117) on background DMARDs, the rates were 41.0 and 50.3 patients with events per 100 patient-years for 5 mg and 10 mg twice daily, respectively. *Ulcerative colitis*: In the randomised 8-week Phase 2/3 induction studies, the proportions of patients with infections were 21.1% (198 patients) in the tofacitinib 10 mg twice daily group compared to 15.2% (43 patients) in the placebo group. In the randomised 52-week Phase 3 maintenance study, the proportion of patients with infections were 35.9% (71 patients) in the 5 mg twice daily and 39.8% (78 patients) in the 10 mg twice daily tofacitinib groups, compared to 24.2% (48 patients) in the placebo group. In the entire treatment experience with tofacitinib, the most commonly reported infection was nasopharyngitis, occurring in 18.2% of patients (211 patients). In the entire treatment experience with tofacitinib, the overall incidence rate of infections was 60.3 events per 100 patient-years (involving 49.4% of patients; total 572 patients). *Serious infections*: *Rheumatoid arthritis*: In the 6-month and 24-month, controlled clinical studies, the rate of serious infections in the 5 mg twice daily tofacitinib monotherapy group was 1.7 patients with events per 100 patient-years. In the 10 mg twice daily tofacitinib monotherapy group the rate was 1.6 patients with events per 100 patient-years, the rate was 0 events per 100 patient-years for the placebo group, and the rate was 1.9 patients with events per 100 patient-years for the MTX group. In studies of 6-, 12-, or 24-month duration, the rates of serious infections in the 5 mg twice daily and 10 mg twice daily tofacitinib plus DMARD groups were 3.6 and 3.4 patients with events per 100 patient-years, respectively, compared to 1.7 patients with events per 100 patient-years in the placebo plus DMARD group. In the long-term safety all exposure population, the overall rates of serious infections were 2.4 and 3.0 patients with events per 100 patient-years for 5 mg and 10 mg twice daily tofacitinib groups, respectively. The most common serious infections included pneumonia, herpes zoster, urinary tract infection, cellulitis, gastroenteritis and diverticulitis. Cases of opportunistic infections have been reported (see section 4.4 of the SPC). *Ulcerative colitis*: The incidence rates and types of serious infections in the UC clinical studies were generally similar to those reported in RA clinical studies with tofacitinib monotherapy treatment groups. *Serious infections in the elderly*: Of the 4,271 patients who enrolled in RA studies I-VI (see section 5.1 of the SPC), a total of 608 RA patients were 65 years of age and older, including 85 patients 75 years and older. The frequency of serious infection among tofacitinib-treated patients 65 years of age and older was higher than those under the age of 65 (4.8 per 100 patient-years versus 2.4 per 100 patient-years, respectively). As there is a higher incidence of infections in the elderly population in general, caution should be used when treating the elderly (see section 4.4 of the SPC). Viral reactivation: Patients treated with tofacitinib who are Japanese or Korean, or patients with long standing RA who have previously received two or more biological DMARDs, or patients with an ALC less than 1,000 cells/mm^3, or patients treated with 10 mg twice daily may have an increased risk of herpes zoster (see section 4.4 of the SPC). Laboratory tests: *Lymphocytes*: In the controlled RA clinical studies, confirmed decreases in ALC below 500 cells/mm^3 occurred in 0.3% of patients and for ALC between 500 and 750 cells/mm^3 in 1.9% of patients for the 5 mg twice daily and 10 mg twice daily doses combined. In the RA long-term safety population, confirmed decreases in ALC below 500 cells/mm^3 occurred in 1.3% of patients and for ALC between 500 and 750 cells/mm^3 in 8.4% of patients for the 5 mg twice daily and 10 mg twice daily doses combined. Confirmed ALC less than 750 cells/mm^3 were associated with an increased incidence of serious infections (see section 4.4 of the SPC). In the clinical studies in UC, changes in ALC observed with tofacitinib treatment were similar to the changes observed in clinical studies in RA. *Neutrophils*: In the controlled RA clinical studies, confirmed decreases in ANC below 1,000 cells/mm^3 occurred in 0.08% of patients for the 5 mg twice daily and 10 mg twice daily doses combined. There were no confirmed decreases in ANC below 500 cells/mm^3 observed in any treatment group. There was no clear relationship between neutropenia and the occurrence of serious infections. In the RA long-term safety population, the pattern and incidence of confirmed decreases in ANC remained consistent with what was seen in the controlled clinical studies (see section 4.4 of the SPC). In the clinical studies in UC, changes in ANC observed with tofacitinib treatment were similar to the changes observed in clinical studies in RA. *Liver enzyme tests*: Confirmed increases in liver enzymes greater than 3 times the upper limit of normal (3x ULN) were uncommonly observed in RA patients. In those patients experiencing liver enzyme elevation, modification of treatment regimen, such as reduction in the dose of concomitant DMARD, interruption of tofacitinib, or reduction in tofacitinib dose, resulted in decrease or normalisation of liver enzymes. In the controlled portion of the RA Phase 3 monotherapy study (0-3 months) (study I, see section 5.1 of the SPC), ALT elevations greater than 3x ULN were observed in 1.65%, 0.41%, and 0% of patients receiving placebo, tofacitinib 5 mg and 10 mg twice daily, respectively. In this study, AST elevations greater than 3x ULN were observed in 1.65%, 0.41% and 0% of patients receiving placebo, tofacitinib 5 mg and 10 mg twice daily, respectively. In the RA Phase 3 monotherapy study (0-24 months) (study VI, see section 5.1 of the SPC), ALT elevations greater than *3x ULN were observed in 7.1%, 3.0%, and 3.0% of patients receiving* MTX, tofacitinib 5 mg and 10 mg twice daily, respectively. In this study, AST elevations greater than *3x ULN were observed in 3.3%, 1.6% and 1.5% of patients receiving* MTX, tofacitinib 5 mg and 10 *mg twice daily, respectively*. In the controlled portion of the RA Phase 3 studies on background DMARDs (0-3 months) (studies IV, see section 5.1 of the SPC), ALT elevations greater than 3x ULN were observed in 0.9%, 1.24% and 1.14% of patients receiving placebo, tofacitinib 5 mg and 10 mg twice daily, respectively. In these studies, AST elevations greater than 3x ULN were observed in 0.72%, 0.5% and 0.31% of patients receiving placebo, tofacitinib 5 mg and 10 mg twice daily, respectively. In the RA long-term extension studies, on monotherapy, ALT elevations greater than 3x ULN were observed in 1.1% and 1.4% of patients receiving tofacitinib 5 mg and 10 mg twice daily, respectively. AST elevations greater than 3x ULN were observed in < 1.0% in both the tofacitinib 5 mg and 10 mg twice daily groups. In the RA long-term extension studies, on background DMARDs, ALT elevations greater than 3x ULN were observed in 1.8% and 1.6% of patients receiving tofacitinib 5 mg and 10 mg twice daily, respectively. AST elevations greater than 3x ULN were observed in < 1.0% in both the tofacitinib 5 mg and 10 mg twice daily groups. In the clinical studies in UC, changes in liver enzyme tests observed with tofacitinib treatment were similar to the changes observed in clinical studies in RA. *Lipids*: Elevations in lipid parameters (total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides) were first assessed at 1 month following initiation of tofacitinib in the controlled double-blind clinical trials of RA. Increases were observed at this time point and remained stable thereafter. Changes in lipid parameters from baseline through the end of the study (6-24 months) in the controlled clinical studies in RA are summarised below: Mean LDL cholesterol increased by 15% in the tofacitinib 5 mg twice daily arm and 20% in the tofacitinib 10 mg twice daily arm at month 12, and increased by 16% in the tofacitinib 5 mg twice daily arm and 19% in the tofacitinib 10 mg twice daily arm at month 24; Mean HDL cholesterol increased by 17% in the tofacitinib 5 mg twice daily arm and 18% in the tofacitinib 10 mg twice daily arm at month 12, and increased by 19% in the tofacitinib 5 mg twice daily arm and 20% in the tofacitinib 10 mg twice daily arm at month 24. Upon withdrawal of tofacitinib treatment, lipid levels returned to baseline. Mean LDL cholesterol/HDL cholesterol ratios and Apolipoprotein B (ApoB)/ApoA1 ratios were essentially unchanged in tofacitinib-treated patients. In an RA controlled clinical trial, elevations in LDL cholesterol and ApoB decreased to pretreatment levels in response to statin therapy. In the RA long-term safety populations, elevations in the lipid parameters remained consistent with what was seen in the controlled clinical studies. In the clinical studies in UC, changes in lipids observed with tofacitinib treatment were similar to the changes observed in clinical studies in RA. Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Federal Agency for Medicines and Health Products - Vigilance Division, Eurostation II, Place Victor Horta, 40/ 40, B1060 Brussels (website: www.fagg-afmps.be; e-mail: adversedrugreactions@fagg-afmps.be). **MARKETING AUTHORISATION HOLDER:** Pfizer Europe MA EEIG, Boulevard de la Plaine 17, 1050 Bruxelles, Belgium **MARKETING AUTHORISATION NUMBER(S):** EU/1/17/1178/001, EU/1/17/1178/002, EU/1/17/1178/003, EU/1/17/1178/004, EU/1/17/1178/005, EU/1/17/1178/006, EU/1/17/1178/007, EU/1/17/1178/008, EU/1/17/1178/009, EU/1/17/1178/014. **DELIVERY:** On medical prescription. **DATE OF REVISION OF THE TEXT:** 11/2018.

- I16 **Immunogenicity is not the driving force of treatment failure in vedolizumab-treated inflammatory bowel disease patients.**

  N. Van Den Berghe (1), B. Verstockt (2), S. Tops (1), M. Ferrante (2), S. Vermeire (2), A. Gils (1) / [1] KU Leuven, [2] UZ Leuven

- I17 **Ultra-proactive therapeutic drug monitoring incorporating Infliximab point-of-care testing with ad hoc dose adjustment reduces C-reactive protein levels in patients with IBD during Infliximab maintenance treatment.**

  P. Bossuyt, E. Hoefkens, I. Geerts, F. Verbiest, E. Vermeulen, A. Van Olmen, L. Pouillon / Imelda Hospital, Bonheiden

- I18 **Pharmacokinetic and pharmacodynamic evaluation of radiological healing in Crohn's disease patients treated with Infliximab: a TAILORIX MRE substudy.**

  P. Bossuyt (1), E. Dreesen (2), J. Rimola (3), S. Devuysere (1), Y. De Bruecker (1), R. Vanslembrouck (4), L. Valérie (5), M. Zappa (6), C. Savoye-Collet (7), A. Gils (2), S. Vermeire (8), L. Peyrin-Biroulet (5) / [1] Imelda Hospital, Bonheiden, [2] KU Leuven, [3] Hospital Clinic of Barcelona, Spain, [4] UZ Leuven, [5] Nancy University Hospital, Vandoeuvre-lès-Nancy, France, [6] Beaujon Hospital, Clichy, France, [7] Rouen University Hospital, France, [8] UZ Leuven

- I19 **Pneumocystis jirovecii pneumonia in IBD patients treated with immunomodulator(s).**

  S. Vieujean (1), A. Moens (2), K. Rothfuss (3), E. Savarino (4), S. Vavricka (5), C. Reenaers (1), M. Ferrante (2), J. Rahier (6), ECCO CONFER investigators (7) / [1] CHU Liège, [2] UZ Leuven, [3] Robert-Bosch-Hospital, Stuttgart, Germany, [4] University of Padua, Italy, [5] University Hospital, Zurich, Switzerland, [6] CHU UCL Namur, Yvoir, [7] ECCO CONFER investigators, Vienna, Austria

- I20 **Efficacy and safety of biological therapies in chronic antibiotic-refractory pouchitis: a retrospective single centre experience.**

  B. Verstockt, C. Claeys, G. Van Assche, A. D'hoore, A. Wolthuis, S. Vermeire, M. Ferrante / UZ Leuven

- I21 **Serological markers associated with development of pouchitis after ileal pouch-anal anastomosis.**

  K. Machiels, M. Ferrante, N. Davani Ardeshir, A. Wolthuis, A. D'Hoore, S. Vermeire/ UZ Leuven

- I22 **Effectiveness and safety of vedolizumab maintenance therapy for Inflammatory Bowel Disease: findings from a Belgian registry.**

  E. Louis (1), V. Muls (2), P. Bossuyt (3), A. Colard (4), A. Nakad (5), D. Baert (6), F. Mana (7), P. Caenepeel (8), S. Vanden Branden (9), S. Vermeire (10), F. D'heygere (11), B. Strubbe (12), A. Cremer (13), J. Coche (14), V. Setakhr (15), F. Baert (16), A. Vijverman (17), J. Coenegrachts (18), F. Flamme (19), A. Hantson (20), K. Wijnen (20), E. Piters (20), G. Hantsbarger (20), F. Wan (21), B. Jiang (20), P. Dolin (20) / [1] CHU Liège, [2] ULB Saint-Pierre, Brussels, [3] Imeldaziekenhuis, Bonheiden, [4] CHC Liège, [5] CHwapi Notre Dame, Tournai, [6] Maria Middelares, Gent, [7] UZ Brussel, [8] Ziekenhuis Oost Limburg, Genk, [9] OLV, Aalst, [10] UZ Leuven, [11] AZ Groeninge Hospital, Kortrijk, [12] AZ St Lucas, Gent, [13] ULB Erasme, [14] Clinique Saint-Pierre, Ottignies, [15] CHU UCL Namur site Sainte Elisabeth, Brussels, [16] AZ Delta, Roeselare, [17] CHR de la Citadelle, Liège, [18] Jessa Ziekenhuis, Hasselt, [19] CHU Ambroise Paré, Mons, [20] Takeda Pharmaceuticals

BIRD
E-POSTERS

ROOM:
EXHIBITION AREA

- I23 **The impact of storage time and freeze-thaw cycles on faecal calprotectin concentration in inflammatory bowel disease patients and controls.**
  C. Caenepeel (1), K. Machiels (1), S. Vieira-Silva (2), M. Ferrante (1), S. Vermeire (1) / [1] KU Leuven, [2] Rega Institute for Medical Research, Leuven
- I24 **Faecal microbiota transplantation as treatment for recurrent clostridium difficile infections: a single centre experience.**
  C. Caenepeel, A. Schroë, M. Ferrante, S. Vermeire / KU Leuven
- I25 **The predictive role of gut microbiota in treatment response to vedolizumab and ustekinumab in inflammatory bowel disease.**
  C. Caenepeel (1), S. Vieira-Silva (2), J. Vázquez-Castellanos (2), B. Verstockt (1), M. Ferrante (1), S. Vermeire (2) / [1] KU Leuven, [2] Rega Institute for Medical Research, Leuven
- I26 **Bariatric surgery in inflammatory bowel disease: Outcome and safety from a GETAID registry population.**
  C. Reenaers (1), M. Nachury (2), C. Stefanescu (3), G. Pineton De Chambrun (4), D. Laharie (5), S. Viennot (6), J. Boileve (7), L. Peyrin-Biroulet (8), J. Grimaud (9), X. Roblin (10), F. Carbonnel (11), F. Goutorbe (12), S. Nahon (13), B. Coffin (14) / [1] CHU Sart Tilman, Liège, [2] CHRU Lille, France, [3] Hôpital Beaujon, Clichy, France, [4] CHU Montpellier, France, [5] CHU Bordeaux , France, [6] CHU CAEN, France, [7] CHU Nantes, France, [8] CHU Nancy, France, [9] CHU Marseille, France, [10] CHU Saint-Etienne, France, [11] Hôpital Universitaire Kremelin Bicêtre, France, [12] Centre Hospitalier de la côte Basque, France, [13] GHI Montfermeil, France, [14] Hôpital Universitaire Louis-Mourier, Paris, France
- I27 **Compliance to vaccination guidelines in patients with immune-mediated inflammatory diseases: a cross-sectional, single-center study.**
  S. Coenen (1), D. Bertrand (2), T. Vanhoutvin (1), P. Verschueren (1), P. De Haes (1), P. De Munter (1), S. Vermeire (1), M. Ferrante (1) / [1] UZ Leuven, [2] KU Leuven
- I28 **Distinct and common gene expression profiles between inflamed ileum and colon of newly diagnosed Crohn's disease patients.**
  S. Verstockt (1), F. Ver Donck (1), B. Verstockt (1), M. Vancamelbeke (1), M. De Decker (2), E. Glorieus (3), V. Ballet (4), G. Van Assche (4), D. Laukens (3), M. Ferrante (1), F. Mana (2), M. De Vos (3), S. Vermeire (1), I. Cleynen (1) / [1] KU Leuven, [2] UZ Brussel, [3] UZ Gent, [4] UZ Leuven
- I29 **A population pharmacokinetic model to support therapeutic drug monitoring during vedolizumab therapy.**
  E. Dreesen (1), B. Verstockt (1), M. Ferrante (2), S. Vermeire (2), A. Gils (1) / [1] KU Leuven, [2] UZ Leuven
- I30 **Switch from originator infliximab to biosimilar CT-P13 in inflammatory bowel disease: a retrospective observational two-center cohort study.**
  J. Busschaert (1), N. Van Heddegem (2), D. Baert (2), P. Dewint (2), F. Baert (3) / [1] UZ Leuven, [2] AZ Maria Middelares, Gent, [3] AZ Delta, Roeselare

Belgian Pancreatic Club

ROOM:
TIFFANY/SHAH

14:00-15:45 - SESSION 1

Moderators : M. Arvanitakis (ULB Erasme), G. Roeyen (UZ Antwerpen)

- **14:00** **Invited Lecture: Pain management in chronic pancreatitis: beyond surgery and endotherapy.**
  M. Puylaert (Ziekenhuis Oost Limburg, Genk)

Free communications

- **14:30** P01 **Pancreatic blunt trauma in children: observations from a monocentric pilot study.**
  G. Sonnino, P.H. Deprez, A. Pire, F. Zech, R. Reding, F. Smets, X. Stephenne, E. Sokal, I. Scheers / UCL Saint-Luc
- **14:45** P02 **Necrotizing pancreatitis: can MRI diffusion-weighted imaging help in determining infection?**
  M. Fernandez, M. Arvanitakis, M. Pezzullo, F. Jacobs, J. Devière, M. Delhaye / ULB Erasme
- **15:00** P03 **EUS-FNA/FNB of pancreatic solid lesions: accuracy and other quality indicators in two academic endoscopy centres.**
  M. Figueiredo Ferreira, M. Arvanitakis, A. Zaarour, E. Toussaint, J. Devière, J.-L. Van Laethem, M. Gomez-Galdon, L. Verset, P. Demetter, P. Eisendrath / ULB Erasme
- **14:00** **Invited Lecture: EUS-guided main pancreatic ductal drainage: indications, clinical results, complications.**
  P.H. Deprez (UCL Saint-Luc)

- **15:45 - 16:10** **COFFEE BREAK**

Belgian Pancreatic Club

ROOM: TIFFANY/SHAH

16:10-17:00 - SESSION 2

Moderators : P. Eisendrath (ULB Saint-Pierre, Brussels),
J.P. Loly (CHU Liège)

Clinical cases

- **16:10** P04 **An unusual finding in a patient with acute pancreatitis: congenital anomaly as a cause?**
  L. Jongman, W. Kwanten, S. Van Outryve, S. Vyt, P. Steger / UZ Antwerpen
- **16:20** **Cystic incidentaloma in the pancreas.**
  P.H. Deprez, L. Annet, A. Dragean, M. Komuta / UCL Saint-Luc
- **16:30** P05 **Rare retroperitoneal tumor diagnosed by EUS-guided fine needle aspiration.**
  L. Bromberg, M. Delhaye, J. Closset, L. Verset, M. Arvanitakis / ULB Erasme
- **16:40** **About an extrinsic gastric compression discovered during the workup of B12 deficiency.**
  L. Verset, J.L. Engelholm, G. Gebhart, M. Arvanitakis, M. Delhaye, P. Loi, J. Closset, E. De Gendt / ULB Erasme / ULB Institut Jules Bordet
- **16:50** **Initial experience in RFA ablation of pancreatic lesions.**
  P.H. Deprez, I. Borbath, M. Komuta, D. Maiter / UCL Saint-Luc
- **16:50** **End of the Session**

Young BASL

ROOM: SANCY

14:00-15:10 - SESSION 1

Moderators : W. Kwanten (UZ Antwerpen),
I. Mannaerts (UZ Brussel)

- **14:00** **Invited Lecture: Introduction to cost-effectiveness in hepatology.**
  D. Van Dijck (UHasselt)
- **14:40** **Relationship between intestinal permeability and inflammation and severity of alcoholic liver disease.**
  L. Maccioni / UCL Saint-Luc
- **14:50** **Mesenchymal stem cells: a future in hepatology and liver transplantation?**
  O. Detry / ULg

- **15:10 - 15:40** **COFFEE BREAK**

15:40-16:50 - SESSION 2

Moderators : N. Lanthier (UCL Saint-Luc),
M. Van Herck (UZ Antwerpen)

- **15:40** **Invited Lecture: Co-ordinated care - an opportunity to improve patient experience and outcomes when caring for patients with decompensated cirrhosis: the CCCP UZ Leuven project.**
  W. Laleman (UZLeuven)
- **16:20** **Filling the gaps towards Hepatitis c viral elimination.**
  D. Busschots / UHasselt
- **16:30** **HCC selection criteria for liver transplantation.**
  A. Schielke / ULg
- **16:50** **End of the program**

WEDNESDAY 20

Abbvie has the great pleasure to invite you to our symposium during the 31st edition of the Belgian Week of Gastroenterology

Towards the eradication of HCV

Thursday February 21, 2019
From 8h15 untill 9h00

Moderators

- **Prof. Christophe Moreno**
  Erasme Hospital
- **Prof. Anja Geerts**
  UZ Gent & President of BASL

The 2018 AbbVie bursary winning projects

- **Finding the C in psychiatry: the story of an HCV screening program**
  (Dr. Wim Verlinden, AZ Nikolaas, Sint-Niklaas)
- **Reaching out to the UNdiagnosed people infected with blood borne viral infections (RUNtoBBV)**
  (Dr. Rob Bielen & Dana Busschots, ZOL, Genk)

Abbvie sa/nv - BE-VHCV-180011(v1.0) - December 2018

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BASL — ROOM: TEUN

■ 08:15 - 09:00 **Breakfast Session ABBVIE:**
Towards the eradication of HCV.
Speakers : W. Verlinden (AZ Nikolaas, Sint-Niklaas), R. Bielen & D. Busschots (Zol, Genk)

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09:00-10:30 - SESSION 1

Moderators : F. Sermon (OLV Aalst), O. Detry (ULg)

■ 09:00 A01 **The sPDGFR-beta containing PRTA-score is a novel diagnostic algorithm for significant liver fibrosis in patients with viral, alcoholic, and metabolic liver disease.**
J. Lambrecht (1), S. Verhulst (1), I. Mannaerts (1), J. Sowa (2), J. Best (2), A. Canbay (2), H. Reynaert (1), L. Van Grunsven (1) / [1] VUB, [2] University Hospital Magdeburg, Germany

■ 09:10 A02 **A longitudinal study of skeletal muscle alterations in NAFLD.**
M. Nachit (1), M. De Rudder (1), Y. Horsmans (2), G. Vande Velde (3), I. Leclercq (1) / [1] UCL, Institut de Recherche Expérimentale et Clinique (IREC), [2] UCL Saint-Luc, [3] KU Leuven

■ 09:20 A03 **Non-alcoholic steatohepatitis significantly decreases microsomal liver function in the absence of fibrosis allowing the use of the 13C-aminopyrine breath test for its non-invasive detection.**
ME. Van Mieghem (1), L. Depauw (1), W. Verlinden (2), J. Weyler (3), P. Michielsen (3), L. Vonghia (3),T. Vanwolleghem (3), E. Dirinck (3), L. Van Gaal (3), S. Francque (3) / [1] U Antwerpen, [2] AZ Nikolaas, [3] UZ Antwerpen

■ 09:30 A04 **Endothelin A receptor antagonist BQ-123 and angiotensin receptor blocker valsartan attenuates the increased transhepatic pressure gradient in a rat model of severe steatosis.**
D. Van Der Graaff (1), W. Kwanten (1), J. De Man (1), B. De Winter (1), P. Michielsen (2), S. Francque (2) / [1] U Antwerp, [2] UZ Antwerpen

■ 09:40 A05 **Combination of Ubiquitin carboxy-terminal hydrolase L1 inhibition and Sorafenib treatment in experimental hepatocellular carcinoma dampens tumor aggressiveness and reduces in vitro functional liver cancer stem cell characteristics.**
A. Vandierendonck (1), L. Devisscher (2), G. Lerno (1), E. Van De Vijver (1), H. Degroote (1), B. Vanderborght (1), S. Van Campenhout (1), S. Lefere (1), Y. Vandewynckel (1), C. Ampe (2), M. Van Troys (2), H. Van Vlierberghe (1) / [1] UZ Gent, [2] UGent

■ 09:50-10:30 **MARC HAUTEKEETE LECTURE**
Moderator : C. Moreno (ULB Erasme)
Role and indications of albumin in advanced liver disease.
M. Bernardi (Bologna, Italy)

■ 10:30 - 11:00 **COFFEE BREAK**

BASL

ROOM: TEUN

11:00-12:30 - SESSION 2

Moderators : T. Vanwolleghem (UZ Antwerpen), X. Rogiers (UZ Gent)

- **11:00** A06 **Combination of glycyrrhizin and n-acetylcysteine : benefit outcome in a murine model of acetaminophen-induced liver failure.**
  C. Minsart (1), S. Rorive (2), E. Quertinmont (2), A. Lemmers (2), T. Gustot (2) / [1] ULB, [2] ULB Erasme
- **11:12** A07 **Portal vein thrombosis in patients on the waiting list for liver transplantation: a single center cohort study.**
  J. Bert, A. Geerts, A. Vanlander, L. Abreu De Carvalho, F. Berrevoet, R. Troisi, X. Rogiers, H. Van Vlierberghe, X. Verhelst / UZ Gent
- **11:24** A08 **The gene signature-MELD score and alcohol consumption determine long-term prognosis of patients with severe alcoholic hepatitis.**
  P. Deltenre (1), E. Trépo (2), N. Fujiwara (3), N. Goossens (4), A. Marot (5), M. Dubois (6), L. Spahr (4), J. Henrion (7), C. Moreno (2), Y. Hoshida (3) / [1] Clinique Saint-luc Bouge, Namur, [2] ULB C.U.B. Erasme, [3] University of Texas Southwestern Medical Center, Dallas, United States (the), Division of Digestive and Liver Diseases. Department of Internal Medicine, [4] Geneva University Hospital, Geneva, Switzerland, Division of Gastroenterology and Hepatology, [5] CHU UCL Namur, Yvoir, Belgium, Department of Gastroenterology and Hepatology, [6] Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, Division of Gastroenterology and Hepatology, [7] Hôpital de Jolimont, Haine-Saint-Paul, Belgium, Department of Gastroenterology and Hepatology
- **11:36** A09 **Cirrhotic cardiomyopathy does not affect outcome in liver transplantation candidates.**
  E. Vander Straeten (1), I. Colle (1), M. De Pauw (2), A. Geerts (1), X. Verhelst (1), A. Vanlander (2), F. Berrevoet (2), L. Abreu De Carvalho (2), R. Troisi (2), X. Rogiers (2), H. Van Vlierberghe (1), S. Raevens (1) / [1] U Gent, [2] UZ Gent
- **11:48-12:30** **BELIAC Lecture**
  Moderators : O. Detry (ULg) , J. Pirenne (UZ Leuven)
  Machine perfusion: a revolution in liver preservation.
  C. Watson (Cambridge, U.K.)

- **12:30 - 14:00** **LUNCH**

■ 13:15-14:00 **Satellite Syposium GILEAD:**
Next challenge on your plate NASH!
A multidisciplinary debate.
Chair: S. Francque (UZ Antwerpen)

14:00-15:40 - SESSION 3

Moderators : H. Reynaert (UZ Brussel),
P. Michielsen(UZ Antwerpen)

■ **14:00** A10 **Severity of NAFLD is associated with both more severe ß-cell dysfunction and reduced insulin clearance independently of body weight in a large cohort of non-diabetic subjects: further insights in the causative role of NASH in T2DM development.**
L. Vonghia (1), F. Carli (2), A. Verrijken (3), J. Weyler (1), E. Dirinck (3), P. Michielsen (1), T. Vanwolleghem (1), A. Driessen (3), L. Van Gaal (3), A. Gastaldelli (2), S. Francque (1) / [1] U Antwerpen, [2] Institute of Clinical Physiology, CNR, Pisa, Italy, [3] UZ Antwerpen

■ **14:10** A11 **Oral vasodilator treatment and liver transplantation for portopulmonary hypertension: systematic review and meta-analysis of hemodynamic response and prognosis.**
R. Deroo (1), M. De Pauw (2), E. Trépo (3), T. Holvoet (1), A. Geerts (1), X. Verhelst (1), I. Colle (1), H. Van Vlierberghe (1), S. Raevens (1) / [1] UZ Gent, [2] UGent, [3] C.U.B. ULB Erasme

■ **14:20** A12 **New concepts in liver regeneration mechanisms in human severe alcoholic steatohepatitis.**
A. Lejeune (1), P. Stärkel (1), A. Louvet (2), A. Hittelet (3), C. Bazille (4), B. Bastens (5), H. Orlent (6), L. Lasser (7), X. Dekoninck (8), S. Negrin Dastis (9), J. Delwaide (10), A. Geerts (11), C. De Galocsy (12), V. Putzeys (13), P. Langlet (14), H. Reynaert (15), S. Francque (16), M. Komuta (1), N. Lanthier (1)/ [1] UCL Saint-Luc, [2] Hôpital Huriez, Lille, France, [3] Hôpital Ambroise Paré, Mons, [4] Centre Hospitalier Universitaire de Caen, France, [5] Hôpital Saint-Joseph, Liège, [6] AZ Sint-Jan, Brugge, [7] CHU Brugmann, [8] Clinique Saint-Pierre, Ottignies, [9] Clinique Saint-Joseph, Mons, [10] CHU Sart-Tilman, Liège, [11] UZ Gent, [12] Hôpitaux Iris Sud, Brussels, [13] CHR La Citadelle, Liège, [14] Centre Hospitalier Edith Cavell, Brussels, [15] UZ Brussel, [16] UZ Antwerpen

■ **14:30** A13 **Does mucosal inflammation drive recurrence of PSC in liver transplant recipients with ulcerative colitis?**
N. Dekkers / Leiden University Medical Center (LUMC), The Netherlands

■ **14:40** A14 **Constructing a primary mouse 3D hepatic co-culture model that recapitulates HSC activation during fibrosis.**
I. Mannaerts, N. Eysackers, A. Smout, S. Verhulst, S. Leite, T. Roosens, L. Van Grunsven / VUB

ROOM:
BASL TEUN

THURSDAY 21

■ **14:50** A15 **Potent Hepatitis B core-specific B cell responses associate with clinical parameters in untreated and virally suppressed chronic HBV patients.**
T. Vanwolleghem (1), Z. Groothuismink (2), K. Kreefft (2), M. Hung (3), N. Novikov (3), A. Boonstra (2) / [1] UZ Antwerpen, [2] Erasmus Medical Center, Rotterdam, The Netherlands, [3] Gilead Sciences Inc, USA

■ **15:00** A16 **The changing pattern of cirrhosis: a comparison of two cohorts diagnosed 15 years apart.**
E. Kaze, O. Descamps, J. Henrion /
Centre Hospitalier de Jolimont-Lobbes, La Louvière

■ **15:10** A17 **Evaluation of the prognostic value of histologic parameters in severe alcoholic hepatitis.**
M. Dubois (1), A. Sciara (1), A. Marot (2), C. Sempoux (1), P. Deltenre (3) / [1] CHUV, Lausanne, Switzerland, [2] CHU UCL Namur, Yvoir, [3] Clinique Saint-luc Bouge, Namur

■ **15:20** **Brohée Prize:**
Moderator : I. Borbath (UCL Saint-Luc)
The potential of serum N-glycemics as prognostic biomarkers in liver diseases and liver transplantation.
X. Verhelst (UZ Gent)

■ **15:40-16:00** **COFFEE BREAK**

16:00-17:10 - SESSION 4

Moderators : J.P. Mulkay (CHU Saint-Pierre),
H. Van Vlierberghe (UZ Gent)

■ **16:00** A18 **Persistence of hepatic and adipose tissue alterations in T helper 17 cells, CD8+ cytotoxic T cells and regulatory T cells despite metabolic and histological improvement upon diet reversal in a high-fat high-fructose mouse model of NAFLD.**
M. Van Herck, L. Vonghia, P. Michielsen, C. Bridts, D. Ebo, J. De Man, B. De Winter, S. Francque / U Antwerpen / UZ Antwerpen

■ **16:10** A19 **Management of drug-drug interactions in chronic hepatitis C patients treated with second generation direct acting antivirals in Belgium.**
S. Bourgeois (1), J. Mulkay (2), M. Cool (3), X. Verhelst (4), G. Robaeys (5), L. Lasser (6), V. Lefebvre (7), I. Colle (8), C. Van Steenkiste (9), J. Decaestecker (10), S. Coulon (11), K. Venken (11), T. Vanwolleghem (12) / [1] ZNA Middelheim, Antwerpen, [2] CHU Saint-Pierre, Brussels, [3] AZ Damiaan, Oostende, [4] UZ Gent, [5] Ziekenhuis Oost Limbug (ZOL), [6] CHU Brugmann, Brussels, [7] CHR, Namur, [8] ASZ, Aalst, [9] Maria Middelares Ziekenhuis, Gent, [10] AZ Delta, Roeselare, [11] MSD Belgium, [12] UZ Antwerpen

16:20 A20 **Dissecting the different roles of ORF3 in HEV spread and fecal shedding in a humanized mouse model.**

G. Sari (1), X. Yin (2), A. Boonstra (1), Z. Feng (2), T. Vanwolleghem (3) / [1] Erasmus MC, Rotterdam, The Netherlands, [2] The Research Institute, Ohio (Columbus), USA, [3] UZ Antwerpen

16:30 A21 **Non-invasive screening test in physiological conditions for patients with suspected biliary excretion disorders using MRI with hepatospecific contrast.**

C. Brussaard (1), J. Hendrickx (1), P. Gykiere (1), M. Vandewoude (2), J. De Mey (1) / [1] UZ Brussel, [2] Regionaal ziekenhuis Tienen

16:40 **Hepatitis C prevalence and screening: summary of accepted E-posters**

Presented by BASL Steering Committee member: P. Starkel (UCL Saint-Luc)

16:50 **Hepatitis C linkage to care: summary of accepted E-posters**

Presented by BASL Steering Committee member: J.P. Mulkay (CHU Saint-Pierre)

17:00 **BASL Awards for Best Basic and Clinical work presented**

17:10-18:00 **BASL General Assembly**

THURSDAY 21

A22 **Large-scale screening is not useful to identify individuals with hepatitis B or C virus infection: Final results of a Swiss prospective study.**

A. Marot (1), A. Trabelsi (2), C. André (2), P. Deltenre (3) / [1] CHU UCL Namur, Yvoir, [2] CHUV, Lausanne, Switzerland, [3] Clinique Saint-Luc Bouge, Namur

A23 **Patients with chronic hepatitis C virus infection are at high risk of being lost to follow up. Focused interventions can increase linkage to care.**

H. Keymeulen, H. Van De Velde, A. Geerts, H. Van Vlierberghe, X. Verhelst / UZ Gent

A24 **Testing for viral hepatitis B and C by general practitioners in Flanders, Belgium.**

R. Bielen (1), Ö. Köc (1), D. Busschots (1), G. Robaeys (2), B. Aertgeerts (3), B. Vaes (3), P. Mamouris (3), C. Matheï (3), G. Goderis (3), F. Nevens (4) / [1] Hasselt University, [2] Ziekenhuis Oost Limbug (ZOL), Genk, [3] KUL, [4] UZ Leuven

A25 **Hepatitis C nurse as a case manager in people who inject drugs.**

R. Bielen (1), E. Dercon (2), Ö. Köc (1), D. Busschots (1), L. Vinken (2), R. Verrando (2), K. Vanhees (3), F. Nevens (4), G. Robaeys (5) / [1] Hasselt University, [2] Center for Alcohol and other Drugs (CAD) Limburg, [3] University Biobank Limburg (UBiLim), [4] UZ Leuven, [5] Ziekenhuis Oost Limbug (ZOL), Genk

A26 **Uptake of treatment for hepatitis C infection in people who inject drugs: the LINK study.**

R. Bielen (1), A. Arain (1), D. Busschots (1), Ö. Köc (1), F. Nevens (2), C. Trabert (3), J. Werenne (4), N. Leonardy (5), J. Mulkay (6), S. Bourgeois (7), C. Matheï (8), G. Robaeys (9) / [1] Hasselt University, [2] UZ Leuven, [3] C.A.P. Fly asbl Liège, [4] Projet LAMA asbl Bruxelles, [5] Maison d'Accueil Socio-Sanitaire (MASS) asbl Bruxelles, [6] Hôpital Saint-Pierre Bruxelles, [7] ZNA Antwerpen, [8] Free Clinic vzw Antwerp, [9] Ziekenhuis Oost Limbug (ZOL), Genk

A27 **First line screening by fibroscan (transiant elastography) in a population at high risk for HCV infection.**

F. Desselle / CHC Liège

A28 **Myeloid-specific IRE1 alpha deletion reduces tumour development in a non-alcoholic steatohepatitis-induced hepatocellular carcinoma mouse model.**

S. Van Campenhout, S. Lefere, A. Vandierendonck, A. Geerts, X. Verhelst, H. Van Vlierberghe, L. Devisscher / U Gent

A29 **Eliminating viral hepatitis C in Belgium: A mathematical model of the micro-elimination approach.**

D. Busschots (1), S. Toghanian (2), R. Bielen (1), S. Salomonsson (2), Ö. Koc (1), G. Hendrickx (3), M. Jadoul (4), F. Nevens (5), E. Sokal (4), C. Brixko (6), K. Peerlinck (5), L. Apers (7), G. Robaeys (8), J. Lazarus (9) / [1] Hasselt University, [2] MSD Sweden, [3] U Antwerpen, [4] UCL Saint-Luc, [5] UZ Leuven, [6] CHR Citadelle, Liège, [7] Institute of Tropical Medicine Antwerp, [8] Ziekenhuis Oost Limbug (ZOL), Genk, [9] University of Barcelona, Spain

BASL
E-POSTERS

ROOM:
EXHIBITION AREA

- A30 **First Belgian Hepatitis E seroprevalence study shows low stable birth-cohort specific seroprevalence until 2014, with recent 2016-2018 increase in single centre estimates.**
  E. Ho (1), V. Hutse (2), V. Verburgh (2), M. Jacques (2), H. Theeten (3), A. Lizroth (2), V. Suin (2), S. Van Gucht (2), S. Blaizot (3), A. Rahman (3), N. Hens (3), P. Van Damme (3), P. Michielsen (1), T. Vanwolleghem (5) / [1] UZ Antwerpen, [2] Sciensano, Brussels, [3] U Antwerpen

- A31 **The prevalence and risk factors of hepatitis B viral infection in Middle Limburg Belgium: the importance of migration.**
  Ö. Koc (1), C. Kremer (1), R. Bielen (1), D. Busschots (1), N. Hens (1), F. Nevens (2), G. Robaeys (3) / [1] Hasselt University, [2] UZ Leuven, [3] Ziekenhuis Oost Limbug (ZOL), Genk

- A32 **Computed tomography assisted measurement of visceral adipose tissue volume and subcutaneous adipose tissue volume can differentiate between simple steatosis and nonalcoholic steatohepatitis.**
  J. Dierickx, C. Lecluyse, P. Smeets, S. Lefere, B. Lapauw, H. Van Vlierberghe, A. Geerts, X. Verhelst / UZ Gent

- A33 **Prevalence and screening of hepatitis C in Belgium in 2015-2017.**
  L. Lasser (1), P. Starkel (2), C. Moreno (3), B. Deressa (1), O. Elkilic (1), M. Ngassa (1), E. De Koster (1) / [1] CHU Brugmann, [2] UCL Saint-Luc, [3] ULB Erasme

- A34 **C60 fullerene inhibits fibrosis and initial stages of liver carcinogenesis on rat model of DEN+CCl4-induced hepatocellular carcinoma.**
  H. Kuznietsova (1), N. Dziubenko (1), T. Herheliuk (2), O. Perepelytsina (2), Y. Prylutskyy (1), U. Ritter (3), P. Scharff (3), V. Rybalchenko (1) / [1] Taras Shevchenko National University, Kyiv, Ukraine, [2] Institute for Problems of Cryobiology and Cryomedicine, 61015, Ukraine, [3] Technische Universität Ilmenau, Germany

- A36 **Relationship between intestinal permeability and inflammation and severity of alcoholic liver disease.**
  L. Maccioni (1), B. Pirlot (1), I. Leclercq (1), P. Stärkel (2) / [1] Laboratory of Gastroenterology, Institut de Recherche Expérimentale et Clinique, Woluwe-Saint-Lambert, [2] UCL Saint-Luc

- A37 **It only takes 25 days to build a hepatitis C care network for people who inject drugs.**
  W. Verlinden (1), J. Schouten (1), C. Matheï (2), T. Windelinckx (2) / [1] AZ Nikolaas, Sint-Niklaas, [2] Free Clinic vzw Antwerp

- A38 **Are Ultrasound scans for acute surgical admissions performed within recommended 24 hour window?**
  S. Barman / Blackpool Victoria Hospital, U. K.

Breakfast Symposium

Thursday, 21st of February

8:15 – 9:00

Chairman :

Prof. Marc FERRANTE

Switching to biosimilar therapy:
a risk or an opportuniy ?

Prof. Marc FERRANTE

Switching in real life with Subcutaneous Biosimilars: the "Rheuma" Perspective

Doct. Luc DE CLERCQ

Formulation of therapeutic antibodies:
Implication in safety and efficacy

Prof. João GONÇALVES

BIOSIMILARS : A FUEL TO INNOVATION

Biogen

BIO-BEL-0019a

BIRD Clinical

ROOM: **LIJN**

■ 08:15 - 09:00 **Breakfast Session BIOGEN: Biosimilars: A fuel to Innovation.**

Biogen

Speakers : M. Ferrante (UZ Leuven), L. De Clercq (GZA Antwerp), J. Gonçalves (Lisbon, Portugal)

09:10-10:40 - SESSION 3 : Frontiers in IBD : Part I

Chairs : C. Reenaers (ULg), F. Baert (AZ Delta, Roeselare)

■ 09:10 **Invited Lecture : HSCT in refractory IBD and primary immunodeficiency Disorders.**

M. Allez (Paris, France)

■ 09:35 I08 **TREM1, the first anti-TNF specific biomarker guiding therapeutic decision.**

B. Verstockt (1), S. Verstockt (1), J. Dehairs (1), V. Ballet (2), H. Blevi (1), W. Wollants (1), C. Breynaert (1), G. Van Assche (1), S. Vermeire (1), M. Ferrante (1) / [1] KULeuven, [2] UZ Leuven

■ 09:45 I09 **Vedolizumab-induced endoscopic remission in anti-TNF exposed and anti-TNF naïve IBD patients: a large single centre experience.**

B. Verstockt, E. Mertens, A. Outtier, G. Van Assche, S. Vermeire, M. Ferrante / UZ Leuven

■ 09:55 I10 **Pregnancy outcomes in IBD patients treated with vedolizumab, anti-TNF orconventional therapy.**

A. Moens (1), C. Van Der Woude (2), M. Julsgaard (3), S. Sebastian (4), N. Arebi (5), M. Alzinaty (5), E. Humblet (6), K. Kok (7), J. Sheridan (8), C. Gilletta De Saint-Joseph (9), S. Nancey (10), J. Rahier (11), P. Bossuyt (12), A. Cremer (13), S. Dewit (14), C. Eriksson (15), F. Hoentjen (16), T. Krause (17), E. Louis (18), E. Macken (19), Z. Milenkovic (20), J. Nijs (21), A. Posen (22), A. Van Hootegem (23), W. Van Moerkercke (24), S. Vermeire (1), A. Bar-Gil Shitrit (25), M. Ferrante (1) / [1] UZ Leuven, [2] Erasmus Medical Center, Rotterdam, Netherlands (the), [3] Aarhus University Hospital, Denmark, [4] Hull & East Yorkshire NHS Trust, U.K., [5] St. Marks Hospital, London, U.K., [6] ZOL, Genk, [7] Barts Health NHS Trust, London, U.K., [8] St. Vincent's University Hospital, Dublin, Ireland, [9] Hôpital Rangueil, Toulouse, France, [10] CHU Lyon, France, [11] CHU UCL Namur, Yvoir, [12] Imeldaziekenhuis, [13] ULB Erasme, Brussels, [14] Mariaziekenhuis Noord-Limburg, Overpelt, [15] Faculty of Medicine and Health Orebro University, Sweden, [16] Radboud UMC, Nijmegen, Netherlands (the), [17] Opernstrasse, Kassel, Germany, [18] CHU Liege, [19] UZ Antwerpen, [20] Military Medical Academy Belgrade, Serbia, [21] Sint-Trudo Ziekenhuis, Sint-Truiden, [22] AZ Vesalius Tongeren, [23] KLINA, Brasschaat, [24] AZ Groeninge, Kortrijk, [25] Shaare Zedek Medical Center, Hebrew University Jerusalem, Israel

BIRD Clinical

ROOM: LIJN

■ **10:05** I11 **Long-term clinical efficacy of Ustekinumab in refractory Crohn's disease: a multicentre Belgian cohort study.**

C. Liefferinckx (1), B. Verstockt (2), A. Gils (3), M. Noman (2), C. Van Kemseke (4), E. Macken (5), M. De Vos (6), W. Van Moerkercke (7), J. Rahier (8), B. Peter (9), J. Dutré (5), E. Humblet (10), D. Staessen (11), H. Peeters (12), P. Van Hootegem (13), E. Louis (4), D. Franchimont (1), F. Baert (1), S. Vermeire (2)/ [1] ULB Erasme, [2] UZ Leuven, [3] KU Leuven, [4] CHU Sart-Tilman, Liège, [5] UZ Antwerpen, [6] UZ Gent, [7] AZ Groeninge, Kortrijk, [8] UCL Mont-Godinne, [9] Imeldaziekenhuis, Bonheiden, [10] Ziekenhuis Oost-Limburg - Campus Sint-Jan, [11] GZA Sint-Vincentiusziekenhuis, Antwerpen, [12] Algemeen Ziekenhuis Sint-Lucas, Gent, [13] Algemeen Ziekenhuis Sint-Lucas, Brugge, [14] AZ Delta

■ **10:15** **Invited Lecture: Trough levels, drug- sensitive/tolerant ADA: Et Après… Remaining questions and Possible answers.**

X. Roblin (Saint-Etienne, France)

■ **10:40 - 11:00 COFFEE BREAK**

11:00-12:00 - SESSION 4: Frontiers in IBD: Part II

Chairs : A. Cremer (ULB), P. Hindryckx (UZ Gent)

■ **11:00** I12 **Targeting endoscopic outcomes through combined pharmacokinetic and pharmacodynamic monitoring of infliximab therapy in patients with Crohn's disease.**

E. Dreesen (1), F. Baert (2), D. Laharie (3), P. Bossuyt (4), Y. Bouhnik (5), A. Buisson (6), G. Lambrecht (7), E. Louis (8), B. Oldenburg (9), B. Pariente (10), M. Pierik (11), C. Van Der Woude (12), G. D'haens (13), S. Vermeire (14), A. Gils (1) / [1] KU Leuven, [2] AZ Delta, Roeselare, [3] Hôpital Haut-Lévêque, Bordeaux, France, [4] Imelda Hospital, Bonheiden, [5] Beaujon Hospital, Clichy, France, [6] Estaing University Hospital, Clermont-Ferrand, France, [7] AZ Damiaan, Oostende, [8] CHU Liège, [9] University Medical Center Utrecht, Netherlands (the), [10] Hôpital Huriez, Lille, France, [11] Maastricht University Medical Centre, Netherlands (the), [12] Erasmus Medical Center, Rotterdam, Netherlands (the), [13] Academic Medical Center, Amsterdam, Netherlands (the), [14] UZ Leuven

■ **11:10** I13 **A population pharmacokinetic model to improve mucosal healing upon golimumab induction therapy in patients with ulcerative colitis.**

W. Kantasiripitak (1), E. Dreesen (1), I. Detrez (1), S. Stefanovic (2), D. Drobne (2), S. Vermeire (3), M. Ferrante (3), A. Gils (1) / [1] KU Leuven, [2] University Medical Centre Ljubljana, Slovenia, [3] UZ Leuven

WEDNESDAY 20/02

BELLE EPOQUE	LIJN	TEUN	SANCY	TIFFANY/SHAH	FLORENTINE	HOPE
10.30-11.00 Coffee break 12.00-14.00 LUNCH «EXHIBITION AREA» 15.30-16.00 Coffee break «EXHIBITION AREA»	13.15-14.00 Satellite Symposium TAKEDA 14.00-15.30 BIRD Basic 16.00-17.00 BIRD Basic 17.00-17.45 Satellite Symposium PFIZER 17.45-18.30 General Assembly IBD	08.30-10.10 Postgraduate Course 10.40-12.20 Postgraduate Course 13.45-15.25 Postgraduate Course 16.00-17.15 Postgraduate Course	14.00-15.10 Young BASL 15.40-16.50 Young BASL	14.00-15.45 Belgian Pancreatic Club 16.10-17.00 Belgian Pancreatic Club		17.45-18.30 GIREM Meeting

THURSDAY 21/02

BELLE EPOQUE	LIJN	TEUN	SANCY	TIFFANY/SHAH	FLORENTINE	HOPE
10.30-11.00 Coffee break LUNCH «EXHIBITION AREA» 12.00-14.00 LUNCH «EXHIBITION AREA» 12.15-13.00 ORAL TOP BASIC E-POSTERS 15.30-16.00 Coffee break «EXHIBITION AREA»	08.15-09.00 Breakfast Symposium BIOGEN 09.00-10.30 BIRD Clinical 11.00-12.00 BIRD Clinical 12.00-12.45 Satellite Symposium JANSSEN-CILAG 13.00-14.00 BSGIE e-Poster Session 14.00-15.30 BSGIE 16.00-17.45 BSGIE	08.15-09.00 Breakfast Symposium ABBVIE 09.00-10.30 BASL 11.00-12.30 BASL 13.15-14.00 Satellite Symposium GILEAD 14.00-15.40 BASL 15.20 Brohée Prize 16.00-17.10 BASL 17.10 BASL General Assembly	08.30-10.30 Case Reports 11.00-12.30 Case Reports 18.00-19.00 Acta GA	09.00-10.30 GIREM 11.00-12.30 GIREM 13.45-15.30 GIREM 16.00-17.45 GIREM	17.00-19.00 ULTRA SOUND Course	17.30-18.30 Brohée Fund GA

FRIDAY 22/02

BELLE EPOQUE	LIJN	TEUN	SANCY	TIFFANY/SHAH	FLORENTINE	HOPE
10.30-11.00 Coffee break LUNCH «EXHIBITION AREA» 12.00-14.00 LUNCH «EXHIBITION AREA» 12.15-13.00 ORAL TOP BASIC E-POSTERS 15.30-16.00 Coffee break LUNCH «EXHIBITION AREA»	09.00-10.00 Working Group of Digestive Pathology 10.30-12.15 Working Group of Digestive Pathology 12.15-12.45 GBS-VBS General Assembly 14.00-15.30 Working Group of Digestive Pathology 16.00-17.00 Working Group of Digestive Pathology	08.15-09.00 Breakfast Symposium ELI LILLY 09.00-10.40 BGDO 11.15-12.15 BGDO 12.15-13.00 Satellite Symposium SERVIER 13.30-15.00 BeSPGHAN 15.30-17.00 BeSPGHAN 17.00-18.00 BeSPGHAN General Assembly		09.00-10.30 BSGIE Live Transmission Session 11.00-12.00 BSGIE Live Transmission Session 14.00-16.00 Proctology		

WEDNESDAY 20
THURSDAY 21
FRIDAY 22

BIRD Clinical

ROOM: LIJN

- **11:20** I14 **Significant reduction of admission time at the IBD infusion unit by an e-health pre-admission assessment and order system for intravenous therapy.**
  E. Hoefkens, L. Pouillon, V. Verheyen, M. Bronswijk, A. Van Olmen, S. Van Dessel, N. Siborgs, P. Bossuyt / Imelda Hospital, Bonheiden
- **11:30** I15 **Postoperative endoscopic and clinical recurrence after ileocolonic resection in patients with Crohn's disease cannot be prevented with high dose vitamin D.**
  J. De Bruyn (1), P. Bossuyt (2), M. Ferrante (3), R. West (4), G. Dijkstra (5), B. Witteman (6), D. Franchimont (7), J. Van Der Bilt (8), T. Tollens (9), W. Bemelman (1), A. D'Hoore (3), M. Duijvestein (1), G. D'Haens (1) / [1] Amsterdam UMC, Netherlands (the), [2] Imeldaziekenhuis, Bonheiden, [3] UZ Leuven, [4] Franciscus Gasthuis & Vlietland, Netherlands (the), [5] University Medical Center Groningen, Netherlands (the), [6] Gelderse Vallei Hospital, Netherlands (the), [7] ULB Erasme, [8] Flevoziekenhuis, Netherlands (the), [9] Imelda Hospital, Bonheiden
- **11:40** **Invited Lecture: Improving Quality of Care of Endoscopy in IBD: Scoring systems and Chromoendoscopy, How I do it?**
  P. Bossuyt (Imelda, Bonheiden)

- **12:00 - 12:45** **Satellite Symposium JANSSEN-CILAG: Targeting IL-23/-12 in Crohn's disease: experience from across the border.**
  Speaker: M. Daperno (Torino, Italy)

JANSSEN-CILAG

Janssen-Sponsored Satellite Symposium at the Belgian Week of Gastroenterology (BWGE) - 31st edition, Antwerp, Belgium

Targeting IL-23/-12 in Crohn's disease : experience from across the border

Thursday 21 February 2019

Speaker
Prof. Dr. Marco Daperno
Gastroenterology Unit, AO Ordine Mauriziano,Torino, Italy

Moderator
Dr. Catherine Reenaers

Program
12h00 - 12h05: Welcome & Introduction
12h05 - 12h15: Stelara® (ustekinumab) in Crohn's disease
12h15 - 12h35: Experience from across the border: Prof. Dr. Daperno's clinical cases
12h35 - 12h45: Q&A session / Conclusion and closing

Venue
Hilton Hotel Antwerp - Conference Center, Room "Lijn"

Janssen-Cilag NV

Janssen Immunology
PHARMACEUTICAL COMPANIES OF Johnson&Johnson

BSGIE
E-POSTERS

ROOM:
LIJN

13:00 – 14:00 GUIDED E-POSTER TOUR

Moderators : P. Dewint (Maria Middelares, Gent & UZ Antwerpen), P. Eisendrath (ULB Saint-Pierre & CUB ULB Brussels)

- G11 **Long term rates of surgery and adenoma recurrence are similar for laterally spreading lesions resected en bloc or by piecemeal endoscopic mucosal resection.**
  D. Tate (1), H. Awadie (2), L. Desomer (3), M. Sidhu (2), N. Burgess (2), L. Hourigan (4), A. Moss (5), S. Raftopoulos (6), R. Singh (7), G. Brown (8), M. Bourke (2) / [1] UZ Gent, [2] Westmead Hospital, Australia, [3] AZ Delta, Roeselare, [4] Gallipoli Medical Research Institute, Australia, [5] Western Hospital, Australia, [6] Sir Charles Gairdner, Australia, [7] Lyell McEwan Hospital, Australia, [8] The Alfred Hospital, Australia

- G12 **Cold snare polypectomy is safe yet under-utilised: an analysis of 281,194 polypectomies by uk endoscopy trainees over 9 years.**
  D. Tate (1), D. Wheatley (2), J. Anderson (2), R. Valori (2), P. Dunckley (2) / [1] UZ Gent, [2] Gloucestershire Hospitals NHS Foundation Trust, U.K.

- G13 **Eosinophilic esophagitis: clinical, endoscopic and histologic long-term follow-up: a singlecentreretrospective cohort and cross-sectional study.**
  L. Crapé (1), G. Cornelis (1), F. De Clerck (2), D. De Looze (1) / [1] UZ Gent, [2] AZ Sint-Lucas

- G14 **A dedicated competency-based training program in endocopic resection allows safe and effective resection of complex laterally spreading lesions after 12 months.**
  M. Sidhu (1), I. Bar-Yishay (1), M. Bourke (1), D. Tate (2) / [1] Westmead Hospital, Australia, [2] UZ Gent

- G15 **Natural history of biliary cast syndrome after liver transplantation: a prospective cholangiographic evolution study.**
  A. Hadefi, M. Pezzullo, S. Dept, O. Le Moine, J. Devière, T. Gustot, C. Moreno, N. Boon, D. Degré, V. Lucidi, A. Lemmers / C.U.B. ULB Erasme

- G16 **Is the short-type single-balloon enteroscope useful for enteroscopy-assisted ERCP in patients with surgically altered anatomy ?**
  T. Moreels, E. Motté, P. Deprez, H. Piessevaux / UCL Saint-Luc

- G17 **Patient radiation exposure during enteroscopy-assisted ERCP.**
  T. Moreels, O. De Ronde, P. Deprez, H. Piessevaux / UCL Saint-Luc

14:00-14:24 - SESSION 1: Management of colon polyps

Moderators : T. Moreels (UCL Saint-Luc), A. Lemmers (ULB Erasme)

■ **14:00** G01 **Colorectal polypectomy, are we moving in the right direction? Belgian specific sub-analysis of an international study.**
J. Geldof (1), D. De Looze (1), L. Desomer (2), D. Tate (1) / [1] UZ Gent, [2] AZ Delta

■ **14:12** G02 **Cold snare polypectomy for large non-pedunculated polyps. A series of 129 polypectomies.**
L. Van Overbeke, M. Ferrante, L. Mortier, J. Van Dongen, G. Mertens, S. Ilegems / AZ Sint Maarten, Mechelen

14:24-16:00 - SESSION 2: Quality issues in endoscopy

Moderators : T. Moreels (UCL Saint-Luc), A. Lemmers (ULB Erasme)

■ **14:24** G03 **Endoscopic overestimation of polyp size leads to incorrect surveillance interval.**
A. Billiet (1), A. Vanden Bulcke (1), S. Van Langendonck (2), K. Hertveldt (2), M. Cool (2), G. Lambrecht (2), G. Deboever (2) / [1] UZ Leuven, [2] AZ Damiaan, Oostende

■ **14:36** G04 **Capnography during day to day endoscopy – a value-based healthcare pilot in a high-volume gastroenterology practice.**
R. Bisschops (1), I. Demedts (1), P. Roelandt (1), C. Dooms (1), I. Hofman (1), R. Weissbrod (2), R. Saunders (3), M. Hiele (1), G. Van Assche (1) / [1] UZ Leuven, [2] Medtronic, Jerusalem, Israel, [3] Coreva Scientific, Freiburg, Germany

■ **14:48** G05 **Ten years of upper gastrointestinal bleeding in a large volume emergency department.**
M. Lomré (1), P. Mols (2), P. Kirkove (2), P. Eisendrath (2) / [1] ULB, Brussels, [2] ULB Saint- Pierre

■ **15:00** **Invited Lecture: Endoscopic management of anemia.**
A. May (Offenbach am Main, Germany)

■ **15:30 - 16:00** **COFFEE BREAK**

ROOM:
BSGIE LIJN

THURSDAY 21

16:00-17:45 - SESSION 3: Innovation in Endoscopy

Moderators : A. Badaoui (UCL Saint-Luc), P. Hindryckx (UZ Gent)

■ **16:00** G06 **Management of complex biliary leak by endoscopic drainage with transmural or transpapillary-transfistulary access.**
L. Bromberg, A. Lemmers, M. Fernandez, V. Lucidi, D. Blero, O. Lemoine, J. Devière / ULB Erasme

■ **16:12** G07 **Automated real time endoscopic scoring based on machine learning in ulcerative colitis: Red Density reliability and responsiveness study.**
P. Bossuyt (1), S. Vermeire (2), M. Ferrante (2), T. Makino (3), G. De Hertogh (2), R. Bisschops (2) / [1] Imelda Hospital, Bonheiden, [2] UZ Leuven, [3] Pentax, Tokyo, Japan

■ **16:24** G08 **BLI and LCI improve polyp detection rate and delineation accuracy for deep learning networks.**
T. Eelbode (1), C. Hassan (2), I. Demedts (1), P. Roelandt (1), E. Coron (3), P. Bhandari (4), H. Neumann (5), O. Pech (6), A. Repici (7), F. Maes (1), R. Bisschops (1) / [1] KU Leuven, [2] Nuovo Regina Margherita Hospital, Rome, Italy, [3] CHU Hotel Dieu, Nantes, France, [4] Portsmouth Hospital, Portsmouth, U.K., [5] University Medical Center Mainz, Germany, [6] Krankenhaus Barmherzige Brüder Regensburg, Germany, [7] Humanitas University, Milan, Italy

■ **16:36** G09 **Gastric per oral endoscopic pyloromyotomy (G-POEM): a retrospective single-center experience.**
Y. Mourabit, D. Blero, V. Huberty, M. Arvanitakis, J. Deviere, H. Louis / ULB Erasme

■ **16:48** G10 **Outcomes of Endoscopic Full Thickness Resection (EFTR) using the Full Thickness Resection Device (FTRD): first Belgian experience.**
C. Snauwaert (1), P. Deprez (2), H. Piessevaux (2) / [1] AZ Sint-Jan Brugge-Oostende, [2] UCL Saint-Luc

■ **17:00** **Invited Lecture: Performance measures for small bowel endoscopy (capsule and DAE).**
E. Despott (London, U.K.)

■ **17:30** **BSGIE Award Ceremony**

■ **17:45** **End of the Session**

GIREM — ROOM: TIFFANY/SHAH

09:00-10:30 - SESSION 1

Moderators : B. De Winter (UAntwerpen), G. Boeckxstaens (KULeuven)

- **09:00** **Invited Lecture: Ferroptosis and inflammation research in critical illness.**
  T. Vanden Berghe (UAntwerpen)
- **09:45** B01 **Exploring myeloid cell heterogenicity in the resolution of postoperative Ileus using single-cell RNA sequencing.**
  S. Abdu Rahiman (1), M. Stakenborg (1), V. De Simone (1), S. Ibiza (1), B. Ke (1), D. Pirottin (2), T. Marichal (2), G. Matteoli (1) / [1] KU Leuven, [2] ULg Liege
- **10:00** B02 **Effect of a broad-spectrum serine protease inhibitor on intraperitoneal adhesion formation in a murine caecal ligation and puncture model.**
  P. Plaeke, J. De Man, A. Smet, P. Jorens, G. Hubens, B. De Winter / UAntwerpen
- **10:15** B03 **Intestinal barrier dysfunction in association with fibrosis during experimental acute and chronic colitis in mice.**
  T. Breugelmans, J. De Man, B. De Winter, A. Smet / UAntwerpen

10:30 - 11:00 COFFEE BREAK

11:00-12:30 - SESSION 2

Moderators : P. Vanden Berghe (UZ Leuven) , J.P. Timmermans (UAntwerpen)

- **11:00** **Invited Lecture: Using pluripotent stem cells to generate a human.**
  M. Mahe (Nantes, France)
- **11:45** B04 **Automatic cell tracking in Ca2+ imaging recordings of the enteric nervous system using BSpline Explicit Active Surfaces.**
  Y. Kazwiny (1), W. Boesmans (2), J. Pedrosa (1), J. D'hooge (1), P. Vanden Berghe (1) / [1] KU Leuven, [2] Hasselt University
- **12:00** B05 **Cathepsin S-mediated activation of human Mas-related G protein-coupled receptor F: a story of an underrated role for cysteine protease(s) in inflammatory bowel condition?**
  R. Arora, S. Van Remoortel, G. Van Raemdonck, G. Baggerman, R. Buckinx, D. Snyders, A. Labro, J.P. Timmermans / UAntwerpen
- **12:15** B06 **Ghrelin as a mediator of metabolic programming of obesity after undernutrition.**
  S. Sun, K. Corbeels, D. Louis, A. Segers, Q. Wang, B. Van Der Schueren, I. Depoortere / KULeuven

12:30 - 13:30 LUNCH

GIREM — ROOM: TIFFANY/SHAH

13:30-15:30 - SESSION 3

Moderators : A. Smet (UAntwerpen), J. Tack (UZ Leuven)

- **13:30** **Invited Lecture: Gut microbiotica and IBD: approaches to improve health.**
  G. Hold (Sydney, Australia)
- **14:15** B07 **Long term effects of Fecal Microbiota Transplantation in Irritable Bowel Syndrome with predominant abdominal bloating: results from a double blind, placebo-controlled, randomized controlled trial.**
  T. Holvoet (1), E. Christiaens (1), M. Joossens (2), J. Boelens (1), B. Verhasselt (1), M. De Vos (1), P. Hindryckx (1), J. Raes (2), D. De Looze (1) / [1] UZ Gent, [2] KU Leuven
- **14:30** B08 **Evidence of Transcriptional Changes in Pathways Regulating 5-HT Release from Enterochromaffin Cells in Irritable Bowel Syndrome.**
  A. Denadai Souza (1), N. Fabre (1), J. Aguilera-Lizarraga (1), L. Decraecker (1), A. Beyder (2), G. Boeckxstaens (1) / [1] KU Leuven, [2] Mayo Clinic, Rochester, USA
- **14:45** B09 **Psychological stress triggers a bystander immune response to food antigens leading to neuronal hyperexcitability and visceral hypersensitivity.**
  J. Aguilera-Lizarraga (1), M. Florens (1), C. Lopez-Lopez (2), J. Jaramillo-Polanco (2), S. Vanner (2), D. Reed (2), M. Wouters (1), G. Boeckxstaens (1) / [1] KU Leuven, [2] Queen's University, Kingston, Ontario, Canada
- **15:00** B10 **B 10 Mas-related G protein-coupled receptor C11 (MrgprC11) and its human orthologue MRGPRX1: novel players in visceral hypersensitivity?**
  S. Van Remoortel, H. Ceuleers, R. Arora, L. Van Nassauw, J. De Man, R. Buckinx, B. De Winter, J.P. Timmermans / UAntwerpen
- **15:15** B11 **B 11 Estrogens modulate the effect of stress on colonic sensitivity and function in a spontaneous rat model of functional gastro-intestinal disorders.**
  A. Accarie, J. Toth, L. Wauters, R. Farré, J. Tack, T. VanuytseL / KULeuven

15:30 - 16:00 COFFEE BREAK

THURSDAY 21

GIREM — ROOM: TIFFANY/SHAH

16:00-17:45 - SESSION 4

Moderators : R. Lefebvre (UGent), I. Depoortere (KULeuven)

- **16:00** B12 **Serine peptidases as novel target to treat visceral hypersensitivity.**
  L. Decraecker (1), B. De Winter (2), V. Cacheux (2), K. Augustyns (2), A. Denadai-Souza (1), G. Boeckxstaens (1) / [1] KULeuven, [2] UAntwerpen
- **16:15** B13 **Local rectal administration of a serine protease inhibitor reverses visceral hypersensitivity in a rat model for irritable bowel syndrome.**
  N. Hanning, H. Ceuleers, M. De Bruyn, I. De Meester, J. Joossens, K. Augustyns, H. De Schepper, A. Smet, J. De Man, B. De Winter / UAntwerpen
- **16:30** B14 **RvD2 as potential new treatment for visceral hypersensitivity in IBS.**
  M. Florens, E. Perna, J. Aguilera-Lizarraga, S. Theofanous, M. Wouters, G. Boeckxstaens / KULeuven
- **16:45** B15 **Duodenal hyperpermeability and eosinophilia and symptoms in functional dyspepsia patients are reduced by proton pump inhibitors.**
  L. Wauters, M. Lambaerts, D. Frings, A. Accarie, J. Toth, R. Farré, G. De Hertogh, J. Tack, T. Vanuytsel / UZ Leuven
- **17:00** B16 **Codeine induces major motility disorders in healthy volunteers: a randomised double-blind placebo-controlled crossover trial.**
  A. Geeraerts (1), H. Geysen (1), L. Ballet (1), C. Hofmans (1), T. Omari (2), A. Manolakis (1), N. Rommel (1), T. Vanuytsel (1), J. Tack (1), A. Pauwels (1) / [1] KU Leuven, [2] Flinders University, Australia
- **17:15** B17 **Identification of determinants of Irritable Bowel Syndrome symptom severity in primary care.**
  C. Tack (1), K. Van Den Houte (1), F. Carbone (1), E. Colomier (1), E. Clevers (1), J. Arts (2), J. Tack (1) / [1] KULeuven, [2] AZ Sint-Lucas Brugge, Assebroek/ Brugge
- **17:30** B18 **Does measurement of symptoms during a gastric emptying test improve correlation between symptoms and emptying rate?**
  R. De Buysscher, K. Van Den Houte, J. Tack, F. Carbone / KULeuven
- **17:45** **Concluding remarks**

GIREM E-POSTERS — ROOM: EXHIBITION AREA

- B19 **Food antigen-specific IgE-mediated immune response as underlying mechanism leading to visceral hypersensitivity in Irritable Bowel Syndrome (IBS).**
  M. Florens, J. Aguilera-Lizarraga, E. Perna, S. Theofanous, R. Bisschops, A. Denadai-Souza, P. Jain, C. Breynaert, M. Wouters, G. Boeckxstaens / UZ Leuven
- B20 **Rumination syndrome and supra-gastric belching can be diagnosed based on a 24 hour ph-impedance monitoring.**
  H. Geysen, E. Clevers, T. Vanuytsel, J. Tack, A. Pauwels / KU Leuven
- B21 **Prognostic Perspectives of Hydrochloric Acid Acidoinhibition Effectiveness Express Diagnostics in Stomach during Helicobacter pylori Eradication.**
  I. Paliy (1), V. Chernobrovyi (1), S. Zaika (1), I. Chernova (1), N. Kondratiuk (1) / [1] National Pirogov Memorial Medical University, Vinnytsya, Ukraine

Case Report Session

ROOM: SANCY

08:30-10:15 - SESSION 1

Moderators : C. Van Kemseke (CHU Sart Tilman, ULg), M. Aerts (UZ Brussel)

- **08:30** C01 **A rare complication of transfistulary endoscopic drainage after salvage esophagectomy foresophageal adenocarcinoma.**
  S. Ouazzani (1), J. Rigaux (2), I. Tancredi (2), E. Farinella (2), E. Toussaint (2) / [1] ULB Erasme [2] CHU de Charleroi, Hôpital Marie Curie
- **08:47** C02 **Capecitabine: not only hand-foot syndrome.**
  A. Van Oosterwyck, L. Bossuyt, M. Keuppens, S. Van Langendonck, M. Cool, G. Deboever, G. Lambrecht / AZ Damiaan, Oostende
- **09:04** C03 **Rediscovering surgical bile duct exploration in a multimodal approach for common bile duct stones.**
  L. Abreu De Carvalho, S. Van Cleven, O. Uyttebroek, P. Hindryckx, A. Vanlander, X. Rogiers, F. Berrevoet / UZ Gent
- **09:21** C04 **Hemophagocytic lymphohistiocytosis presenting as common gastrointestinal syndromes – think, act and seek immunological alterations.**
  S. Nullens, S. Naegels / ZNA Middelheim, Antwerpen
- **09:38** C05 **Hepatitis B Virus reactivation inducing severe acute hepatitis after Direct-Acting Antiviral Therapy for chronic Hepatitis C virus: A case report.**
  L. Schrooyen, I. Juriens, J. Rigaux / CHU de Charleroi, Hôpital Marie Curie
- **09:55** C06 **Confusion after bariatric surgery.**
  C. Delbaen, M. Surmont, C. Salem, P. Eisendrath, M. Van Gossum / CHU Saint-Pierre, Brussels

10:15-10:45 COFFEE BREAK

Case Report Session

ROOM: SANCY

10:45-12:30 - SESSION 2

Moderators : C. Van Kemseke (CHU Sart Tilman, ULg), M. Aerts (UZ Brussel)

- **10:45** C07 **Endoscopic management of a large bleeding esophageal polyp by submucosal tunneling and dissection.**
  Y. Mourabit (1), I. El Nakadi (1), L. Verset (2), P. Demetter (2), A. Lemmers (1), J. Devière (1) / [1] ULB Erasme, [2] ULB Bordet
- **11:02** C08 **A liver abscess from India.**
  C. De Herdt (1), S. Bourgeois (2) / [1] U Antwerpen, [2] ZNA Stuivenberg, Borgerhout
- **11:19** C09 **Ganglionic tuberculosis in a Crohn's disease patient treated by infliximab despite antituberculosis chemoprophylaxis.**
  S. Vieujean, T. Bury, L. Gaspard, J. Giot, S. Maweja, E. Louis, C. Van Kemseke / CHU Liege
- **11:36** C10 **Biliary papillomatosis.**
  M. Struyve (1), F. Gelders (2), D. Geusens (2), S. Van Der Merwe (2) / [1] ZOL Genk, [2] UZ Leuven
- **11:53** C11 **A biliary cast syndrome mimicking intrahepatic cholangiocarcinoma.**
  W. Soub Defeu, M. El Koulali, M. Ibrahim, N. Boon, T. Gustot, C. Moreno, D. Degré, M. Pezzulo, V. Lucidi, O. Le Moine, J. Devière, A. Lemmers / C.U.B. ULB Erasme
- **12:10** C12 **Identification of a new Hepatocyte Nuclear Factor 1alpha mutation in a patient with liver adenomatosis and MODY 3.**
  M. Surmont (1), C. Salem (1), C. Delbaen (1), V. Lucidi (2), J. Mulkay (1), T. Sersté (1) / [1] ULB Saint-Pierre, [2] ULB Erasme

12:30-14:00 LUNCH

THURSDAY 21

ULTRA SOUND Course

ROOM: FLORENTINE

Dear colleagues and friends,

This year, the Belgian week organises once again a practical, hands on **session in ultrasound** on **Thursday afternoon**.

The course will focus on general principles of **abdominal ultrasound**, **knobology** and **normal anatomy** (including gastrointestinal tract, appendix, stomach…). The course aims at trainees in gastroenterology and general medicine with **little or no ultrasound experience**.

After a short theoretical introduction, **participants will be able to practice on healthy volunteers**. In the beginning of the session, participants will be divided according to their level of experience.

We would encourage all physicians responsible for the training of gastroenterologists to give their junior fellows the opportunity to participate in this course, to make them (more) familiar with the abdominal ultrasound examination.

GRANTS & PRIZES

FELIX PAKHUIS

20:30 : GRANTS 2019 - AWARD CEREMONY

BWGE Research Grants:

- **Characterization of the intestinal immune system in intestinal fibrosis.**
  Creyns Brecht (KULeuven)
- **Unravelling the role of MUC1 and MUC13 in intestinal barrier dysfunction in inflammatory bowel diseases: from bench to bedside.**
  Tom Breugelmans (UAntwerpen)
- **Dynamics of macrophage populations, phenotypical changes and liver-gut interactions in the pathogenesis of alcoholic liver disease.**
  Sanne Van Campenhout (UGent)

Acta Gastroenterologica Belgica – Best Belgian Original Manuscript 2018:

- **Efficacy of switching to infliximab in patients with Crohn's disease with loss of response to adalimumab.**
  H. Peeters, E. Louis, F. Baert, O. Dewit, J.C. Coche, M. Ferrante, G. Lambrecht, A. Colard, A. Van Gossum, P. Bossuyt, T. Moreels, B. Vander Cruyssen, A. Gils, M. De Vos.
  Acta Gastro-Enterologica Belgica, Vol. LXXXI, January-March 2018: 15-21

BWGE 2019 Prizes:

- Best Poster Prize Clinical
- Best Poster Prize Basic
- Best Case Report

BGDO Prize

BASL, BIRD, BSGIE and BeSPGHAN Prizes will be announced but are awarded during their respective sessions.

DINNER & PARTY

FELIX PAKHUIS

VENUE: **Felix Pakhuis**
Godefriduskaai, 30 – 2000 Antwerp

Time:

7:30 pm	*Aperitive / Concert*	SARAH LETOR
8:30 pm	*Award Ceremony*	
8:45 pm	*Dinner & Party*	

Bus transfers: *7:00 pm* *Departure from the Hilton Hotel*
11:00 pm – 12:00 pm – 1:00 am
Departures from Felix Pakhuis

Registration: *35€ for registered participants*
80€ for an accompanying person

31ST EDITION

20 > 22.02.19

*Friday **22 February 2019** - Hilton Antwerp - meeting room TEUN*

Before the BGDO session Eli Lilly organises a breakfast symposium at the occasion of the Belgian Week of Gastroenterology.

To triplet or not to triplet: How to optimize sequential treatment in Gastric & GEJ cancer

Breakfast will be offered during this session.

- *Which 1st and 2nd line treatments to combine in sequential treatment?*
  Prof. Marc Van den Eynde (Cliniques Universitaires St. Luc Bruxelles)
- *Sequential treatment in practice*
  Interactive patient case presented by Dr. Veerle Casneuf (O.L.V. Ziekenhuis Aalst)
- *Which sequential treatment suits best for my patient?*
  Prof. Karen Geboes (UZ Gent)

Moderator of the expert panel: Prof. Marc Peeters (UZ Antwerpen)

Looking forward to meeting you all for breakfast
on **22 February at 08.15.**

Lilly

PP-ON-BE-0060 - JANUARY 2019 - R.P.: ELB, Markiesstraat 1/4B, 1000 Brussels
This meeting is meant only for individuals allowed by law to prescribe or deliver medicine

■ 08:15 - 09:00 **Breakfast Symposium ELI LILLY :**
To triplet or not to triplet:
How to optimize sequential treatment in Gastric & GEJ cancer.
Speakers : M. Van den Eynde (UCL Saint-Luc),
V. Casneuf (OLV Aalst),
K. Geboes (UZ Gent)

09:00-10:40 - SESSION 1 : Selected abstracts

Moderators : J.L. Van Laethem (ULB Erasme), K. Geboes (UZ Gent)

■ **09:00** O01 **Combining Baseline 18F-FDG PET/CT-based Metabolically Active Tumor Volume and Early Detection of Non-Response Significantly Improves Outcome Prediction in Chemorefractory Metastatic Colorectal Cancer.**
E. Woff (1), A. Hendlisz (1), L. Ameye (1), T. Guiot (1), M. Paesmans (1), A. Deleporte (1), K. Geboes (2), T. Delaunoit (3), G. Demolin (4), M. Peeters (5), L. D'hondt (6), J. Janssens (7), J. Carrasco (8), S. Holbrechts (9), J. Van Laethem (10), P. Flamen (1) / [1] ULB Bordet, Brussels, [2] UZ Gent, [3] Hôpital de Jolimont, Haine-Saint-Paul, [4] Centre Hospitalier St-Joseph, Liège, [5] UZ Antwerpen, [6] CHU UCL-Namur site Godinne, Yvoir, [7] AZ Turnhout, [8] Grand Hôpital de Charleroi, Hôpital Saint-Joseph, Gilly, [9] CHU Ambroise Paré, Mons, [10] ULB Erasme

■ **09:10** O02 **Neuroendocrine neoplasms grade 3: prospective overall survival data and survival after platinum-etoposide chemotherapy within an ENETS Center of Excellence.**
A. Cuypers (1), T. Vandamme (1), L. De Backer (1), S. Stroobants (1), M. Simoens (2), I. Dero (3), A. Driessen (1), B. Op De Beeck (1), W. Demey (4), W. Lybaert (5), M. Peeters (1), I. On Behalf Of The Steering Committee And All Netspecialists (1) / [1] U Antwerpen/UZ Antwerpen, [2] ZNA Jan Palfijn, Merksem, [3] Sint Augustinus Ziekenhuis GZA, Antwerpen, [4] KLINA, Brasschaat, [5] AZ Nikolaas

■ **09:20** O03 **Targeting CD70-positive cancer associated fibroblasts to tackle the immune suppressive tumor microenvironment in colorectal cancer.**
J. Jacobs (1), O. De Wever (2), T. Flieswasser (1), F. Lardon (1), C. Deben (1), V. Siozopoulou (3), H. Prenen (3), M. Peeters (3), E. Smits (1), P. Pauwels (3) / [1] U Antwerpen, [2] UZ Gent, [3] UZ Antwerpen

■ **09:30** O04 **Baseline high levels of cell-free DNA and the early increase of at least one mutation are independent prognostic biomarkers for patients with advanced colorectal cancer under regorafenib.**
P. Kehagias (1), C. Vandeputte (1), L. Ameye (1), H. El Housni (2), A. Deleporte (1),

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K. Geboes (3), T. Delaunoit (4), G. Demolin (5), M. Peeters (6), L. D'hondt (7), J. Janssens (8), J. Carrasco (9), S. Holbrechts (10), J. Goeminne (11), P. Vergauwe (12), J. Van Laethem (2), G. Ghanem (1), M. Paesmans (1), P. Flamen (1), A. Hendlisz (1)/ [1] ULB Bordet, [2] ULB Erasme, [3] UZ Gent, [4] Hôpital de Jolimont, Haine-Saint-Paul, [5] CHC St-Joseph, Liège, [6] UZ Antwerpen, [7] CHU UCL Namur, Site de Godinne, Yvoir, [8] AZ Turnhout, [9] Grand Hopital de Charleroi, [10] CHU Ambroise Paré Mons, Mons, [11] Ste Elisabeth Namur, [12] AZ Groeninge, Kortrijk

■ **09:40** O05 **Stratification of Pancreatic Ductal Adenocarcinomas Based on Tumor and Microenvironment Features.**
F. Puleo (1), R. Nicolle (2), Y. Blum (2), J. Cros (3), P. Demetter (1), E. Quertinmont (4), M. Svrcek (5), J. Iovanna (6), D. Franchimont (4), L. Verset (1), M. Gomez Galdon (1), J. Devière (4), A. De Reyniès (2), P. Laurent-Puig (7), J. Van Laethem (4), J. Bachet (8), R. Maréchal (4) / [1] ULB Bordet, Brussels, [2] (CIT), Ligue Nationale Contre Le Cancer, Paris, France, [3] Hôpital Beaujon, Clichy, France, [4] ULB Erasme, [5] Hopital Saint-Antoine, Paris, France, [6] INSERM, Marseille, France, [7] Paris Descartes, CPSC, Paris, France, [8] Hôpital Pitié Salpêtrière, Paris, France

■ **09:50** O06 **"NEOPAC": A multi-centric prospective observational registry on the NEOadjuvant therapeutic approach to the localised PAncreatiC adenocarcimona, a collaborative inter-university project (Ulg - FLCD - UCL - ULB).**
J. Siplet (1), I. Borbath (1), L. Mans (2), R. Maréchal (2), A. Frère (3), C. Rinken (3), B. Delhougne (3), G. Houbiers (4), C. Hubert (1), J. Closset (2), P. Honoré (5), F. Kreutz (4), H. Kalantari (6), J. Van Laethem (2), D. Van Daele (5) / [1] UCL Saint-Luc, [2] ULB Erasme, [3] CHR La Citadelle, Liège, [4] CHC, Liège, [5] CHU Liege, [6] CHR Verviers

■ **10:00** O07 **Regorafenib after failure of gemcitabine and platinum-based chemotherapy for Locally advanced (non resectable) and metastatic biliary tumors: a randomized double-blinded placebo-controlled phase II trial.**
A. Demols (1), I. Borbath (2), M. Van Den Eynde (2), G. Houbiers (3), M. Peeters (4), R. Maréchal (5), T. Delaunoit (6), J. Goeminne (7), S. Laurent (8), S. Holbrechts (9), M. Paesmans (10), J. Van Laethem (1) / [1] ULB Erasme, [2] UCL Saint-Luc, [3] CHC Liège, [4] UZ Antwerpen, [5] CHU Tivoli, La Louvière, [6] Hôpital de Jolimont, Haine-Saint-Paul, [7] Clinique Sainte-Elisabeth, Namur, [8] UZ Gent, [9] CHU Ambroise Paré MONS, [10] ULB Bordet

■ **10:10** O08 **Preoperative Radiation Therapy with a Simultaneous Integrated Boost Compared to Chemoradiotherapy for cT3-4 Rectal Cancer: A Multicentric Randomized Study.**
M. De Ridder (1), A. De Paoli (2), E. Delmastro (3), F. Munoz (4), S. Vagge (5), D. Norkus (6), H. Everaert (1), G. Tabaro (2), E. Garibaldi (3), U. Ricardi (4), E. Borsatti (2), P. Gabriele (3), G. Boz (2), E. Dubaere (1), M. Mahe (7), T. Gevaert (1), B. Engels (1) / [1] UZ Brussel, [2] National Cancer Insitute, Aviano, Italy, [3] IRCC Candiolo, Italy, [4] University of Torino, Italy, [5] National cancer research insitute and university of Genoa, Italy, [6] National cancer institute, Vilnius, Lithuania, [7] Centre Rene Gauducheau, St. Heblain, France

- **10:20** O09 **Combined Ga-DOTATATE and FDG PET/CT Imaging Improves Prognostic Stratification in Metastatic Gastroenteropancreatic Neuroendocrine Neoplasias.**
  I. Karfis, H. Levillain, G. Marin, G. Critchi, L. Taraji Schiltz, R. Muteganya, L. Shaza, L. Mans, M. Elbachiri, A. De Matos Pereira, Z. Wimana, G. Machiels, A. Hendlisz, P. Flamen / ULB Bordet

- **10:30** O10 **Efficacy, safety, and patient-reported outcomes in patients with hepatocellular carcinoma with alpha-fetoprotein ≥400ng/ml: A pooled analysis from REACH and REACH-2 studies.**
  I. Borbath (1), M. Kudo (2), R. Finn (3), P. Galle (4), J. Llovet (5), J. Blanc (6), T. Okusaka (7), I. Chau (8), D. Cella (9), M. Peck-Radosavljevic (10), A. Girvan (11), J. Gable (11), L. Bowman (11), P. Abada (11), Y. Hsu (11), A. Zhu (12) / [1] UCL Saint-Luc, [2] Kindai University, Osaka, Japan, [3] Los Angeles Medical Center, University of California, Los Angeles, USA, [4] Universitätsmedizin Mainz, Germany, [5] Mount Sinai School of Medicine, New York, USA, [6] CHU Bordeaux Hospital St. André, Bordeaux, France, [7] National Cancer Center Hospital, Tokyo, Japan, [8] The Institute of Cancer Research/Royal Marsden NHS Foundation Trust, Sutton, U.K., [9] Northwestern University, IL, USA, [10] Klinikum Klagenfurt am Wörthersee, Klagenfurt am Wörthersee, Austria, [11] Eli Lilly Belgium, [12] Massachusetts General Hospital, Boston, USA

- **10:40 - 11:15** COFFEE BREAK

11:15-12:15 - SESSION 2 : Highlights of the year

Moderators : S. Carton (Imelda Bonheiden), M. Peeters (UZ Antwerpen)

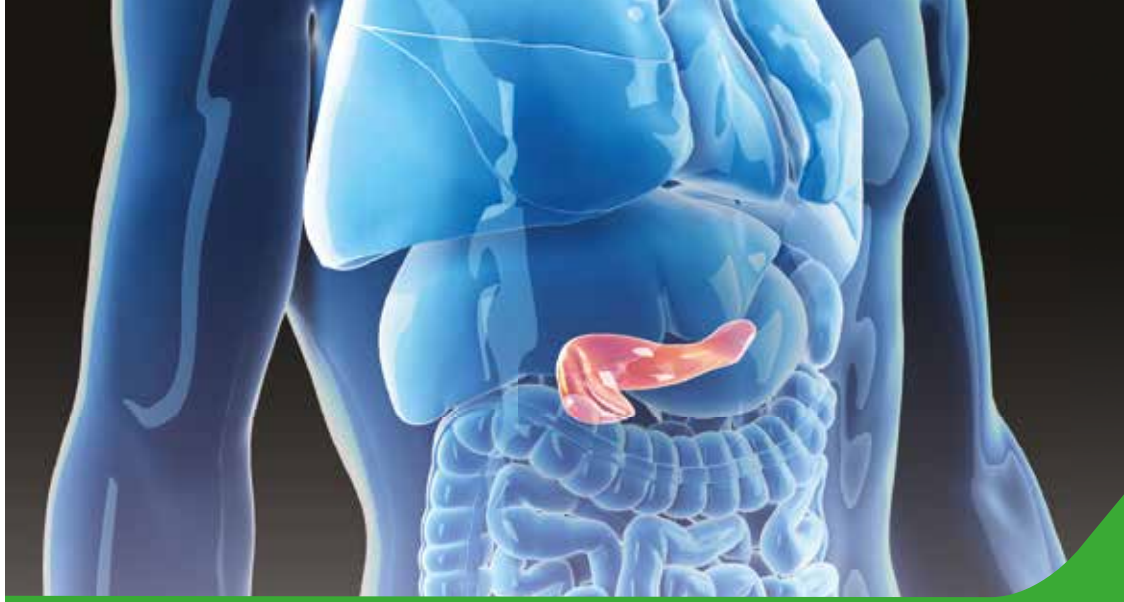
- **11:15** Highlights of the year: **Upper GI cancers**
  A. Deleporte / IJB Bruxelles

- **11:35** Highlights of the year: **Hepato-Bilio-Pancreatic cancers**
  I. Borbath / UCL Bruxelles

- **11:55** Highlights of the year: **Colo-Rectal cancers**
  M. De Man / UZ Gent

- **12:15 - 13:00** **Satellite Symposium SERVIER : New perspectives in the approach of pancreatic cancer.**
  Speakers : G. Präger (Vienna, Austria), C. Neuzillet (Paris, France)

SERVIER



*Friday **22 February 2019** - Hilton Antwerp - meeting room TEUN*

After the BGDO Session Servier organises a lunch symposium at the occasion of the Belgian Week of Gastroenterology.

New perspectives in the approach of pancreatic cancer

Chairmen : Prof. Ivan Borbath, UCL Brussels
Prof. Jean-Luc Van Laethem, ULB Erasme Brussels
Prof. Chris Verslype, UZ Leuven

- *Sequencing strategies in metastatic pancreatic cancer treatment*
  Prof. Gerald Prager, Head of the Gastro-Intestinal Cancer Program, Medical University of Vienna, Austria

- *Targeting the tumour microenvironment for pancreatic ductal adenocarcinoma therapy*
  Dr. Cindy Neuzillet, Institut Curie – site de Saint Cloud, Paris, France

Looking forward to meeting you all
on **22 February at at 12.15**.

SERVIER

- O11 **Fat Quality: The Handsome Stranger in Esophageal Cancer Prognosis.**
  M. Anciaux (1), L. Ameye (1), T. Guiot (1), P. Flamen (1), S. Goldman (2), P. Demetter (1), A. Deleporte (1), M. Paesmans (1), V. Donckier (1), A. Van Gossum (2), A. Hendlisz (1), C. Vandeputte (1) / [1] ULB Bordet, [2] ULB Erasme

- O12 **Is a single driver gene mutation sufficient for monitoring early response in advanced colorectal cancer?**
  P. Kehagias (1), C. Vandeputte (1), L. Ameye (1), H. El Housni (2), A. Deleporte (1), K. Geboes (3), T. Delaunoit (4), G. Demolin (5), M. Peeters (6), L. D'hondt (7), J. Janssens (8), J. Carrasco (9), M. Gomez Galdon (1), P. Heimann (2), M. Paesmans (1), P. Flamen (1), A. Hendlisz (1) / [1] ULB Bordet, [2] ULB Erasme, [3] UZ Gent, [4] Hôpital de Jolimont, Haine-Saint-Paul, [5] CHC St-Joseph, Liège, [6] UZ Antwerpen, [7] CHU UCL Namur, Site de Godinne, Yvoir, [8] AZ Turnhout, [9] Grand Hopital de Charleroi

- O13 **The prognostic value of KRAS, NRAS, BRAF and DNA mismatch repair (MMR) status in left- and right-sided metastatic colorectal cancer (mCRC): a Belgian population-based study.**
  K. Janssens (1), G. Van Camp (2), K. Op De Beeck (2), E. Fransen (1), N. Van Damme (3), M. Peeters (4) / [1] U Antwerpen, [2] Center of Oncological Research (CORE), Wilrijk, [3] Belgian Cancer Registry, Brussels, [4] UZ Antwerpen

- O14 **Independent Cohort Validation of the Negative Prognostic Impact of High Visceral Adipose Tissue Density in Advanced Colorectal Cancer.**
  C. Vandeputte, A. Deleporte, T. Guiot, L. Ameye, M. Paesmans, P. Flamen, A. Hendlisz /ULB Bordet, Brussels

- O15 **Results from the observational COLONG study of patients with metastatic colorectal cancer (mCRC) treated with regorafenib for 4 months or more in Belgium.**
  M. Peeters (1), A. Demols (2), K. Geboes (3), K. Hendrickx (4), D. Van Daele (5), M. Van Den Eynde (6), J. Wilputte (7) / [1] UZ Antwerpen, [2] ULB Erasme, [3] UZ Gent, [4] OLV Aalst, [5] CHU Liege, [6] UCL Saint-Luc, [7] Cliniques Sud Luxembourg, Arlon

- O16 **Personalised selective internal radiation therapy improves outcomes in refractory intrahepatic cholangiocarcinoma: a multicenter study.**
  H. Levillain (1), I. Duran Derijckere (1), L. Ameye (1), T. Guiot (1), A. Braat (2), B. Vanderlinden (1), N. Reynaert (1), A. Hendlisz (1), M. Lam (2), C. Deroose (3), H. Ahmadzadehfar (4), P. Flamen (1) / [1] ULB Bordet, [2] University Medical Center Utrecht, The Netherlands, [3] UZ Leuven, [4] University Hospital Bonn, Germany

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EXHIBITION AREA

- O17 **90Y-PET/CT-based dosimetry after selective internal radiation therapy predicts outcome in patients with liver metastases from colorectal cancer.**
  H. Levillain, I. Duran Derijckere, G. Marin, T. Guiot, M. Vouche, N. Reynaert, A. Hendlisz, B. Vanderlinden, P. Flamen / ULB Bordet, Brussels

- O18 **25 years of the Belgian Familial Adenomatous Polyposis Association: results and lessons from a nationwide registry.**
  D. Leonard (1), A. Wolthuis (2), K. Dahan (3), M. Renson (4), A. Delespesse (4), K. Sanctorum (4), C. Verellendumoulin (3), S. Laurent (5), K. Claes (5), D. Franchimont (6), S. Tejpar (2), A. D'hoore (2), E. Van Cutsem (2), A. Kartheuser (1) / [1] UCL Saint-Luc, [2] UZ Leuven, [3] Institut de Pathologie et de Génétique, Charleroi, [4] FAPA, Brussels, [5] UZ Gent, [6] ULB Erasme

- O19 **The metabolic clinical risk score (mCRS) as a new prognostic model for surgical decision in patients with colorectal liver metastases.**
  I. Duran Derijckere (1), H. Levillain (1), A. Bohlok (1), C. Mathey (2), J. Nezri (1), R. Muteganya (2), V. Lucidi (2), F. Bouazza (1), G. Van Simaeys (2), S. Goldman (2), A. Hendlisz (1), P. Flamen (1), V. Donckier (1) / [1] ULB Bordet, [2] C.U.B. ULB Erasme

Working Group of Digestive Pathology

ROOM: LIJN

WHAT'S NEW IN COLORECTAL CANCER

09:00-10:00 - SESSION 1

Moderators : A. Hoorens (UZ Gent), P. Baldin (UCL Saint-Luc)

- **09:00** **Invited Lecture: Tumour budding in colorectal cancer.**
  A. Lugli (Bern, Switzerland)
- **09:30** **Invited Lecture: Applicability of tumour budding in daily practice.**
  P. Demetter (ULB Bordet)

10:00-10:30 COFFEE BREAK

10:30-12:15 - SESSION 2

Moderators : A. Hoorens (UZ Gent), P. Baldin (UCL Saint-Luc)

- **10:30** **Invited Lecture: Reporting of colorectal cancer in polypectomy specimens.**
  H. Dano (UCL Saint-LUC)
- **11:00** R01 **Prognostic significance of CDX2 expression in resected stage II and stage III colorectal cancer.**
  M. De Pelsemaeker (1), M. Van Den Eynde (2), A. Kartheuser (3), P. Baldin (4), A. Jouret-Mourin (4) / UCL Saint-Luc
- **11:15** R02 **Case report: Co-existence of serrated adenoma and adenocarcinoma ex goblet cell carcinoid in the appendix.**
  F. Cordier, L. Ferdinande, W. Willaert, A. Hoorens / UZ Gent
- **11:30** R03 **Mesothelial-to-mesenchymal transition in the pathogenesis of colorectal peritoneal metastases.**
  J. Demuytere (1), W. Ceelen (2), J. Van Dorpe (2), A. Hoorens (2) / [1] UGent, [2] UZ Gent
- **11:45** R04 **Endoscopic features, pathological correlates and possible origin of foveolar gastric metaplasia presenting as a duodenal polyp.**
  L. Libbrecht, H. Dano, C. Toussaint, H. Piessevaux / UCL Saint-Luc
- **12:00** R05 **Hepatocellular adenoma, focal nodular hyperplasia and hepatic granulomas in one single patient: a curious association.**
  R. Dehon (1), I. Scagnol (2), M. Komuta (3), P. Demetter (1), M. Gomez-Galdon (1) / [1] ULB Bordet, [2] CHU Liège, [3] UCL Saint-Luc

12:15-14:00 LUNCH

Working Group of Digestive Pathology

ROOM: LIJN

14:00-15:30 - SESSION 3

Moderators : A. Driessen (UZ Antwerpen), P. Demetter (ULB Bordet)

- **14:00** **Invited Lecture: The immunoscore.**
  J. Galon (Paris, France)
- **14:30** **Invited Lecture: Applicability of immunoscore in daily practice.**
  L. Verset (ULB Bordet)
- **15:00** **Invited Lecture: Molecular pathology of colorectal cancer.**
  L. Gadeyne, X. Sagaert (UZ Leuven)

15:30-16:00 COFFEE BREAK

16:00-17:00 - SESSION 4

Moderators : A. Driessen (UZ Antwerpen), P. Demetter (ULB Bordet)

- **16:00** R06 **Believe it or not: unusual progression of liver lesions.**
  S. Gossé, B. Gys, T. Chapelle, B. Op De Beeck, A. Driessen, T. Vanwolleghem, P. Michielsen, L. Vonghia, S. Francque / UZ Antwerpen
- **16:15** R07 **White tumor in the colon.**
  Z. Issa, C. Debaille, M. Mignon, D. Augusto, G. Catala, M. Schapira / UCL Jolimont
- **16:30** R08 **Case report of a Kaposi sarcoma involving the upper digestive tract in 40 y-old kidney transplant patient.**
  M. Poncin, J. Loly, J. Belaiche, C. Bonvoisin, P. Honoré, J. Somja, S. Defroidmont, E. Louis / CHU Liège
- **16:45** R09 **In pathology we trust! Or shouldn't we?**
  S. Van Langendonck, G. Van Parys, M. Cool, G. Lambrecht, G. Deboever / AZ Damiaan, Oostende
- **17:00** **End of the Session**

FRIDAY 22

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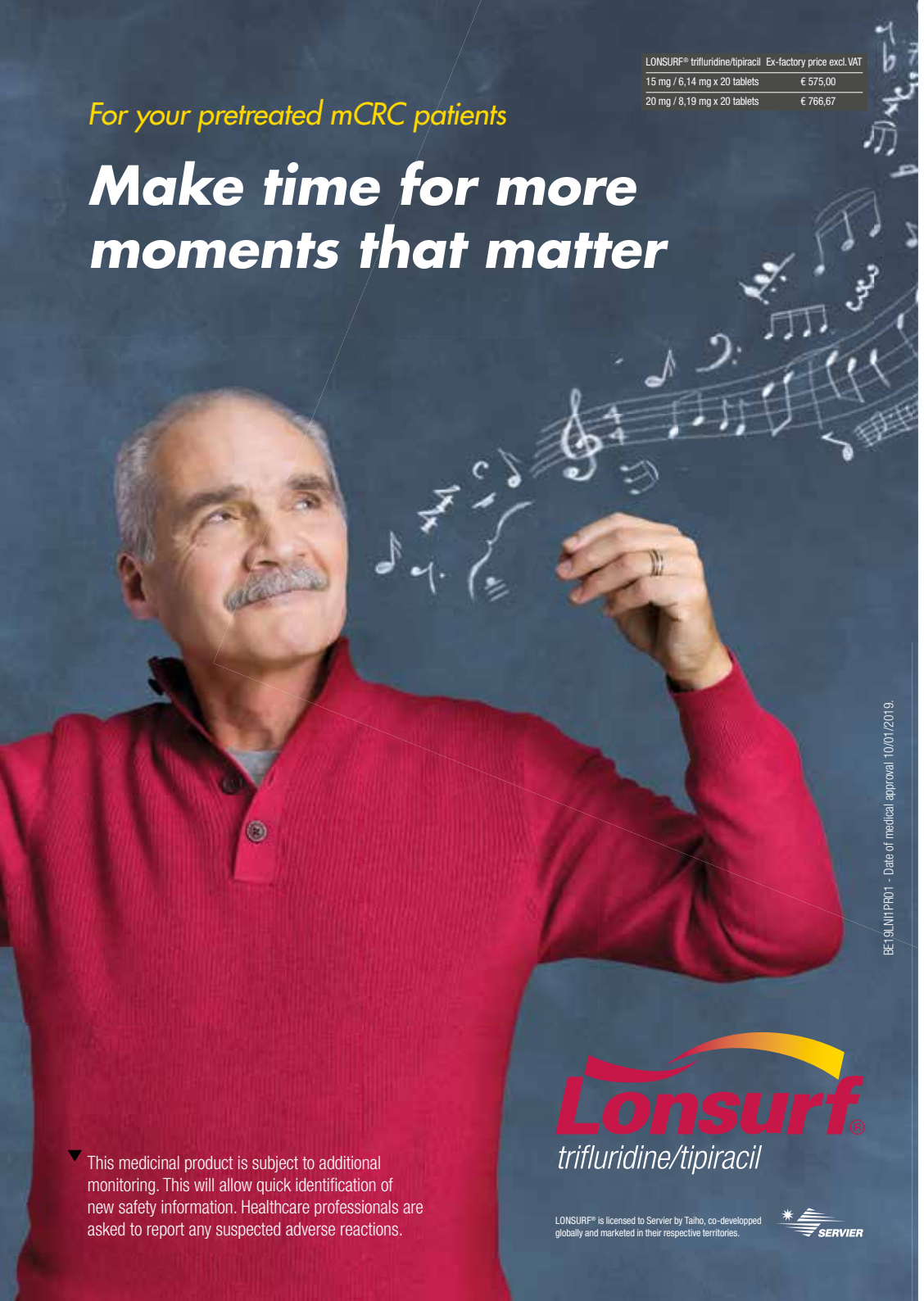

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▼ Dit geneesmiddel is onderworpen aan aanvullende monitoring. Daardoor kan snel nieuwe veiligheidsinformatie worden vastgesteld. Beroepsbeoefenaren in de gezondheidszorg worden verzocht alle vermoedelijke bijwerkingen te melden. Zie rubriek *Bijwerkingen* voor het rapporteren van bijwerkingen. **NAAM VAN HET GENEESMIDDEL:** Lonsurf 15 mg/6,14 mg filmomhulde tabletten. Lonsurf 20 mg/8,19 mg filmomhulde tabletten. **KWALITATIEVE EN KWANTITATIEVE SAMENSTELLING: Lonsurf 15 mg/6,14 mg filmomhulde tabletten** Elke filmomhulde tablet bevat 15 mg trifluridine en 6,14 mg tipiracil (in de vorm van hydrochloride). Hulpstof met bekend effect: Elke filmomhulde tablet bevat 90,735 mg lactosemonohydraat. **Lonsurf 20 mg/8,19 mg filmomhulde tabletten** Elke filmomhulde tablet bevat 20 mg trifluridine en 8,19 mg tipiracil (in de vorm van hydrochloride). Hulpstof met bekend effect: Elke film-omhulde tablet bevat 120,980 mg lactosemonohydraat. Voor de volledige lijst van hulpstoffen, zie rubriek 6.1. van de samenvatting van de productkenmerken. **FARMACEUTISCHE VORM** Filmomhulde tablet. **Lonsurf 15 mg/6,14 mg filmomhulde tabletten** De tablet is wit, biconvex, rond, filmomhuld met een diameter van 7,1 mm en een dikte van 2,7 mm, die is voorzien van een opdruk in grijze inkt van "15" aan de ene zijde en "102" en "15 mg" aan de andere zijde. **Lonsurf 20 mg/8,19 mg filmomhulde tabletten** De tablet is lichtrood, biconvex, rond, filmomhuld met een diameter van 7,6 mm en een dikte van 3,2 mm, die is voorzien van een opdruk in grijze inkt van "20" aan de ene zijde en "102" en "20 mg" aan de andere zijde. **THERAPEUTISCHE INDICATIES** Lonsurf is geïndiceerd voor de behandeling van volwassen patiënten met gemetastaseerd colorectaal carcinoom (CRC) die eerder zijn behandeld met of niet in aanmerking komen voor bestaande therapieën, waaronder chemotherapie op basis van fluoropyrimidine, oxaliplatine en irinotecan, behandeling met anti-VEGF-middelen en behandeling met anti-EGFR-middelen. **DOSERING EN WIJZE VAN TOEDIENING** Lonsurf moet worden voorgeschreven door artsen die ervaring hebben met de toepassing van antikankerbehandelingen. ***Dosering:*** De aanbevolen startdosis van Lonsurf bij volwassenen is 35 mg/m²/dosis, oraal en tweemaal daags in te nemen op Dag 1 tot en met 5 en Dag 8 tot met 12 van elke 28-daagse cyclus zo lang er verbetering wordt waargenomen of totdat onacceptabele toxiciteit optreedt (zie rubriek 4.4 van de samenvatting van de productkenmerken). De dosering wordt berekend aan de hand van het lichaamsoppervlak (zie tabel 1). De dosering mag niet hoger zijn dan 80 mg/dosis. De patiënt mag een vergeten of overgeslagen dosis niet inhalen.

Tabel 1 – Berekening van startdosis aan de hand van lichaamsoppervlak

Startdosis	Lichaams-oppervlak (m²)	Dosis in mg (tweemaal daags)	Tabletten per dosis (tweemaal daags)		Totale dagelijkse dosis (mg)
			15mg/6,14mg	20mg/8,19mg	
35 mg/m²	< 1,07	35	1	1	70
	1,07 – 1,22	40	0	2	80
	1,23 – 1,37	45	3	0	90
	1,38 – 1,52	50	2	1	100
	1,53 – 1,68	55	1	2	110
	1,69 – 1,83	60	0	3	120
	1,84 – 1,98	65	3	1	130
	1,99 – 2,14	70	2	2	140
	2,15 – 2,29	75	1	3	150
	≥ 2,30	80	0	4	160

Aanbevolen dosisaanpassingen Ten behoeve van de individuele veiligheid en verdraagbaarheid kan het nodig zijn de dosering aan te passen. Maximaal 3 dosisverlagingen zijn toegestaan tot een minimumdosis van 20 mg/m² tweemaal daags. Na verlaging van de dosis mag deze niet meer worden verhoogd. In geval van hematologische en/of niet-hematologische toxiciteit moet de patiënt de behandeling aan de hand van de in tabel 2, 3 en 4 genoemde criteria onderbreken en later hervatten met een verlaagde dosis.

Tabel 2 – Criteria voor onderbreking en hervatting van de behandeling bij hematologische toxiciteit samenhangend met myelosuppressie

Parameter	Onderbrekingscriteria	Hervattingscriteria [a]
Neutrofielen	< 0,5 × 10^9/l	≥ 1,5 × 10^9/l
Bloedplaatjes	< 50 × 10^9/l	≥ 75 × 10^9/l

[a] Hervattingscriteria toe te passen aan het begin van de volgende cyclus voor alle patiënten ongeacht of is voldaan aan de onderbrekingscriteria.

Tabel 3 – Aanbevolen dosisaanpassingen voor Lonsurf in geval van hematologische en niet-hematologische bijwerkingen

Bijwerking	Aanbevolen dosisaanpassing
• Febriele neutropenie • Neutropenie (<0,5 x 10^9/l) of trombocytopenie (<25 x 10^9/l) graad 4 volgens CTCAE*, resulterend in meer dan 1 week vertraging van het begin van de volgende cyclus • Niet-hematologische bijwerkingen graad 3 of 4 volgens CTCAE*, met uitzondering van misselijkheid en/of braken graad 3 gereguleerd door een antemeticum of diarree reagerend op een antidiarrhoicum	• Onderbreek de behandeling totdat de toxische bijwerkingen zijn afgenomen tot graad 1 of de graad van de nulmeting • Wanneer de behandeling wordt hervat moet de dosis worden verlaagd met 5 mg/m²/dosis ten opzichte van de vorige dosis (tabel 4) • Dosisverlaging is toegestaan tot een minimum van 20 mg/m²/dosis tweemaal daags in te nemen • Verhoog de dosis niet nadat deze eerder is verlaagd

* Gebruikelijke terminologie criteria voor adverse events

Tabel 4 – Dosisverlagingen aan de hand van lichaamsoppervlak

Verlaagde dosis	Lichaams-oppervlak (m²)	Dosis in mg (tweemaal daags)	Tabletten per dosis (tweemaal daags)		Totale dagelijkse dosis (mg)
			15mg/6,14mg	20mg/8,19mg	
Dosisverlaging niveau 1: van 35 mg/m² tot 30 mg/m²					
30 mg/m²	< 1,09	30	2	0	60
	1,09 – 1,24	35	1	1	70
	1,25 – 1,39	40	0	2	80
	1,40 – 1,54	45	3	0	90
	1,55 – 1,69	50	2	1	100
	1,70 – 1,94	55	1	2	110
	1,95 – 2,09	60	0	3	120
	2,10 – 2,28	65	3	1	130
	≥ 2,29	70	2	2	140
Dosisverlaging niveau 2: van 30 mg/m² tot 25 mg/m²					
25 mg/m²	< 1,10	25[a]	2[a]	1[a]	50[a]
	1,10 – 1,29	30	2	0	60
	1,30 – 1,49	35	1	1	70
	1,50 – 1,69	40	0	2	80
	1,70 – 1,89	45	3	0	90
	1,90 – 2,09	50	2	1	100
	2,10 – 2,29	55	1	2	110
	≥ 2,30	60	0	3	120
Dosisverlaging niveau 3: van 25 mg/m² tot 20 mg/m²					
20 mg/m²	< 1,14	20	0	1	40
	1,14 – 1,34	25[a]	2[a]	1[a]	50[a]
	1,35 – 1,59	30	2	0	60
	1,60 – 1,94	35	1	1	70
	1,95 – 2,09	40	0	2	80
	2,10 – 2,34	45	3	0	90
	≥ 2,35	50	2	1	100

[a] Bij een totale dagelijkse dosis van 50 mg dient de patiënt 's ochtends 1 tablet van 20 mg/8,19 mg in te nemen en 's avonds 2 tabletten van 15 mg/6,14 mg.

LONSURF® trifluridine/tipiracil	Prijs af-fabriek excl. BTW
15 mg / 6,14 mg x 20 tabletten	€ 575,00
20 mg / 8,19 mg x 20 tabletten	€ 766,67

Speciale populaties: *Nierinsufficiëntie • Lichte nierinsufficiëntie (creatinineklaring [CrCl] van 60 tot 89 ml/min) of matige nierinsufficiëntie (CrCl van 30 tot 59 ml/min)* Aanpassing van de startdosis wordt niet aanbevolen bij patiënten met lichte of matige nierinsufficiëntie (zie rubriek 4.4 en 5.2). *• Ernstige nierinsufficiëntie (CrCl van minder dan 30 ml/min) of nierziekte in het laatste stadium* Toediening wordt niet aanbevolen bij patiënten met ernstige nierinsufficiëntie of een nierziekte in het laatste stadium aangezien er van dit soort patiënten geen gegevens beschikbaar zijn (zie rubriek 4.4). *Leverinsufficiëntie • Lichte leverinsufficiëntie* Aanpassing van de startdosis wordt niet aanbevolen bij patiënten met lichte leverinsufficiëntie. *• Matige of ernstige leverinsufficiëntie* Toediening van dit geneesmiddel wordt niet aanbevolen bij patiënten met matige of ernstige leverinsufficiëntiebij aanvang (criteriumgroep C en D van het National Cancer Institute (NCI)) gedefinieerd als totaal bilirubine >1,5 x ULN), aangezien een hogere incidentie van hyperbilirubinemie van graad 3 of 4 wordt waargenomen bij patiënten met matige leverinsufficiëntie bij aanvang, hoewel dit op zeer beperkte gegevens is gebaseerd (zie rubriek 4.4 en 5.2). *Oudere patiënten:* Aanpassing van de startdosis is niet nodig bij patiënten van 65 jaar of ouder (zie rubriek 4.8, 5.1 en 5.2). De hoeveelheid beschikbare werkzaamheids- en veiligheidsgegevens bij patiënten van ouder dan 75 jaar is beperkt. *Pediatrische patiënten:* Er is geen relevante toepassing van Lonsurf bij pediatrische patiënten voor de indicatie van gemetastaseerd colorectaal carcinoom. *Ras:* Aanpassing van de startdosis is niet nodig op basis van het ras van de patiënt (zie rubriek 5.1 en 5.2). Er zijn beperkte gegevens beschikbaar over Lonsurf bij Zwarte/Afro-Amerikaanse patiënten, maar er zijn geen biologische redenen om enig verschil te verwachten tussen deze subgroep en de populatie als geheel. ***Wijze van toediening:*** Lonsurf is bestemd voor oraal gebruik. De tabletten moeten worden ingenomen met een glas water binnen 1 uur na beëindiging van het ontbijt en de avondmaaltijd. **CONTRA-INDICATIES:** Overgevoeligheid voor de werkzame stoffen of voor een van de in rubriek 6.1 vermelde hulpstoffen. **BIJZONDERE WAARSCHUWINGEN EN VOORZORGEN BIJ GEBRUIK** *Beenmergsuppressie:* myelosuppressie. Vóór aanvang van de behandeling moet een compleet bloedbeeld worden gedaan en ter controle van de toxiciteit moet, waar nodig, vóór elke behandelingscyclus een bloedtelling (minimaal) worden uitgevoerd. De behandeling mag niet worden gestart indien het totale aantal neutrofielen lager is dan 1,5 x 10^9/l, indien het aantal bloedplaatjes minder is dan 75 x 10^9/l, en indien de patiënt een nog niet opgeloste, niet-hematologische, klinisch relevante toxiciteit graad 3 of 4 van voorgaande behandelingen vertoont. De conditie van de patiënt moet nauwlettend in de gaten worden gehouden. Indien de klinische situatie dat vereist moeten de juiste middelen worden toegediend. *Gastro-intestinale toxiciteit:* Indien de klinische situatie dat vereist, moet een antemeticum of antidiarrhoicum worden voorgeschreven of moeten andere maatregelen worden getroffen, bijvoorbeeld substitutietherapie voor de aanvulling van vocht en elektrolyten. Dosisaanpassingen moeten indien nodig worden uitgevoerd. *Nierinsufficiëntie:* Het gebruik van Lonsurf wordt niet aanbevolen bij patiënten met ernstige nierinsufficiëntie of nierfalen. Patiënten met matige nierinsufficiëntie moeten vaker worden gecontroleerd op hematologische toxiciteitverschijnselen. *Leverinsufficiëntie:* Niet aanbevolen bij patiënten met matige of ernstige leverinsufficiëntie voor aanvang van de behandeling. *Proteïnurie:* Aanbevolen wordt voorafgaand aan en regelmatig tijdens de behandeling te controleren op proteïnurie door middel van urineanalyse met een teststrip. *Lactose-intolerantie:* Bevat lactose. **INTERACTIES MET ANDERE GENEESMIDDELEN EN ANDERE VORMEN VAN INTERACTIE*:** Voorzichtigheid is geboden bij het gebruik van geneesmiddelen die een wisselwerking hebben met de transportervitten CNT1, ENT1, ENT2 en middelen die de werking van OCT2 of MATE1 remmen. Voorzichtigheid is geboden bij het gebruik van geneesmiddelen die substraat zijn voor humaan thymidinekinase, bijv. zidovudine. Vrouwen die een hormonaal anticonceptiemiddel gebruiken moeten ook een barrièremethode gaan gebruiken om conceptie te voorkomen. **VRUCHTBAARHEID, ZWANGERSCHAP EN BORSTVOEDING*:** afgeraden. **BEÏNVLOEDING VAN DE RIJVAARDIGHEID EN HET VERMOGEN OM MACHINES TE BEDIENEN*** Vermoeidheid, duizeligheid of het zich onwel voelen kan tijdens de behandeling optreden. **BIJWERKINGEN:** ***Samenvatting van het veiligheidsprofiel:*** De ernstigste bijwerkingen die werden waargenomen bij patiënten die Lonsurf innamen zijn beenmergsuppressie en gastro-intestinale toxiciteit (zie rubriek 4.4). De vaakst voorkomende bijwerkingen (≥30%) waargenomen bij patiënten tijdens de behandeling met Lonsurf zijn neutropenie (54% [35% ≥graad 3]), misselijkheid (39% [1% ≥graad 3]), vermoeidheid (35% [4% ≥graad 3]), anemie (32% [13% ≥graad 3]) en leukopenie (31% [12% ≥graad 3]). De meest voorkomende bijwerkingen waargenomen tijdens de behandeling met Lonsurf die resulteerden in onderbreking van de behandeling, dosisverlaging en uitstel of onderbreking van de dosisinname waren neutropenie, algemene verslechtering van de gezondheid, anemie, febriele neutropenie, vermoeidheid, diarree en dyspneu. Hieronder is er een overzicht van de bijwerkingen waargenomen bij de 533 patiënten met gemetastaseerd colorectaal carcinoom, die een behandeling ondergingen met Lonsurf met een startdosis van 35 mg/m²/dosis in een placebogecontroleerde, klinische fase III-studie (RECOURSE). Deze bijwerkingen zijn geclassificeerd volgens de systeem/orgaanklasse (SOC: *system organ class*) en voor de beschrijving van de soort bijwerkingen, synoniemen ervan en gerelateerde aandoeningen zijn de van toepassing zijnde termen uit de *Medical Dictionary for Regulatory Terms* (MedDRA) gebruikt. De bijwerkingen zijn naar frequentie gegroepeerd. De frequentiegroepen zijn als volgt gedefinieerd: zeer vaak (≥1/10); vaak (≥1/100, <1/10); soms (≥1/1000, <1/100). Binnen elke frequentiegroep zijn de bijwerkingen gerangschikt op volgorde van afnemende ernst. **Infecties en parasitaire aandoeningen:** *Vaak:* onderste luchtweginfecties, bovenste luchtweginfecties. *Soms:* septische shock[a], enteritis infectiosa, longinfectie, galweginfectie, influenza, urineweginfectie, tandvleesinfectie, herpes zoster, tinea pedis, candidiase, bacteriële infectie, infectie. **Neoplasmata, benigne, maligne en niet-gespecifieerde (inclusief cycten en poliepen):** *Soms:* kankerpijn. **Bloed- en lymfestelselaandoeningen:** *Zeer vaak:* neutropenie, Leukopenie, anemie, trombocytopenie. *Vaak:* febriele neutropenie, lymfopenie, monocytose. *Soms:* pancytopenie, granulocytopenie, monocytopenie, erytropenie, leukocytose. **Voedings- en stofwisselingsstoornissen:** *Zeer vaak:* verminderde eetlust. *Vaak:* hypoalbuminemie. *Soms:* dehydratie, hyperglykemie, hyperkaliëmie, hypokaliëmie, hypofosfatemie, hypernatriëmie, hyponatriëmie, hypocalciëmie, jicht. **Psychische stoornissen:** *Vaak:* insomnie. *Soms:* angst. **Zenuwstelselaandoeningen:** *Vaak:* dysgeusie, perifere neuropathie, duizeligheid, hoofdpijn. *Soms:* neurotoxiciteit, dysesthesie, hyperesthesie, hypo-esthesie, syncope, paresthesie, brandend gevoel, lethargie. **Oogaandoeningen:** *Soms:* verminderde gezichtsscherpte, wazig zien, diplopie, cataract, conjunctivitis, droge ogen. **Evenwichtsorgaan- en ooraandoeningen:** *Soms:* vertigo, oorklachten. **Hartaandoeningen:** *Soms:* angina pectoris, arrhytmia, palpitaties. **Bloedvataandoeningen:** *Vaak:* flush. *Soms:* embolisatie, hypertensie, hypotensie. **Ademhalingsstelsel-, borstkas- en mediastinumaandoeningen:** *Vaak:* dyspneu, hoesten. *Soms:* longembolie, pleurale effusie, rinorroe, dysfonie, orofarygneale pijn, epistaxis. **Maag-darmstelselaandoeningen:** *Zeer vaak:* diarree, misselijkheid, braken. *Vaak:* buikpijn, constipatie, stomatitis, afwijkingen in de mond. *Soms:* hemorragische enterocolitis, gastro-intestinale hemorragie, acute pancreatitis, ascites, ileus, subileus, colitis, gastritis, refluxgastritis, oesofagitis, vertraagde maagledigning, abdominale distensie, anale ontsteking, zweevorming in de mond, dyspepsie, gastro-oesofageale refluxziekte, proctalgie, buccale poliep, tandvleesbloeding, glossitis, periodontale ziekte, tandproblemen, kokhalzen, flatulentie, slechte adem. **Lever- en galaandoeningen:** *Vaak:* hyperbilirubinemie. *Soms:* hepatotoxemie, biliaire dilatatie. **Huid- en onderhuidaandoeningen:** *Vaak:* palmair-plantaire erytrodysesthesie-syndroom*,* rash, alopecia, pruritus, droge huid. *Soms:* exfoliatie van de huid, urticaria, lichtgevoelige reactie, erytheem, acne, hyperhidrose, blaarvorming, nagelafwijkingen. **Skeletspierstelsel- en bindweefselaandoeningen:** *Soms:* gezwollen gewrichten, atralgie, botpijn, myalgie, musculoskeletale pijn, spierzwakte, spierspasmen, pijn in de ledematen, gevoel van zwaarte. **Nier- en urinewegaandoeningen:** *Vaak:* proteïnurie. *Soms:* nierfalen, niet-infectueuze cystitis, stoornis van de urinelozing, hematurie, leukocyturie. **Voortplantingsstelsel- en borstaandoeningen:** *Soms:* stoornis van de menstruatiecyclus. **Algemene aandoeningen en toedieningsplaatsstoornissen:** *Zeer vaak:* vermoeidheid. *Vaak:* pyrexie, oedeem, mucositis, malaise. *Soms:* verslechtering van de algemene lichamelijke gezondheid, pijn, gevoel van veranderde lichaamstemperatuur, xerose. **Onderzoeken:** *Vaak:* verhoogd leverenzym, verhoogde concentratie alkalische fosfatase in het bloed, gewichtsafname. *Soms:* verhoogde creatinineconcentratie in het bloed, QT-verlenging in elektrocardiogram, verhoogde INR (*International normalised ratio*), verlengde geactiveerde partiële tromboplastinetijd, verhoogd bloedureum, verhoogde lactaatdehydrogenase-concentratie in het bloed, verlaagd totaaleiwit, verhoogd C-reactief proteïne, verlaagd hematocriet. [a] Verschillende voorkeurstermen van MedDRA die klinisch als hetzelfde werden beschouwd, zijn samengevat in één enkele term. [b] Er zijn fatale gevallen gerapporteerd. [c] Reactie van de huid op handen en voeten. Oudere patiënten: Bij patiënten van 65 jaar en ouder die Lonsurf kregen kwamen de volgende bijwerkingen vaker voor dan bij patiënten van jonger dan 65 jaar: neutropenie graad 3 of 4 (48% vs. 30%), anemie graad 3 (26% vs. 12%), leukopenie graad 3 of 4 (26% vs. 18%) en trombocytopenie graad 3 of 4 (9% vs. 2%). Infecties: In een klinische fase III-studie (RECOURSE) kwamen behandelingsgerelateerde infecties vaker voor bij patiënten die met Lonsurf werden behandeld (5,6%) dan bij patiënten die placebo kregen (1,9%). Proteïnurie: In de klinische studie RECOURSE trad behandelingsgerelateerde proteïnurie vaker op bij patiënten die werden behandeld met Lonsurf (2,8%) dan bij hen die placebo kregen (1,5%); in alle gevallen ging het om proteïnurie graad 1 of 2 (zie rubriek 4.4). Radiotherapie: De incidentie van alle hematologische en myelosuppressiegerelateerde bijwerkingen was bij patiënten die eerder radiotherapie ondergingen iets hoger dan bij patiënten die in de RECOURSE-studie geen radiotherapie hadden ondergaan (respectievelijk 54,6% en 49,2%). De incidentie van febriele neutropenie was hoger bij met Lonsurf behandelde patiënten die eerder radiotherapie ondergingen dan bij de patiënten die geen radiotherapie hadden gehad. Ervaringen met het reeds op de markt gebrachte product bij patiënten met gevorderd en niet-operabel of terugkomend colorectaal carcinoom: Interstitiële longziekte is waargenomen bij patiënten die Lonsurf kregen nadat het goedgekeurde middel in Japan werd gebruikt. Melding van vermoedelijke bijwerkingen: Het is belangrijk om na toelating van het geneesmiddel vermoedelijke bijwerkingen te melden. Op deze wijze kan de verhouding tussen voordelen en risico's van het geneesmiddel voortdurend worden gevolgd. Beroepsbeoefenaren in de gezondheidszorg wordt verzocht alle vermoedelijke bijwerkingen te melden via: **België**, Federaal agentschap voor geneesmiddelen en gezondheidsproducten, Afdeling Vigilantie, EUROSTATION II - Victor Hortaplein, 40/40, B-1060 Brussel, Website: www.fagg.be - E-mail: adversedrugreactions@fagg-afmps.be. **Luxemburg**, Direction de la Santé - Division de la Pharmacie et des Médicaments - Villa Louigny-Allee Marconi, L-2120 Luxembourg, Website: http://www.ms.public.lu/fr/activites/pharmacie-medicament/index.html **OVERDOSERING* FARMACODYNAMISCHE EIGENSCHAPPEN*** De bestanddelen van Lonsurf zijn trifluridine, een antineoplastische nucleosideanalogon op basis van thymidine, en tipiracil, dat de werking van thymidinefosforylase (TP) remt. Na opname in kankercellen wordt trifluridine gefosforyleerd door thymidinekinase en omgezet in desoxyribonucleïnezuur- (DNA-) substraat, waarna het direct wordt opgenomen in DNA, waar het interfereert met de DNA-functie om proliferatie van kankercellen te voorkomen. Omdat trifluridine snel wordt afgebroken door TP en na orale inname direct wordt omgezet door het 'first-pass'-effect, wordt deze werkzame stof in dit geneesmiddel gecombineerd met tipiracil (hydrochloride), dat de werking van TP remt. **VERPAKKING:** Elke verpakking bevat 20 filmomhulde tabletten. **HOUDER VAN DE VERGUNNING VOOR HET IN DE HANDEL BRENGEN:** Les Laboratoires Servier - 50 rue Carnot, 92284 Suresnes Cedex, Frankrijk. **NUMMER(S) VAN DE VERGUNNING VOOR HET IN DE HANDEL BRENGEN:** EU/1/16/1096/001-006 **DATUM VAN HERZIENING VAN DE TEKST:** 08/2017.

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*voor de volledige informatie, zie SKP

BN LS NA 08 17 – datum goedkeuring van de verkorte SKP: 28/08/2017

BSGIE LIVE SESSION

ROOM: TIFFANY/SHAH

PGC POSTGRADUATE COURSE

09:00-12:00 :

Demonstration and discussion about implementation of key indicators of performance in small bowel endoscopy

Moderators : R. Bisschops (UZ Leuven),
D. Blero (ULB Erasme),
P. Hendryckx (UZ Gent)

Live endoscopy from ULB Erasme:

5 cases will be scheduled in 2 rooms:

- Spiral enteroscopy:	M. Arvanitakis
- Double balloon enteroscopy:	E. Despott
- Single balloon:	T. Moreels
- Small bowel capsule endoscopy pictures during live:	P. Hendryckx
- EMR duodenum:	A. May
- Peutz Jeghers	

FRIDAY 22

BeSPGHAN

ROOM: TEUN

13:30-15:00 - SESSION 1

Moderators : S. Vande Velde (UZ Gent), P. Bontems (HUDERF)

- **13:30** **Invited Lecture: Tolerance induction in food allergic children: can we speed up natural tolerance.**
  D. Bullen / UZ Leuven
- **14:00** **Invited Lecture: Diagnosis and management of food protein induced enterocolitis syndrome.**
  F. Smets / UCL Saint-Luc
- **14:30** **Invited Lecture: Food allergy tests and gastrointestinal symptoms: not all that glitters is gold.**
  A. Van Gasse / ZNA

15:00 - 15:30 COFFEE BREAK

15:30-16:00 - SESSION 2 : Abstracts

Moderators : F. Smets (UCL Saint-Luc), B. Hauser (UZ Brussel)

- **15:30** K01 **Glinical pre-test probability for celiac disease and value added reporting of IgAtissue transglutaminase antibodies in the pediatric setting.**
  M. Cauchie (1), L. Bogaert (2), L. Van Hoovels (2), P. Vermeersch (3), G. De Hertogh (3), I. Hoffman (3), X. Bossuyt (3) / [1] Clinique de l'Europe site St-Michel, Etterbeek, [2] OLV Aalst, [3] UZ Leuven
- **15:40** K02 **Switching from infliximab originator to a biosimilar is safe in paediatric patients with inflammatory bowel disease without affecting efficacy, pharmacokinetics and immunogenicity.**
  K. Van Hoeve (1), E. Dreesen (2), I. Hoffman (1), M. Ferrante (1), A. Gils (2), S. Vermeire (1) / [1] UZ Leuven, [2] KU Leuven
- **15:50** K03 **Efficacy and safety of bismuth based quadruple therapy for Helicobacter Pylori eradication in children: an interim analysis.**
  K. Kotilea (1), D. Nguyen (1), A. Salame (1), T. Mahler (1), V. Miendje Deyi (3), P. Bontems (1), S. Cadranel (1) / [1] HUDERF, Brussels, [2] LHUB-ULB, Brussels
- **16:00** **Invited Lecture: Cutaneous side effect of drugs in children: diagnosis and differential diagnosis**
  M. Grosber / UZ Brussel
- **16:30** **Invited Lecture: Diaper dermatitis**
  H. Lapeer / UZ Gent
- **17:00** **General Assembly**

BeSPGHAN E-POSTERS

ROOM: EXHIBITION AREA

- K04 **Evaluation of compliance in young transplant patients.**
  R. Weyts, A. Geerts, R. De Bruyne, X. Rogiers, A. Vanlander, C. Poppe / UZ Gent
- K05 **Long-term outcome of children with inflammatory bowel disease treated with of immunomodulators.**
  K. Van Hoeve, I. Hoffman, M. Ferrante, S. Vermeire / UZ Leuven
- K06 **Fatigue in children with inflammatory bowel disease: a prospective observational study of a patient and control group.**
  L. Le Roy (1), L. Braeckeveldt (1), S. Verstraete (1), S. Vande Velde (1), E. Van De Vijver (2) / [1] UZ Gent, [2] UZ Antwerpen
- K07 **Low efficacy of second line treatments for H. pylori eradication in children.**
  K. Kotilea (1), A. Salame (1), E. Lenga (1), T. Mahler (1), V. Miendje-Deyi (2), M. Urbanowicz (3), S. Cadranel (2), P. Bontems (1) / [1] HUDERF, [2] LHUB-ULB, [3] CHU Brugmann
- K08 **The presence of serum autoantibodies and donor-specific anti-HLA antibodies in pediatric liver transplant recipients is associated with histological and biochemical parameters of graft dysfunction.**
  E. Saelens, C. Bonroy, S. Van Biervliet, S. Vande Velde, M. Van Winckel, X. Rogiers, A. Vanlander, R. De BruynE / UZ Gent
- K09 **Non-invasive assessment of liver abnormalities in pediatric Fontan patients.**
  R. De Bruyne (1), K. Vandekerckhove (1), F. Hendrickx (2), H. Van Overschelde (2), C. Vande Walle (1), K. De Groote (1), J. Panzer (1), D. De Wolf (1), S. Van Biervliet (1), T. Bové (1), K. François (1) / [1] UZ Gent, [2] U Gent

Belgian Working Group on Proctology

ROOM: TIFFANY/SHAH

PGC POSTGRADUATE COURSE

14:00-16:00

Moderators : M.A. Denis (UCL Saint-Luc), D. Van De Putte (UZ Gent)

Session 1: Peri-anal Crohn's disease and selected abstracts

- **14:00** M01 **Fistula-tract Laser Closure (FiLaCTM) as a last resort for treatment-resistant perianal fistula: case series and review of the literature.**
  N. De Hous (1), C. De Gheldere (2), S. Van Den Broeck (1), N. Komen (1) /
  [1] UAntwerpen/UZ Antwerpen [2] Heilig Hart Ziekenhuis, Lier
- **14:15** M02 **Radiofrequency ablation (Rafaelo Procedure) as treatment for haemorrhoids, a pilot study.**
  M. De Visschere, D. De Looze, D. Van De Putte, P. Pattyn / UZ Gent

Session 2: Postgraduate symposium. Peri-anal Crohn's disease.

- **14:30** Invited Lecture: Clinical manifestations of peri-anal Crohn's disease.
  D. De Looze / UZ Gent
- **14:50** Invited Lecture: Imaging with MRI and EUS in anal fistulizing Crohn's disease.
  M. Spinhoven, H. De Schepper / UZ Antwerpen
- **15:10** Invited Lecture: Medical treatment in peri-anal Crohn's disease.
  G. Dhaens / AML Amsterdam, The Netherlands
- **15:35** Invited Lecture: Surgical treatment in anal fistulizing Crohn's disease.
  A. Dhoore / UZ Leuven
- **16:00** End of the program

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