Belgian Week of
Gastroenterology
asbl / vzw

XXXV^TH EDITION

08 > 10.03.23

HILTON HOTEL ANTWERPEN

www.bwge.be

Ex-factory price excl. VAT		Reimbursed
500 mg/10 ml	€2.487,69	100%
120 mg/2,4 ml	€597,05	

ESSENTIAL INFORMATION. ▼ 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 'Undesirable effects' for how to report adverse reactions. **1. NAME OF THE MEDICINAL PRODUCT.** IMFINZI 50 mg/mL concentrate for solution for infusion. **2. QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each ml of concentrate for solution for infusion contains 50 mg of durvalumab. One vial of 2.4 ml of concentrate contains 120 mg of durvalumab. One vial of 10 ml of concentrate contains 500 mg of durvalumab. Durvalumab is produced in mammalian (Chinese hamster ovary) cells by recombinant DNA technology. For the full list of excipients, see section 'List of excipients' of the SmPC. **3. PHARMACEUTICAL FORM.** Concentrate for solution for infusion (sterile concentrate). Clear to opalescent, colourless to slightly yellow solution, free from visible particles. The solution has a pH of approximately 6.0 and an osmolality of approximately 400 mOsm/kg. **4. CLINICAL PARTICULARS. 4.1 Therapeutic indications.** IMFINZI as monotherapy is indicated for the treatment of locally advanced, unresectable non small cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on ≥ 1% of tumour cells and whose disease has not progressed following platinum based chemoradiation therapy (see section 'Pharmacodynamic properties' of the SmPC). IMFINZI in combination with etoposide and either carboplatin or cisplatin is indicated for the first-line treatment of adults with extensive-stage small cell lung cancer (ES-SCLC). IMFINZI in combination with gemcitabine and cisplatin is indicated for the first line treatment of adults with unresectable or metastatic biliary tract cancer (BTC). **4.2 Posology and method of administration.** Treatment must be initiated and supervised by a physician experienced in the treatment of cancer. PD-L1 testing for patients with locally advanced NSCLC. Patients with locally advanced NSCLC should be evaluated for treatment based on the tumour expression of PD-L1 confirmed by a validated test (section 'Pharmacodynamic properties' of the SmPC). Posology. The recommended dose for IMFINZI monotherapy and IMFINZI in combination with chemotherapy is presented in Table 1. IMFINZI is administered as an intravenous infusion over 1 hour. **Table 1. Recommended Dose of IMFINZI. Indication:** Locally Advanced NSCLC; **Recommended IMFINZI dose:** 10 mg/kg every 2 weeks or 1500 mg every 4 weeks[a]; **Duration of Therapy:** Until disease progression, unacceptable toxicity, or a maximum of 12 months[b]. **Indication:** ES-SCLC; **Recommended IMFINZI dose:** 1500 mg[c] in combination with chemotherapy[c,f] every 3 weeks (21 days) for 4 cycles, followed by 1500 mg every 4 weeks as monotherapy; **Duration of Therapy:** Until disease progression or unacceptable toxicity. **Indication:** BTC; **Recommended IMFINZI dose:** 1500 mg[d] in combination with chemotherapy[d,f] every 3 weeks (21 days) up to 8 cycles, followed by 1500 mg every 4 weeks as monotherapy; **Duration of Therapy:** Until disease progression or until unacceptable toxicity. [a] Patients with a body weight of 30 kg or less must receive weight-based dosing, equivalent to IMFINZI 10 mg/kg every 2 weeks or 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 30 kg. [b] It is recommended to continue treatment for clinically stable patients with initial evidence of disease progression until disease progression is confirmed. [c] ES-SCLC patients with a body weight of 30 kg or less must receive weight-based dosing of IMFINZI at 20 mg/kg. In combination with chemotherapy dose every 3 weeks (21 days), followed by 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 30 kg. [d] BTC patients with a body weight of 36 kg or less must receive weight-based dosing of IMFINZI at 20 mg/kg. In combination with chemotherapy dose every 3 weeks (21 days), followed by 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 36 kg. [e] Administer IMFINZI prior to chemotherapy on the same day. [f] When IMFINZI is administered in combination with chemotherapy, refer to the Prescribing Information for appropriate chemotherapeutic agent for dosing information. Dose escalation or reduction is not recommended. Dose withholding or discontinuation may be required based on individual safety and tolerability. Guidelines for management of Immune-mediated adverse reactions are described in Table 2 (see section 'Special warnings and precautions for use' of the SmPC). **Table 2. Recommended treatment modifications for IMFINZI and management recommendations. Adverse reactions: [Severity[a]/IMFINZI treatment modification/Corticosteroid treatment unless otherwise specified]: Immune-mediated pneumonitis/interstitial lung disease:** Severity[a]: Grade 2; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated hepatitis:** Severity[a]: Grade 2 with ALT or AST > 3-5 x ULN and/or total bilirubin > 1.5-3 x ULN; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 with AST or ALT > 5-≤ 8 x ULN or total bilirubin > 3-≤ 5x ULN; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 with AST or ALT > 8 x ULN or total bilirubin > 5 x ULN; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Concurrent ALT or AST > 3 x ULN and total bilirubin > 2 x ULN with no other cause; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated colitis or diarrhoea:** Severity[a]: Grade 2 or 3; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated hyperthyroidism, thyroiditis:** Severity[a]: Grade 2-4; IMFINZI treatment modification: Withhold dose until clinically stable; Corticosteroid treatment unless otherwise specified: Symptomatic treatment, see section 'Undesirable effects'. **Immune-mediated hypothyroidism:** Severity[a]: Grade 2-4; IMFINZI treatment modification: No changes; Corticosteroid treatment unless otherwise specified: Initiate thyroid hormone replacement as clinically indicated. **Immune-mediated adrenal insufficiency or hypophysitis/hypopituitarism:** Severity[a]: Grade 2-4; IMFINZI treatment modification: Withhold dose until clinically stable; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper and hormone replacement as clinically indicated. **Immune-mediated type 1 diabetes mellitus:** Severity[a]: Grade 2-4; IMFINZI treatment modification: No changes; Corticosteroid treatment unless otherwise specified: Initiate treatment with insulin as clinically indicated. **Immune-mediated nephritis:** Severity[a]: Grade 2 with serum creatinine > 1.5-3 x (ULN or baseline); IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 with serum creatinine > 3 x baseline or > 3-6 x ULN; Grade 4 with serum creatinine > 6 x ULN; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated rash or dermatitis (including pemphigoid):** Severity[a]: Grade 2 for > 1 week; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated myocarditis:** Severity[a]: Grade 2-4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 2 to 4 mg/kg/day prednisone or equivalent followed by a taper[b]. **Immune-mediated myositis/polymyositis:** Severity[a]: Grade 2 or 3; IMFINZI treatment modification: Withhold dose[c]; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Infusion-related reactions:** Severity[a]: Grade 1 or 2; IMFINZI treatment modification: Interrupt or slow the rate of infusion; Corticosteroid treatment unless otherwise specified: May consider pre medications for prophylaxis of subsequent infusion reactions; Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Permanently discontinue. **Infection:** Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Withhold dose until clinically stable. **Myasthenia gravis:** Severity[a]: Grade 2; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Any Grade with signs of respiratory or autonomic insufficiency; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated Myelitis transverse:** Severity[a]: Any Grade; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Other immune-mediated adverse reactions:** Severity[a]: Grade 3; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by taper. [a] Common Terminology Criteria for Adverse Events, version 4.03. ALT: alanine aminotransferase; AST: aspartate aminotransferase; ULN: upper limit of normal. [b] If no improvement within 2 to 3 days despite corticosteroids, promptly start additional immunosuppressive therapy. Upon resolution (Grade 0), corticosteroid taper should be initiated and continued over at least 1 month. [c] Permanently discontinue IMFINZI if adverse reaction does not resolve to ≤ Grade 1 within 30 days or if there are signs of respiratory insufficiency. For suspected Immune-mediated adverse reactions, adequate evaluation should be performed to confirm etiology or exclude alternate etiologies. Based on the severity of the adverse reaction, IMFINZI should be withheld and corticosteroids administered. Consider increasing dose of corticosteroids and/or using additional systemic immunosuppressants if there is worsening or no improvement. Upon improvement to ≤ Grade 1, corticosteroid taper should be initiated and continued over at least 1 month. After withhold, IMFINZI can be resumed within 12 weeks if the adverse reactions improved to ≤ Grade 1 and the corticosteroid dose has been reduced to ≤ 10 mg prednisone or equivalent per day. IMFINZI should be permanently discontinued for recurrent Grade 3 (severe) immune-mediated adverse reactions and for any Grade 4 (life-threatening) immune-mediated adverse reactions, except for endocrinopathies that are controlled with replacement hormones. For non-immune-mediated adverse reactions, withhold IMFINZI for Grade 2 and 3 adverse reactions until ≤ Grade 1 or baseline. IMFINZI should be discontinued for Grade 4 adverse reactions (with the exception of Grade 4 laboratory abnormalities, about which the decision to discontinue should be based on accompanying clinical signs/symptoms and clinical judgment). *Special populations. Paediatric population.* The safety and efficacy of IMFINZI in children and adolescents aged below 18 years of age have not been established. No data are available. *Elderly.* No dose adjustment is required for elderly patients (≥ 65 years of age) (see section 'Pharmacodynamic properties' of the SmPC). Data on patients aged 75 years of age or older are limited. *Renal impairment.* No dose adjustment of IMFINZI is recommended in patients with mild or moderate renal impairment. Data from patients with severe renal impairment are too limited to draw conclusions on this population (see section 'Pharmacokinetic properties' of the SmPC). *Hepatic impairment.* No dose adjustment of durvalumab is recommended for patients with mild or moderate hepatic impairment. Data from patients with severe hepatic impairment are too limited to draw conclusions on this population (see section 'Pharmacokinetic properties' of the SmPC). Method of administration. IMFINZI is for intravenous use. It is to be administered as an intravenous infusion solution over 1 hour (see section 'Special precautions for disposal and other handling' of the SmPC). For instructions on dilution of the medicinal product before administration, see section 'Special precautions for disposal and other handling' of the SmPC. **4.3 Contraindications.** Hypersensitivity to the active substance(s) or to any of the excipients listed in section 'Special precautions for disposal and other handling' of the SmPC. **4.4 Undesirable effects.** Summary of the safety profile. The safety of IMFINZI as monotherapy is based on pooled data in 3006 patients across multiple tumour types. IMFINZI was administered at a dose of 10 mg/kg every 2 weeks or 20 mg/kg every 4 weeks. The most frequent (> 10%) adverse reactions were cough/productive cough (21.5%), diarrhoea (16.3%), rash (16.0%), pyrexia (13.8%), upper respiratory tract infections (13.5%), abdominal pain (12.7%), pruritus (10.8%), and hypothyroidism (10.1%). The most frequent (> 1%) Grade 3-4 adverse reactions were pneumonia (3.5%), aspartate aminotransferase or alanine aminotransferase increased (2.3%), and abdominal pain (1.8%). The safety of IMFINZI in combination with chemotherapy is based on pooled data in 603 patients from 2 studies (TOPAZ-1 and CASPIAN). The most common (> 10%) adverse reactions were neutropenia (53.1%), anaemia (43.9%), nausea (37.5%), fatigue (36.8%), thrombocytopenia (28.0%), constipation (25.4%), decreased appetite (22.6%), abdominal pain (18.4%), alopecia (18.4%), leukopenia (17.2%), vomiting (16.9%), pyrexia (15.1%), rash (14.8%), diarrhoea (13.8%), aspartate aminotransferase increased or alanine aminotransferase increased (10.9%), cough/productive cough (10.8%), and pruritus (10.4%). The most frequent (> 1%) Grade 3-4 adverse reactions were neutropenia (34.5%), anaemia (12.4%), thrombocytopenia (9.0%), fatigue (4.1%), leukopenia (3.8%), aspartate aminotransferase increased or alanine aminotransferase increased (2.5%), febrile neutropenia (2.5%), pneumonia (1.5%), diarrhoea (1.2%), and decreased appetite (1.2%). Tabulated list of adverse reactions. Table 3 lists the incidence of adverse reactions in the monotherapy safety dataset (N=3006) and in patients treated with IMFINZI in combination with chemotherapy (N=603). Adverse drug reactions are listed according to system organ class in MedDRA. Within each system organ class, the adverse drug reactions are presented in decreasing frequency. The corresponding frequency category for each ADR is defined as: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1000); very rare (< 1/10,000); not known (cannot be estimated from available data). Within each frequency grouping, adverse drug reactions are presented in order of decreasing seriousness. **Table 3. Adverse drug reactions in patients treated with IMFINZI [IMFINZI as monotherapy/ IMFINZI in combination with chemotherapy]. Infections and infestations:** Very common; [IMFINZI as monotherapy:] Upper respiratory tract infections[a]; Common; [IMFINZI as monotherapy:] Pneumonia[b,c], Influenza, Oral candidiasis, Dental and oral soft tissue infections[d]; [IMFINZI in combination with chemotherapy:] Pneumonia[b,c], Upper respiratory tract infections[a]; Uncommon; [IMFINZI in combination with chemotherapy:] Oral candidiasis, Influenza, Dental and oral soft tissue infections[d]. **Blood and lymphatic system disorders:** Very Common; [IMFINZI in combination with chemotherapy:] Anaemia, Leukopenia[e], Neutropenia[e], Thrombocytopenia[ae]; Common; [IMFINZI in combination with chemotherapy:] Febrile neutropenia, Pancytopenia[e]; Rare; [IMFINZI as monotherapy:] Immune thrombocytopenia[c]. **Endocrine disorders:** Very common; [IMFINZI as monotherapy:] Hypothyroidism[e]; Common; [IMFINZI as monotherapy:] Hyperthyroidism[f]; [IMFINZI in combination with chemotherapy:] Adrenal insufficiency, Hyperthyroidism[f], Hypothyroidism[e]; Uncommon; [IMFINZI as monotherapy:] Thyroiditis[g], Adrenal insufficiency; [IMFINZI in combination with chemotherapy:] Thyroiditis[g], Type 1 diabetes mellitus; Rare; [IMFINZI as monotherapy:] Type 1 diabetes mellitus, Hypophysitis/Hypopituitarism, Diabetes insipidus. **Nervous System Disorders:** Common; [IMFINZI in

combination with chemotherapy:] Peripheral neuropathy[x]; Rare; [IMFINZI as monotherapy:] Myasthenia gravis[h], Meningitis[i]; Not known; [IMFINZI as monotherapy:] Noninfective encephalitis[i], Guillain-Barré syndrome, Myelitis transverse[bb]. **Cardiac disorders:** Rare; [IMFINZI as monotherapy:] Myocarditis. **Gastrointestinal disorders:** Very common; [IMFINZI as monotherapy:] Diarrhoea, Abdominal pain[k]; [IMFINZI in combination with chemotherapy:] Diarrhoea, Abdominal pain[k], Constipation, Nausea, Vomiting; Common; [IMFINZI in combination with chemotherapy:] Stomatitis[v]; Uncommon; [IMFINZI as monotherapy:] Colitis[i], Pancreatitis[m]; [IMFINZI in combination with chemotherapy:] Colitis[i], Pancreatitis[m]. **Respiratory, thoracic and mediastinal disorders:** Very common; [IMFINZI as monotherapy:] Cough/Productive Cough; [IMFINZI in combination with chemotherapy:] Cough/Productive Cough; Common; [IMFINZI as monotherapy:] Pneumonitis[c], Dysphonia; [IMFINZI in combination with chemotherapy:] Pneumonitis; Uncommon; [IMFINZI as monotherapy:] Interstitial lung disease; [IMFINZI in combination with chemotherapy:] Interstitial lung disease, Dysphonia. **Hepatobiliary disorders:** Very common; [IMFINZI in combination with chemotherapy:] Aspartate aminotransferase increased or Alanine aminotransferase increased[n]; Common; [IMFINZI as monotherapy:] Aspartate aminotransferase increased or Alanine aminotransferase increased[c,n]; [IMFINZI in combination with chemotherapy:] Hepatitis[c,o]; Uncommon; [IMFINZI as monotherapy:] Hepatitis[c,o]. **Skin and subcutaneous tissue disorders:** Very common; [IMFINZI as monotherapy:] Rash[p], Pruritus; [IMFINZI in combination with chemotherapy:] Rash[p], Alopecia, Pruritus; Common; [IMFINZI as monotherapy:] Night sweats; [IMFINZI in combination with chemotherapy:] Dermatitis; Uncommon; [IMFINZI as monotherapy:] Dermatitis, Psoriasis; [IMFINZI in combination with chemotherapy:] Pemphigoid[q], Night sweats, Psoriasis; Rare; [IMFINZI as monotherapy:] Pemphigoid[q]. **Musculoskeletal and connective tissue disorders:** Very common; [IMFINZI as monotherapy:] Arthralgia; Common; [IMFINZI as monotherapy:] Myalgia; [IMFINZI in combination with chemotherapy:] Myalgia, Arthralgia; Uncommon; [IMFINZI as monotherapy:] Myositis; Rare; [IMFINZI as monotherapy:] Polymyositis[r]. **Renal and urinary disorders:** Common; [IMFINZI as monotherapy:] Blood creatinine increased, Dysuria; [IMFINZI in combination with chemotherapy:] Blood creatinine increased, Dysuria; Uncommon; [IMFINZI as monotherapy:] Nephritis[s]; Rare; [IMFINZI as monotherapy:] Cystitis noninfective. **General disorders and administration site conditions:** Very common; [IMFINZI as monotherapy:] Pyrexia; [IMFINZI in combination with chemotherapy:] Pyrexia, Fatigue[w]; Common; [IMFINZI as monotherapy:] Peripheral oedema[t]; [IMFINZI in combination with chemotherapy:] Peripheral oedema[t]. **Metabolism and nutrition disorders:** Very common; [IMFINZI in combination with chemotherapy:] Decreased appetite. **Injury, poisoning and procedural complications:** Common; [IMFINZI as monotherapy:] Infusion-related reaction[d]; [IMFINZI in combination with chemotherapy:] Infusion-related reaction[a]. Adverse reaction frequencies may not be fully attributed to durvalumab alone but may contain contributions from the underlying disease or from other medicinal products used in a combination. [a] includes laryngitis, nasopharyngitis, peritonsillar abscess, pharyngitis, rhinitis, sinusitis, tonsillitis, tracheobronchitis and upper respiratory tract infection. [b] includes pneumocystis jirovecii pneumonia, pneumonia, pneumonia adenoviral, pneumonia bacterial, pneumonia cytomegaloviral, pneumonia haemophilus, pneumonia pneumococcal, pneumonia streptococcal, candida pneumonia and pneumonia legionella. [c] including fatal outcome. [d] includes gingivitis, oral infection, periodontitis, pulpitis dental, tooth abscess and tooth infection. [e] includes autoimmune hypothyroidism, hypothyroidism, immune-mediated hypothyroidism, blood thyroid stimulating hormone increased. [f] includes hyperthyroidism, Basedow's disease, immune-mediated hyperthyroidism and blood thyroid stimulating hormone decreased. [g] includes autoimmune thyroiditis, thyroiditis, and thyroiditis subacute. [h] reported frequency from AstraZeneca-sponsored clinical studies outside of the pooled dataset is rare, with no events at Grade > 2. [i] includes meningitis and noninfective meningitis. [j] reported frequency from ongoing AstraZeneca-sponsored clinical studies outside of the pooled dataset is rare and includes two events of encephalitis, one was Grade 5 fatal (immune-mediated encephalitis) and one was Grade 2 (autoimmune encephalitis). [k] includes abdominal pain, abdominal pain lower, abdominal pain upper and flank pain. [l] includes colitis, enteritis, enterocolitis, and proctitis. [m] includes pancreatitis and pancreatitis acute. [n] includes alanine aminotransferase increased, aspartate aminotransferase increased, hepatic enzyme increased and transaminases increased. [o] includes hepatitis, autoimmune hepatitis, hepatitis toxic, hepatic cytolysis, hepatocellular injury, hepatitis acute, hepatotoxicity and immune-mediated hepatitis. [p] includes rash erythematous, rash macular, rash maculopapular, rash papular, rash pruritic, rash pustular, erythema, eczema and rash. [q] includes pemphigoid, dermatitis bullous and pemphigus. Reported frequency from completed and ongoing trials is uncommon. [r] polymyositis (fatal) was observed in a patient treated with IMFINZI from an ongoing sponsored clinical study outside of the pooled dataset: rare in any grade, rare in Grade 3 or 4 or 5. [s] includes autoimmune nephritis, tubulointerstitial nephritis, nephritis, glomerulonephritis and glomerulonephritis membranous. [t] includes oedema peripheral and peripheral swelling. [u] includes infusion-related reaction and urticaria with onset on the day of dosing or 1 day after dosing. [v] includes stomatitis and mucosal inflammation. [w] includes fatigue and asthenia. [x] includes peripheral neuropathy, paraesthesia and peripheral sensory neuropathy. [y] includes leukopenia and white blood cell count decreased. [z] includes neutropenia and neutrophil count decreased. [aa] includes thrombocytopenia and platelet count decreased. [bb] events were reported from post-marketing data. Description of selected adverse reactions. IMFINZI is associated with Immune-mediated adverse reactions. Most of these, including severe reactions, resolved following initiation of appropriate medical therapy and/or treatment modifications. The data for the following Immune-mediated adverse reactions reflect the combined safety database of 3006 patients which includes the PACIFIC Study and additional studies in patients with various solid tumours, in indications for which durvalumab is not approved. Across all studies, IMFINZI was administered at a dose of 10 mg/kg every 2 weeks, 20 mg/kg every 4 weeks or 1500 mg every 3 or 4 weeks. Details for the significant adverse reactions for IMFINZI when given in combination with chemotherapy are presented if clinically relevant differences were noted in comparison to IMFINZI monotherapy. The management guidelines for these adverse reactions are described in section 'Posology and method of administration' and 'Special warnings and precautions for use' of the SmPC. *Immune-mediated pneumonitis.* In the combined safety database with IMFINZI monotherapy, (n=3006 multiple tumour types), Immune-mediated pneumonitis occurred in 92 (3.1%) patients, including Grade 3 in 25 (0.8%) patients, Grade 4 in 2 (< 0.1%) patients and Grade 5 in 6 (0.2%) patients. The median time to onset was 55 days (range: 2-785 days). Sixty-nine of the 92 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day), 2 patients also received infliximab and 1 patient also received cyclosporine. IMFINZI was discontinued in 38 patients. Resolution occurred in 53 patients. Immune-mediated pneumonitis occurred more frequently in patients in the PACIFIC Study who had completed treatment with concurrent chemoradiation within 1 to 42 days prior to initiation of the study (9.9%), than in the other patients in the combined safety database (1.8%). In the PACIFIC Study, (n=475 in the IMFINZI arm, and n=234 in the placebo arm) Immune-mediated pneumonitis occurred in 47 (9.9%) patients in the IMFINZI treated group and 14 (6.0%) patients in the placebo group, including Grade 3 in 9 (1.9%) patients on IMFINZI vs. 6 (2.6%) patients on placebo and Grade 5 (fatal) in 4 (0.8%) patients on IMFINZI vs. 3 (1.3%) patients on placebo. The median time to onset in the IMFINZI treated group was 46 days (range: 2-342 days) vs. 57 days (range: 26 253 days) in the placebo group. In the IMFINZI treated group, all patients received systemic corticosteroids, including 30 patients who received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day) and 2 patients also received infliximab. In the placebo group, all patients received systemic corticosteroids, including 12 patients who received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day) and 1 patient also received cyclophosphamide and tacrolimus. Resolution occurred for 29 patients in the IMFINZI treated group vs. 6 in placebo. *Immune-mediated hepatitis.* In the combined safety database with IMFINZI monotherapy, Immune-mediated hepatitis occurred in 68 (2.3%) patients, including Grade 3 in 35 (1.2%) patients, Grade 4 in 6 (0.2%) patients and Grade 5 (fatal) in 4 (0.1%) patients. The median time to onset was 33 days (range: 3-333 days). Forty-five of the 68 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). Three patients also received mycophenolate treatment. IMFINZI was discontinued in 9 patients. Resolution occurred in 31 patients. *Immune-mediated colitis.* In the combined safety database with IMFINZI monotherapy, Immune-mediated colitis or diarrhoea occurred in 58 (1.9%) patients, including Grade 3 in 9 (0.3%) patients and Grade 4 in 2 (< 0.1%) patients. The median time to onset was 70 days (range: 1-394 days). Thirty-eight of the 58 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). One patient also received infliximab treatment and 1 patient also received mycophenolate. IMFINZI was discontinued in 9 patients. Resolution occurred in 43 patients. *Immune-mediated endocrinopathies. Immune-mediated hypothyroidism.* In the combined safety database with IMFINZI monotherapy, immune-mediated hypothyroidism occurred in 245 (8.2%) patients, including Grade 3 in 4 (0.1%) patients. The median time to onset was 85 days (range: 1-562 days). Of the 245 patients, 240 patients received hormone replacement therapy and 6 patients received high-dose corticosteroids (at least 40 mg prednisone or equivalent per day) for immune-mediated hypothyroidism. No patients discontinued IMFINZI due to immune-mediated hypothyroidism. *Immune-mediated hyperthyroidism.* In the combined safety database with IMFINZI monotherapy, immune-mediated hyperthyroidism occurred in 50 (1.7%) patients, there were no Grade 3 or 4 cases. The median time to onset was 43 days (range: 1-196 days). Forty-six of the 50 patients received medical therapy (thiamazole, carbimazole, propylthiouracil, perchlorate, calcium channel blocker or beta-blocker), 11 patients received systemic corticosteroids and 4 of the 11 patients received high-dose systemic corticosteroid treatment (at least 40 mg prednisone or equivalent per day). One patient discontinued IMFINZI due to immune-mediated hyperthyroidism. Resolution occurred in 39 patients. Twenty patients experienced hypothyroidism following hyperthyroidism. *Immune-mediated thyroiditis.* In the combined safety database with IMFINZI monotherapy, immune-mediated thyroiditis occurred in 12 (0.4%) patients, including Grade 3 in 2 (< 0.1%) patients. The median time to onset was 49 days (range: 14-106 days). Of the 12 patients, 10 patients received hormone replacement therapy and 1 patient received high-dose corticosteroids (at least 40 mg prednisone or equivalent per day). One patient discontinued IMFINZI due to immune-mediated thyroiditis. Three patients experienced hypothyroidism following thyroiditis. *Immune-mediated adrenal insufficiency.* In the combined safety database with IMFINZI monotherapy, immune-mediated adrenal insufficiency occurred in 14 (0.5%) patients, including Grade 3 in 3 (< 0.1%) patients. The median time to onset was 146 days (range: 20-547 days). All 14 patients received systemic corticosteroids; 4 of the 14 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). No patients discontinued IMFINZI due to immune-mediated adrenal insufficiency. Resolution occurred in 3 patients. *Immune-mediated type 1 diabetes mellitus.* In the combined safety database with IMFINZI monotherapy, Grade 3 immune-mediated type 1 diabetes mellitus occurred in 1 (< 0.1%) patient. The time to onset was 43 days. This patient recovered with sequelae, required long-term insulin therapy and IMFINZI was permanently discontinued due to immune-mediated type 1 diabetes mellitus. *Immune-mediated hypophysitis/hypopituitarism.* In the combined safety database with IMFINZI monotherapy, immune-mediated hypophysitis/hypopituitarism occurred in 2 (< 0.1%) patients, both Grade 3. The time to onset for the events was 44 days and 50 days. Both patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day) and one patient discontinued IMFINZI due to immune-mediated hypophysitis/hypopituitarism. *Immune-mediated nephritis.* In the combined safety database with IMFINZI monotherapy, immune-mediated nephritis occurred in 14 (0.5%) patients, including Grade 3 in 2 (< 0.1%) patients. The median time to onset was 71 days (range: 4-393 days). Nine patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day) and 1 patient also received mycophenolate. IMFINZI was discontinued in 5 patients. Resolution occurred in 8 patients. *Immune-mediated rash.* In the combined safety database with IMFINZI monotherapy, immune-mediated rash or dermatitis (including pemphigoid) occurred in 50 (1.7%) patients, including Grade 3 in 12 (0.4%) patients. The median time to onset was 43 days (range: 4-333 days). Twenty-three of the 50 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). IMFINZI was discontinued in 3 patients. Resolution occurred in 32 patients. *Infusion-related reactions.* In the combined safety database with IMFINZI monotherapy, infusion-related reactions occurred in 49 (1.6%) patients, including Grade 3 in 5 (0.2%) patients. There were no Grade 4 or 5 events. *Laboratory abnormalities.* In patients treated with durvalumab monotherapy, the proportion of patients who experienced a shift from baseline to a Grade 3 or 4 laboratory abnormality was as follows: 2.4% for alanine aminotransferase increased, 3.6% for aspartate aminotransferase increased, 0.5% for blood creatinine increased, 5.7% for amylase increased and 5.6% for lipase increased. The proportion of patients who experienced a TSH shift from baseline that was ≤ ULN to any Grade > ULN was 18.8% and a TSH shift from baseline that was ≥ LLN to any Grade < LLN was 18.1%. In patients treated with durvalumab in combination with chemotherapy, the proportion of patients who experienced a shift from baseline to a Grade 3 or 4 laboratory abnormality was as follows: 6.4% for alanine aminotransferase increased, 6.5% for aspartate aminotransferase increased, 4.2% for blood creatinine increased, 6.4% for amylase increased, and 11.7% for lipase increased. The proportion of patients who experienced a TSH shift from baseline that was ≤ ULN to any Grade > ULN was 20.3% and a TSH shift from baseline that was ≥ LLN to any Grade < LLN was 24.1%. Immunogenicity. Immunogenicity of IMFINZI as monotherapy is based on pooled data in 2280 patients who were treated with IMFINZI 10 mg/kg every 2 weeks, or 20 mg/kg every 4 weeks as a single-agent and evaluable for the presence of anti-drug antibodies (ADA). Sixty nine patients (3.0%) tested positive for treatment emergent ADA. Neutralising antibodies (nAb) against durvalumab were detected in 0.5% (12/2280) of patients. The presence of ADA did not have a clinically relevant effect on safety. There are insufficient number of patients to determine ADA impact on efficacy. Based on population PK analysis, slightly lower exposure are expected in ADA-positive patients however, the reduction of PK exposure is less than 30% compared to a typical patient and is not considered clinically relevant. Across multiple phase III studies, in patients treated with IMFINZI in combination with chemotherapy, 0% to 0.8% of patients developed treatment-emergent ADAs. Neutralizing antibodies against durvalumab were detected in 0% to 0.8% of patients treated with IMFINZI in combination with chemotherapy. The presence of ADAs did not have an apparent effect on pharmacokinetics or safety. Elderly. No overall differences in safety were reported between elderly (≥ 65 years) and younger patients. In studies PACIFIC, CASPIAN and TOPAZ-1 data on safety for patients 75 years and older are too limited to draw a conclusion on this population. 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: **Belgium:** Federal Agency for Medicines and Health Products - FAMHP, Department Vigilance, Postbus/Boîte Postale 97, 1000 BRUSSELS, Madou. Website: www.eenbijwerkingmelden.be / www.notifieruneffetindesirable.be. e-mail: adr@fagg.be / adr@afmps.be. **Luxembourg:** Centre Régional de Pharmacovigilance de Nancy or Division de la pharmacie et des médicaments de la Direction de la santé. Site internet : www.guichet.lu/pharmacovigilance. **5. MARKETING AUTHORISATION HOLDER.** AstraZeneca AB, SE 151 85 Södertälje, Sweden. **6. MARKETING AUTHORISATION NUMBER(S).** EU/1/18/1322/002 120 mg vial. EU/1/18/1322/001 500 mg vial. **7. LEGAL STATUS DELIVERY.** Medicinal product subject to medical prescription. **8. DATE OF REVISION OF THE TEXT.** 12/2022. Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

WELCOME

Dear Colleagues,

After 2 digital editions we are very pleased to welcome you again in person to the 35th Edition of the Belgian Week of Gastroenterology.

Enclosed you will find the complete program. We are pleased we can offer you once again a large set 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 2023 offers you once again a lot of other attractive sessions and activities!

We kick-off on **Wednesday 8th March** with our **BWGE Postgraduate Course**. The PGC lectures focus on new diagnostic and therapeutic insights into a specific gastrointestinal disorder with direct impact on daily **clinical practice**. The program is oriented towards clinicians, fellows and trainees and is part of a postgraduate program cycle covering all areas 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**, organised 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. Sorne of the best posters will be discussed during lunchtime on Thursday and Friday in a separate area in the exhibition hall. We encourage you to attend these sessions and support our young researchers!

We also feature once again an **ultrasound course** on Wednesday and Thursday evening, with the use of high-quality phantoms that enable you to get acquainted with images of diseased organs.

The **Belgian Society of Gastrointestinal Endoscopy** holds a **video session**, scheduled on Friday morning, followed in the afternoon by the session of the **Working Group of Proctology,** offering again an exciting clinical program.

The **Young Belgian Association for the Study of the Liver** participates with a scientific session on Friday 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 on Thursday at the exquisite Botanic Sanctuary!**

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: Tim VANUYTSEL

INDEX

35TH EDITION

08 > 10.03.23

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

GENERAL INFORMATION

Accreditation

CME credits will be provided by online submission to the registered delegates who have attended the sessions. The file from the online accreditation registrations will be sent to the **INAMI/ RIZIV** end of April 2023.

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

57 av. G. Demeylaan - 1160 Bruxelles / Brussel

Tel. +32 477 27 00 45

E-mail: anne.france.de.meyer@dme-events.eu

STEERING COMMITEE

Scientific Coordinators

Sven FRANCQUE - Isabelle COLLE

Scientific Societies And Reseach Groups

VVGE
Vlaamse Vereniging voor Gastroenterologie
I. Colle, X. Verhelst

SRBGE
Société Royale Belge de Gastroenterologie
O. Dewit, J.-P. Loly

BSGIE
Belgian Society of Gastrointestinal Endoscopy
A. Lemmers, C. Snauwaert, P. Eisendrath

GIREM
Belgian Network on Gastrointestinal Regulatory Mechanisms
W. Boesmans

WORKING GROUP OF DIGESTIVE PATHOLOGY
A. Driessen, L. Verset

BESPGHAN
Belgian Society for Paediatric Gastroenterology Hepatology and Nutrition
P. Bontems, S. Van De Velde

SBNC
Société Belge de Nutrition Clinique
V. Fraipont

VVKVM
Vlaamse Vereniging voor Klinische Voeding en Metabolism
K. Dams

BIRD
Belgian IBD Research Club
P. Bossuyt, F. Baert

BPC
Belgian Pancreatic Club
P. Deprez, M. Arvanitaki

BHMSG
Belgium Helicobacter Microbiota Study Group
R. Ntounda, A. Smet

BASL
Belgian Association for the Study of the Liver
T. Vanwolleghem, P. Deltenre

BGDO
Belgian Group of Digestive Oncology
A. Hendlisz, Karen Geboes

RBSS
Royal Belgian Society o f Surgery
A. De Roover, D. Ysebaert

BeLIAC
Belgian Liver Intestine Committee
O. Detry, J. Pirenne, G. Dhalqvist

BELNUC
Belgian Society of Nuclear Medicine
R. Hustinx, C. Deroose

BASIC RESEARCH GROUPS
L. Van Grunsven

YOUNG BASL
A. Putignano, S. Lefere

YOUNG VVGE
F. De Clerck

ABDOMINAL ULTRASOUND STUDY GROUP
J. Schouten, L. Vonghia

BELGIAN WORKING GROUP OF PROCTOLOGY
C. Van Kemseke, D. De Looze

POSTGRADUATE COURSE
D. De Looze

EVENT COORDINATOR
A.-F. De Meyer, C. Van Sande

SATELLITE SYMPOSIA

WEDNESDAY MARCH 08

12:50 - 13:35 BMS:
S1P receptor modulation: a new highway to target inflammation in Ulcerative Colitis.
Prof. Dr. Geert D'Haens (UMC Amsterdam, The Netherlands)

15:40 - 16:10 TAKEDA
Management of short bowel syndrome in IBD.
Prof. Dr. Tim Vanuytsel (UZ Leuven), Prof. Francisca Joly (Paris,France)

17:35 - 18:20 GALAPAGOS
JAK inhibitors in clinical practice: UC the bigger picture.
Prof. José Sabino (UZ Leuven), Prof. Filip Van den Bosch (UZ Gent)

THURSDAY MARCH 09

08:00 - 08:30 ROCHE
Current practices in personalizing treatment decision making in uHCC.
Prof. Dr. C. Verlype (UZ Leuven), Dr Decaestecker (AZ Delta)

10:00 - 10:30 GILEAD
No D without B: KNOW MORE, DO MORE.
Prof. Dr. Frederik Nevens (UZ Leuven), Prof. Dr. Christophe Moreno (ULB Erasme)

10:30 - 11:00 SANDOZ
IBD in the clinic. THE NEW TAKES ON MISSING BASICS.
Prof. Tim Raine (Cambridge, U.K.)

12:30 - 13:15 ABBVIE
JAK od all trades, future of IBD? Refocussing our clinical expectations.
Prof. Dr. Catherine Reenaers (CHU Liège), Prof. Dr. João Sabino (UZ Leuven)

FRIDAY MARCH 10

08:00 - 08:30 EISAI
What is the impact of NASH and/or viral status on systemic treatment outcomes in hepatocellular carcinoma?
Dr Gontran Verset (H.U.B. Erasme)

10:00 - 10:30 ASTRAZENECA
Breaking Boundaries with immunotherapy in digestive oncology.
Prof Jeroen Dekervel (UZ Leuven), Prof Ivan Borbath (UCL Saint-Luc)

INVITED LECTURES

WEDNESDAY MARCH 08

Postgraduate Course :
See program Postgraduate Course p 14-15

IBD-BIRD :
The evolution of clinical trial endpoints in IBD.
Severine Vermeire (UZ Leuven)

New insights in perianal Crohn's disease.
Phil Tozer (London, UK)

Guide within the new JAK world: learning points from experienced EIM colleagues.
Filip Van den Bosch (UZ Gent)

THURSDAY MARCH 09

BASL-BLIC :
BELIAC Lecture: Covid-19 and Liver Transplantation.
Jef Verbeek (UZ Leuven)

MARC HAUTEKEETE Lecture: Treatment and secondary prevention of portal vein thrombosis.
Aurélie Plessier (Paris, France)

GIREM:
The role of peripheral glia in barrier immunity.
Fränze Progatzky (The Francis Crick, London, UK)

In vitro generation of human enteric nervous system progenitors from pluripotent stem cells.
Anestis Tsakiridis (The University of Sheffield, UK)

IBD-BIRD
Immune defciencies can mimick IBD, (when) should we take a step back and have a broader look?
Filomeen Haerynck (UZ Gent)

The great wall of inflammatory bowel disease: barriers unmet needs in IBD.
Tim Raine (London, UK) (Digital)

Diet in IBD.
Sinead Burke (St Marks hospital, London, UK)

Brohée Lecture
Novel insights in pathophysiology and treatment of Functional Dyspepsia.
Tim Vanuytsel, Laureate
Translational Research Center for Gastrointestinal Disorders (TARGID), KULeuven

BSGIE
Upper GI ESD: indications and outcomes.
Bas Weusten (Utrecht, The Netherlands)

Lower GI ESD: indications and outcomes.
Arnaud Lemmers (ULB Erasme, Brussels)

Technical review on ESD: an evidence based approach.
Jeremie Jacques (Limoges, France)

INVITED LECTURES

BeSPGHAN – BHMSG
Role of the microbiome in the "intestinal brain."
Gianluca Ianiro (Roma, Italy)

Mucin-microbiome signatures shape the tumor microenvironment in gastric cancer.
Annemieke Smet (U Antwerpen)

Data on antimicrobial susceptibility of H. pylori in Belgium.
Yvette Véronique Miendje-Deyi (ULB, Brussels)

Belgian Consensus for Helicobacter pylori management 2023.
Rodrigo Garces (UCL, Bruxelles)

MISC and abdominal pain.
Levi Hoste (UGent)

FRIDAY MARCH 10

BGDO
Do's and don'ts in the preparation for (minimally invasive) surgery in esophageal cancer?
Elke Van Daele (UZ Gent)

Do we still need surgery in MSI-H digestive cancers?
Jeroen Dekervel (UZ Leuven)

Digestive Pathology
Gastrointestinal pathology in children: relationship paediatrician and pathologist.
E. Van de Vijver (UZ Antwerpen)

Anatomopathological examination of the gut in neuromuscular disorders, in particular Hirschsprung's disease.
I.Nagtegaal (UMC Radboud, Nijmegen, the Netherlands)

Congenital disorders of the gastro-intestinal tract.
P. Baldin (UCL Saint-Luc, Brussels)

Enteropathies of the gastro-intestinal tract.
A. Ensari (Ankara, Turkey)

Coeliac disease in children.
A. Ensari (Ankara, Turkey)

Very early onset IBD.
Ann Driessen (UZ Antwerpen)

Paediatric GIST and neuroendocrine tumours: histopathology and underlying mechanisms.
P. Demetter (ULB Bordet, Bruxelles)

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

INVITED LECTURES

BPC

Pancreatic cancer and its origin: a masked ball of exocrine cells.
Ilse Rooman (UZ Brussel)

Tandem talk: Gastroenterologist & Surgery: pancreatic diseases: two viewpoints based on clinical cases.
Marianna Arvanitaki (ULB Erasme, Brussels), Julie Navez (UCL Saint-Luc, Brussels)
Patient cases & surgical videos

Best Paper Clinical 2022
Wilhelmus Kwanten (UZA, Antwerpen)

Best Paper Endoscopy 2022
Hannah Van Malenstein (KU Leuven)

Proctology

Diagnosis of anal fissure and conservative treatment.
P. Roelandt / KULeuven

Surgical treatment of chronic anal fissure.
N. Komen / UZ Antwerpen

Atypical anal fissures/ulcerations.
D. De Looze / UZ Gent

Young BASL

Metabolomics studies in the context of liver disease.
Lynn Vanhaecke (UGent)

Spatial transcriptomics in the context of liver disease.
Neil Henderson (Glasgow, UK)

The ethics of big data management in medicine.
Wannes Van Hoof (Sciensano)

Best basic paper of 2021 at the 2022 BASL winter meeting:
Bile acids contribute to the development of non-alcoholic steatohepatitis in mice.
Justine Gillard (UCL, Brussels)

A Randomized, Controlled Trial of the Pan-PPAR Agonist Lanifibranor in NASH.
Sven Francque (UZ Antwerpen)

ROOM:

Postgraduate Course TEUN/LIJN

PGC POSTGRADUATE COURSE

8:30-10:10 - SESSION 1

Moderators : Catherine Van Kemseke (CHU Liège), Phillip Roelandt (KULeuven)

- 08:30 **Zenker's diverticulum: endoscopic or surgical management?**
  A. Lemmers (ULB Erasme, Brussels)
- 08:55 **Non Cardiac Chest pain.**
  H. Piessevaux (UCL Saint-Luc, Brussels)
- 09:20 **Screening and management of atrophic gastritis/ intestinal metaplasia.**
  S. Krishnadath (UZ Antwerpen)
- 09:45 **Gut failure: diagnosis and management (short bowel and HPN, other treatments Like GLP 2 analogues and transplantation).**
  T. Vanuytsel (KULeuven)

■ 10:10 - 10:40 COFFEE BREAK

10:40-12:20 - SESSION 2

Moderators : Catherine Van Kemseke (CHU Liège), Phillip Roelandt (KULeuven)

- 10:40 **ACNES. Should the gastroenterologist know this? And treat it?**
  H. Ruymbeke (VITAZ, Sint-Niklaas)
- 11:05 **Food-induced abdominal symptoms in functional GI disorders.**
  G. Boeckxstaens (KULeuven)
- 11:30 **Faecal microbiota transplantation: the holy Grail?**
  D. De Looze (UZ Gent)
- 11:55 **Ulcerative colitis: treatment strategy when steroids and 'classic' biologicals fail.**
  C. Reenaers (CHU Liège)

■ 12:20 - 13:45 LUNCH

Postgraduate Course

ROOM: TEUN/LIJN

PGC POSTGRADUATE COURSE

13:45-15:25 - SESSION 3

Moderators : Hendrik Reynaert (UZ Brussel),
Ivan Borbath (UCL Saint-Luc, Brussels)

- 13:45 **Cardiac and pulmonary complications of liver cirrhosis.**
  S. Raevens (UZ Gent)
- 14:10 **When to consider liver transplantation in end-stage liver disease? The impact of pre-habilitation.**
  G. Dahlqvist (UCL Saint-Luc, Brussels)
- 14:35 **Post-ERCP pancreatitis and other complications.**
  L. Verbeke (AZ St.-Maarten Mechelen, UZAntwerpen)
- 15:00 **Genetics and pancreatic diseases.**
  I. Scheers (UCL Saint-Luc, Brussels)

- 15:25-16:00 **COFFEE BREAK**

16:00-17:15 - SESSION 4

Moderators : Hendrik Reynaert (UZ Brussel),
Ivan Borbath (UCL Saint-Luc, Brussels)

- 16:00 **Side-effects of immunotherapy.**
  S. Aspeslagh (UZ Brussel)
- 16:25 **Neuro-Endocrine tumours. Diagnosis, staging, treatment.**
  K. Geboes (UZ Gent)
- 16:50 **GIST. Diagnosis, treatment, follow-up.**
  A. Demols (ULB Bordet, Brussels)
- 17:15 **End of the session**

SAVE THE DATE

BWGE 2023

Satellite Symposium
sponsored by BMS

08/03/2023

12:50 – 13:35

PROGRAM

12:50 - 13:35

S1P receptor modulation: a new highway to target inflammation in Ulcerative Colitis

Speaker: *Prof. Geert D'Haens (MD, PhD, Professor of Gastroenterology at UMC Amsterdam)*

WHERE

Hilton Antwerp Old Town
Groenplaats 32,
2000 Antwerpen

*The session will take place in **Room Tiffany/Shah** on the 2nd floor of the Hotel Conference Center*

Belgian Week of Gastroenterology

Bristol Myers Squibb™

IMM-BE-2300010 – 01/2023

IBD-BIRD

ROOM: TIFFANY/SHAH

■ 12:50 - 13:35 **Satellite Symposium BMS:**
S1P receptor modulation:
a new highway to target inflammation in Ulcerative Colitis.
Speaker: Geert D'Haens (UMC Amsterdam, The Netherlands)

13:45-15:35 - SESSION 1

Moderators : Triana Lobaton (UZ GENT),
Liv Vandermeulen (UZ Brussel)

■ 13:45 **Invited Lecture: The evolution of clinical trial endpoints in IBD.**
Severine Vermeire (UZ Leuven)

■ 14:10 I01 **Effectiveness of ustekinumab as therapy for chronic antibiotic refractory pouchitis.**
A. Outtier (1), E. Louis (2), O. Dewit (3), G. Schops (1), J. Sabino (1), B. Verstockt (1), S. Vermeire (1), M. Ferrante (1) / [1] UZ Leuven, [2] CHU Sart Tilman, Liège, [3] UCL Saint-Luc, Brussels

■ 14:22 I02 **Ustekinumab in Ulcerative colitis: a real-life effectiveness study across multiple Belgian centers (SULTAN).**
T. Holvoet (1), M. Truyens (2), C. Reenaers (3), F. Baert (4), S. Vandenbranden (5), A. Cremer (6), L. Pouillon (7), P. Dewint (8), W. Van Moerkercke (9), J. Rahier (10), L. Vandermeulen (11), J. Van Dongen (12), H. Peeters (13), G. Lambrecht (14), A. Vijverman (15), T. Lobaton (2) / [1] Vitaz, Sint-Niklaas, [2] UZ Gent, [3] CHU Liège, [4] AZ Delta, Roeselare, [5] OLV Aalst, [6] ULB Erasme, Brussels, [7] Imelda Hospital, Bonheiden, [8] AZ Maria Middelares, Gent, [9] AZ Groeninge, Kortrijk, [10] CHU UCL Namur, [11] UZ Brussel, [12] AZ Sint Maarten, Mechelen, [13] AZ Sint-Lucas, Gent, [14] AZ Damiaan, Oostende, [15] CHR Citadelle, Liège

■ 14:34 I03 **Ustekinumab is the preferred biological agent in IBD patients with hidradenitis suppurativa failing anti-TNF therapy: results from a real-life multicenter cohort.**
B. Verstockt (1), S. Vieujean (2), M. Truyens (3), M. Julsgaard (4), D. Pugliese (5), D. Aslan (1), M. Prokopic (6), S. Lim (7), C. Vigano (8), S. Festa (9), L. Ralis (10), M. García (11), R. Plaza (12), D. Noviello (13), E. Savarino (14), D. Drobne (15), N. Imperatore (16), D. Ribaldone (17), J. Van Dongen (18), N. Teich (19), M. Wahed (20), B. Barberio (14), I. Goren (21) / [1] UZ Leuven, [2] CHU Liège, [3] UZ Gent, [4] Aarhus University Hospital, Denmark, [5] Policlinico Gemelli, Roma, Italy, [6] University Hospital Martin, Bratislava, Slovakia, [7] Guy's and St Thomas' NHS Foundation Trust, London, UK, [8] San Gerardo Hospital, University of Milan Bicocca, Italy, [9] San Filippo Neri Hospital, Rome, Italy, [10] Hospital Universitario de Canarias, Spain, [11] Hospital Universitario Marqués de Valdecilla, Spain, [12] Hospital Intana Leonor, Spain, [13] University of Milan, Italy, [14] University of Padua, Azienda Ospedaliera di Padova, Italy, [15] University Medical Centre Ljubiljana, Slovenia, [16] Cardarelli Hospital of Naples, Italy, [17] Università degli Studi di Torino, Italy, [18] AZ Sint Maarten, [19] Internistische Gemeinschaftspraxis für Verdauungs, Germany, [20] Chelsea and Westminster NHS Foundation Trust, UK, [21] Rabin Medical Center, Israel

IBD-BIRD

ROOM: TIFFANY/SHAH

■ 14:46 I04 **Defining a core set of measurements for quality of care for patients with inflammatory bowel disease in Belgium.**
L. Fierens (1), P. Bossuyt (2), F. Baert (3), D. Baert (4), M. Lavaerts (1), C. Weltens (5), M. Ferrante (6) / [1] KULeuven, [2] Imelda Hospital, Bonheiden, [3] AZ Delta, Roeselare, [4] AZ Maria Middelares, Gent, [5] UZ Leuven

■ 14:58 I05 **The Health Outcomes Observatory (H2O) core data set for patients with inflammatory bowel disease: Practical recommendations for the collection of included patient-reported outcomes.**
L. Fierens (1), C. Van Der Woude (2), A. Huberts (2), F. Casellas (3), N. Borruel (3), B. Siegmund (4), E. Sonnenberg (4), G. Novacek (5), N. Gerold (5), T. Stamm (5), C. Hedin (6), M. Julsgaard (7), G. Fiorino (8), S. Radice (8), M. Zini (8), E. Gross (9), C. Sander (10), I. Arijs (11), V. Vakouftsi (12), N. Carney (13), I. Charlafti (13), M. Ferrante (14) / [1] KU Leuven, [2] Erasmus MC, University Medical Center Rotterdam, Netherlands (the), [3] Hospital Universitari Vall d'Hebron, Spain, [4] Charité Universitätsmedizin Berlin, Germany, [5] Medical University of Vienna, Austria, [6] Karolinska University Hospital, Sweden, [7] Aarhus University Hospital, Aarhus, Denmark, [8] Vita Salute San Raffaele University, Milan, Italy, [9] Österreichische Morbus Crohn / Colitis ulcerosa Vereinigung (ÖMCCV), Austria, [10] Deutsche Morbus Crohn/Colitis ulcerosa Vereinigung, DCCV e.V., Germany, Referat Wissenschaft, [11] BIRD VZW Zaventem, [12] H2O Patient Advisory Board, Austria, [13] F. Hoffmann-La Roche Ltd, Switzerland, Personalised Healthcare and Patient Access, [14] UZ Leuven

■ 15:10 **Invited Lecture: New insights in perianal Crohn's disease.**
Phil Tozer (London, UK)

■ 15:35 - 16:10 **COFFEE BREAK**

■ 15:40 - 16:10 **Satellite Symposium TAKEDA:**
Management of short bowel syndrome in IBD.
Speaker: Tim Vanuytsel (UZ Leuven), Francisca Joly (Paris, France)

WEDNESDAY 08

Takeda

Better Health, Brighter Future

INVITATION

BWGE 2023 SATELLITE SYMPOSIUM

Management of short bowel syndrome in IBD: can we do better?

Speakers: Prof T. Vanuytsel & Prof F. Joly

Wednesday **MARCH 8**

15.30 to 16.00

Location: Room Tiffany/Shah on the 2nd floor of the Hotel Conference Center

Prof. Dr. T. Vanuytsel

Prof. Dr. Tim Vanuytsel is a gastroenterologist in Leuven University Hospitals with a clinical focus on functional gastrointestinal disorders and patients with intestinal failure and intestinal transplantation. He is the medical lead of the Leuven Intestinal Failure and Transplantation center (LIFT).

Prof F. Joly

Prof. Joly is professor of nutrition at the University of Paris VII Denis Diderot, and is a gastroenterologist and nutritionist. She works at the CHU Beaujon in Clichy La Garenne, within the Digestive System Diseases Division in the Gastroenterology, IBD and Nutritional Assistance Department. She continues her research activity in the Digestive Physiology and Endocrinology Team of the unit.

V.U. : Vincent Seynhaeve - Takeda Belgium NV. - Leonardo Da Vincilaan 7, 1930 Zaventem - Belgium

C-ANPROM/BE/GI/0024

16:15-17:30 - SESSION 2

Moderators: Jeroen Geldof (UZ Gent), Noortje Straetmans (AZ Vesalius Tongeren)

■ **16:15** I06 **Assessment of the one-year Efficacy and Safety of Tofacitinib in biologic-refractory patients with Ulcerative Colitis: a real-world Belgian cohort study.**

A. Cremer (1), A. Mansour (1), T. Lobaton (2), S. Vieujean (3), P. Bossuyt (4), J. Rahier (5), F. Baert (6), O. Dewit (7), E. Macken (8), A. Vijverman (9), P. Van Hootegem (10), F. Mana (11), B. Willandt (12), E. Humblet (13), F. D'heygere (14), A. Verreth (15), A. El Nawar (16), J. Coenegrachts (17), S. Dewit (18), S. De Coninck (19), N. Schoofs (20), S. Delen (21), J. Dutre (22), C. Thienpont (23), S. Vanden Branden (24), D. Staessen (25), C. Croonen (26), D. Franchimont (1) / [1] ULB Erasme, Brussels, [2] UZ Gent, [3] CHU Sart Tilman, Liège, [4] Imelda Hospital, Bonheiden, [5] CHU Mont-Godinne, [6] AZ Delta, Roeselare, [7] UCL Saint-Luc, Brussels, [8] UZ Antwerpen, [9] CHR de la Citadelle, Liège, [10] AZ Sint-Lucas Brugge, [11] Clinique Saint-Jean, Brussels, [12] AZ Sint-Jan Brugge-Oostende, [13] Ziekenhuis Oost Limbug, Genk, [14] AZ Groeninge, Kortrijk, [15] AZ Voorkempen, [16] Centre Hospitalier Mouscron, [17] Jessa Hospital, Hasselt, [18] Mariaziekenhuis Noord-Limburg, Overpelt, [19] Sint Andries ziekenhuis Tielt, [20] Sint-Trudo ziekenhuis, Sint-Truiden, [21] ZH Maas en Kempen, [22] ZNA Jan Palfijn, Merksem, [23] ZNA Antwerpen, [24] Onze-Lieve-Vrouw Ziekenhuis, Aalst, [25] GZA Sint-Vincentius ziekenhuis, Antwerpen, [26] AZ Turnhout

■ **16:27** I07 **No increased postoperative risk of venous thromboembolism nor infectious complications after JAK inhibitor exposure in patients with ulcerative colitis undergoing colectomy.**

C. Caenepeel (1), S. Vieira-Silva (1), B. Verstockt (1), K. Machiels (1), N. Davani (1), J. Sabino (2), M. Ferrante (2), J. Raes (2), S. Vermeire (2) / [1] KU Leuven, [2] UZ Leuven

■ **16:40** **Invited Lecture: Guide within the new JAK world: learning points from experienced EIM colleagues.**

Filip Van Den Bosch (UZ Gent)

■ **17:05** I08 **Introducing video consultations as part of an IBD tight monitoring care pathway: interim results of the INTERACTION project.**

E. Hoefkens, N. Lembrechts, P. Bossuyt, L. Pouillon / Imelda Hospital, Bonheiden

■ **17:17** I09 **Patterns of corticosteroid exposure and excess in inflammatory bowel disease in Belgium: Results from the Determinants, Incidence and consequences of Corticosteroid Excess (DICE) online monitoring tool.**

P. Bossuyt (1), F. D'heygere (2), J. Schrevens (3), J. Morrens (3), E. Louis (4) / [1] Imelda Hospital, Bonheiden, [2] AZ Groeninge, Kortrijk, [3] AbbVie Belgium SA, Wavre, [4] CHU de Liège

ROOM:

IBD-BIRD TIFFANY/SHAH

- 17:30 Award Ceremony

- 17:00 - 17:45 Satellite Symposium GALAPAGOS:
  JAK inhibitors in clinical practice:
  UC the bigger picture
  Speakers: João Sabino (UZ Leuven) /
  Filip Van den Bosch (UZ Gent)

Galápagos

- 18:00-18:30 General Assembly IBD-BIRD

Belgian Week of Gastroenterology

INVITATION

A STATE OF TRANSFORMATION

JAK inhibitors in clinical practice: UC the bigger picture

Wednesday 8th March 2023 | 17.35 - 18.20 CET
Room Tiffany/Shah

We are pleased to invite you to this **Galapagos-sponsored symposium** in which our experts will discuss the place of JAK inhibition in clinical practice and their real-world clinical experiences both from a gastroenterologist's & a rheumatologist's perspective.

Please join us for this stimulating symposium.

Prof. João Sabino
UZ Leuven, Belgium

Prof. Filip Van den Bosch
UZ Gent, Belgium

This symposium is funded and organised by Galapagos.
This symposium is intended for healthcare professionals only.
BE-UC-GLPG-202301-00001 - January 2023

Galápagos
Pioneering for patients

ULTRASOUND Course

ROOM: FLORENTINE/HOPE

17:30-19:30

Dear collegues and friends,

This year, the Belgian week organises once again a practical, **hands-on session in ultrasound** on **Wednesday and Thursday afternoon** with **ultrasound simulator training models**.

The course will give an overview of the general principles of **abdominal ultrasound**, starting from **normal anatomy**, with the possibility to exercise on **healthy volunteers**. Furthermore, this year we offer the possibility to **exercise "live"** on ultrasound **simulators**.

Participants will have access to **pathological cases** in abdominal ultrasound focusing on liver desease and on gastrointestinal disease. The course aims at trainees in gastroenterology and general medicine as well as specialists interested in abdominal ultrasound.

After a short theoretical introduction, **participants will be able to practice on healthy volunteers and on the ultrasound simulators training models**. 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 to this course, to make them (more) familiar with the abdominal ultrasound examination and to give them a **unique opportunity to practice pathological images with training modules**.

PGC
POSTGRADUATE COURSE

WELCOME DRINK

ROOM
BELLE ÉPOQUE
EXHIBITION AREA

WEDNESDAY 8TH

17:30 - 18:30

35TH EDITION

08 > 10.03.23

BASL-BLIC

ROOM: **TEUN**

■ 08:00 - 08:30 **Satellite Symposium ROCHE**

Every HCC patient is unique - lets treat them that way: Current practices in personalising patient treatment decision making in uHCC.

Speakers : Chris Verslype (UZ Leuven) & Jochem Decaestecker (UZ Leuven)

08:30-10:00 - SESSION 1

Moderators : Sergio Negrin-Dastis (BASL), Xavier Verhelst (BeLiac)

■ **08:30** A01 **Insufficient knowledge of hepatitis B and C virus reactivation among specialist physicians in Dutch-speaking Belgium: The CHOICe Trial (Chronic Hepatitis B/C Screening in patients On Immunosuppressive therapy and Chemotherapy).**

M. Coessens (1), C. Van De Bruaene (2), W. Verlinden (2), A. Geerts (3), V. Kruse (2), M. Aerts (4), S. Bourgeois (5), I. Colle (6), J. Maus (7), H. Orlent (8), L. Van Overbeke (9), C. Van Steenkiste (10), J. Schouten (2) / [1] U Antwerp, [2] Vitaz, Sint-Niklaas, [3] UZ Gent, [4] UZ Brussel, [5] ZNA Antwerpen, [6] ASZ, Aalst, [7] ZNA Middelheim, Antwerpen, [8] AZ Sint-Jan Brugge-Oostende, [9] AZ Sint Maarten, Mechelen, [10] AZ Maria Middelares, Gent

■ **08:40** A02 **A novel method for the quantification of immunohistochemistry in relation to hepatic zonation and correcting for steatosis.**

C. Peleman (1), W. De Vos (1), L. Van Nassauw (1), I. Pintelon (1), A. Driessen (2), A. Van Eyck (1), C. Van Steenkiste (1), L. Vonghia (1), J. De Man (1), B. De Winter (1), T. Vanden Berghe (1), S. Francque (1), W. Kwanten (1) / [1] U Antwerpen, [2] UZ Antwerpen

■ **08:50** A03 **Month of Viral Hepatitis at local primary care practices.**

M. Coessens (1), J. Schouten (2), W. Verlinden (2) / [1] U Antwerpen, [2] Vitaz, Sint-Niklaas

■ **09:00** A04 **Outcomes of liver transplantation for hepatopulmonary syndrome in patients with concomitant respiratory disease.**

Ö. Koc (1), D. Aslan (2), M. Kramer (3), J. Verbeek (2), H. Van Malenstein (2), S. Van Der Merwe (2), D. Monbaliu (2), R. Vos (2), G. Verleden (2), J. Pirenne (2), F. Nevens (2) / [1] U Hasselt, [2] UZ Leuven, [3] Maastricht University Medical Center, Netherlands (the)

■ **09:10** A05 **Single-cell and single-nucleus sequencing on human transjugular liver biopsies: proof of concept and within-patient comparison.**

L. Van Melkebeke (1), J. Verbeek (1), D. Bihary (2), H. Korf (1), D. Lambrechts (2), S. Van Der Merwe (1) / [1] KU Leuven, [2] VIB Center for Cancer Biology, Leuven

■ **09:20** A06 **Alagille syndrome livers display premature senescence.**

G. Jannone (1), C. De Magnée (2), R. Tambucci (2), J. Evraerts (1), J. Ravau (1), M. Najimi (1), E. Sokal (1) / [1] UCLouvain, Brussels, [2] UCL Saint-Luc, Brussels

BASL-BLIC

ROOM: TEUN

- **09:30** A07 **The prevalence of NAFLD and NAFLD-related fibrosis in patients with acute coronary syndrome: Preliminary results of a prospective study.**
  W. Robaeys (1), L. Heyens (1), M. Dupont (2), K. Ameloot (2), G. Robaeys (1), M. Struyve (2), G. Stockmans (2), L. Bruckers (1), J. Penders (2), S. Francque (3) / [1] U Hasselt, [2] ZOL, Genk, [3] UZ Antwerpen
- **09:40** A08 **The Insulin Sensitivity Index Derived from Euglycemic Clamps Is Correlated to Liver Fat Content Determined by Magnetic Resonance Spectroscopy In Type 1 Diabetes.**
  J. Mertens, M. Braspenning, F. Vanhevel, M. Spinhoven, S. Francque, C. De Block / UZ Antwerpen
- **09:50** A09 **Survival of placebo-treated patients with severe alcoholic hepatitis: a systematic review and meta-analysis.**
  L. Van Melkebeke, L. Pollentier, S. Van Der Merwe, F. Nevens, J. Verbeek / KU Leuven

---

- **10:00 - 10:30** Satellite Symposium GILEAD:
  Moderator: Prof Frederik Nevens (UZ Leuven)
  No D without B: know more, do more.
  Speaker: Christophe Moreno (ULB Erasme, Brussels)

GILEAD

- **10:00 - 10:45** COFFEE BREAK

11:15-12:35 - SESSION 2

Moderators : Thomas Vanwolleghem (BASL), Dirk Ysebaert (BeLIAC)

10:45-11:15 BELIAC Lecture:
Moderator: Olivier Detry (BeLIAC)

Covid-19 and Liver Transplantation.
Jef Verbeek (UZ Leuven)

11:15 A10 **Adverse outcomes are frequent and not related to initial HDV viral load in hepatitis delta infections in Belgium.**
A. Furquim D'Almeida (1), E. Ho (2), L. Govaerts (2), T. Sersté (3), M. Peeters (4), P. Michielsen (2), S. Bourgeois (5), C. Moreno (6), H. Van Vlierberghe (7), C. De Galocsy (8), E. Padalko (7), S. Van Gucht (4), T. Vanwolleghem (2) / [1] U Antwerp, [2] UZ Antwerpen, [3] CHU Saint-Pierre, Brussels, [4] Sciensano, Brussels, [5] ZNA Antwerpen, [6] CUB Erasme, Brussels, [7] UZ Gent, [8] Hôpitaux Iris Sud Bracops, Brussels

11:26 A11 **Myosteatosis in the liver transplant candidate: is it the future prognostic marker?**
A. Delorme (1), A. Goffaux (2), D. De Azevedo (2), C. Dumont (1), M. Philippart (1), G. Henin (2), F. Braem (1), E. Dubois (1), O. Ciccarelli (1), P. Trefois (1), N. Lanthier (2), G. Dahlqvist (1) / [1] UCL Saint-Luc, Brussels, [2] UCL IREC, Brussels

11:37 A12 **Application of updated diagnostic criteria for cirrhotic cardiomyopathy: evaluation of its clinical impact in liver transplantation candidates.**
F. Voet, M. Khalenkow, E. Vander Straeten, M. De Pauw, H. Degroote, X. Verhelst, A. Geerts, H. Van Vlierberghe, S. Raevens / U Gent

11:48 A13 **Identifying the role of gut vascular-associated macrophages in liver cirrhosis.**
L. Smets (1), M. Viola 12), H. Korf (1), F. Nevens (2), G. Boeckxstaens (1), S. Van Der Merwe (1) / [1] KU Leuven, [2] UZ Leuven

11:59 A14 **Enhancing microbial transformation of bile acids to protect from NASH.**
J. Gillard (1), M. Roumain (1), C. Picalausa (1), M. Thibaut (1), G. Muccioli (1), A. Tailleux (2), B. Staels (2), L. Bindels (1), I. Leclercq (1) / [1] UCL, Brussels, [2] CHU Lille, France

ROOM:
BASL-BLIC TEUN

THURSDAY 09

12:10 A15 **Acute splanchnic vein thrombosis in patients with COVID-19.**
P. Deltenre (1), A. Payencé (2), L. Elkrief (3), V. La Mura (4), F. Artru (5), A. Baiges (6), L. China (7), I. Colle (8), E. Lemaitre (9), A. Marot (10), B. Procopet (11), D. Schiller (12), P. Rautou (2), A. Plessier (2) / [1] UCL Saint-luc Bouge, Namur, [2] Hopital Beaujon, Paris, France, [3] CHU de Tours, France, [4] Ospedale Maggiore Policlinico, Milan, Italy, [5] CHUV Lausanne, Switzerland, [6] Hospital Clinic, Barcelona, Spain, [7] Royal Free Hospital, UK, [8] ASZ, Aalst, [9] CHRU Lille, France, [10] UCL Namur, Yvoir, [11] Regional Institute of Gastroenterology and Hepatology, Romania, [12] Ordensklinikum Linz Barmherzige Schwestern, Austria

12:21 A16 **Glial transcriptomics highlight early involvement of microglia and infiltrating immune cells in experimental hepatic encephalopathy.**
W. Claeys (1), L. Van Hoecke (1), H. Lernout (1), C. De Nolf (1), E. Van Wonterghem (1), G. Van Imschoot (1), D. Verhaege (1), A. Geerts (1), C. Van Steenkiste (2), R. Vandenbroucke (1) / [1] U Gent, [2] U Antwerpen

12:35 - 13:30 LUNCH

13:30-14:50 - SESSION 3

Moderators : Jean Delwaide (BASL), Geraldine Dhalqvist (BeLIAC)

- **13:30** A17 **18FDG PET scanner as a selection criterion in liver transplantation for hepatocarcinoma.**
  C. Lambrecht, M. Vandermeulen, M. Delbouille, J. Monard, A. Warmoes, C. Amicone, O. Warling, A. Lamproye, J. Delwaide, N. Meurisse, P. Honore, R. Hustinx, P. Lovinfosse, O. Detry / CHU Liège
- **13:40** A18 **Hepatic stellate cell single cell atlas reveals a highly similar activation process across liver disease aetiologies.**
  V. Merens, S. Verhulst, L. Van Grunsven / VUB, Brussels
- **13:50** A19 **A machine learning-based classification of adult-onset diabetes identifies patients at risk for liver-related complications.**
  C. Zhan (1), L. Otero Sanchez (1), C. Gomes Da Silveira (1), L. Crenier (1), H. Njimi (2), G. Englebert (1), A. Putignano (1), A. Lepida (1), D. Degré (1), N. Boon (1), T. Gustot (1), P. Deltenre (1), A. Marot (3), J. Devière (1), C. Moreno (1), M. Cnop (1), E. Trépo (1) / [1] ULB Erasme, [2] ULB Biomedical Statistics, Brussels, [3] UCL Saint-Luc Bouge, Namur
- **14:00** A20 **Benefits of systematic use of non-invasive fibrosis scores rather than fatty liver index in type 2 diabetes patients: a prospective study.**
  Q. Binet, A. Loumaye, M. Hermans, N. Lanthier / UCL Saint-Luc, Brussels
- **14:10** **MARC HAUTEKEETE Lecture:**
  Moderator: Pierre Deltenre (ULB Erasme)

  Treatment and secondary prevention of portal vein thrombosis.
  Aurélie Plessier (Paris, France)

- **14:50-15:30** **COFFEE BREAK**

BASL-BLIC ROOM: TEUN

THURSDAY 09

15:30-17:15 - SESSION 4

Moderators : Anja Geerts (BASL), Desislava Germanova (BeLIAC)

- **15:30** A21 **Fully controlled iPSC-derived spheroids to model liver fibrosis.**
  M. Kazemzadeh Dastjerd (1), L. Cools (1), A. Smout (1), V. Merens (1), H. Reynaert (1), N. Messaoudi (2), M. Kumar (3), C. Verfaillie (3), S. Verhulst (1), L. Van Grunsven (1) / [1] VUB, Brussels, [2] UZ Brussel, [3] KU Leuven
- **15:40** A22 **Prevalence of chronic hepatitis E infection in immunosuppressed patients in Belgium.**
  M. Philippart (1), B. Kabamba (1), M. Peeters (2), H. Piessevaux (1), G. Dahlqvist (1) / [1] UCL Saint-Luc, Brussels, [2] Sciensano
- **15:50** A23 **The PAN-PPAR agonist lanifibranor improves increased portal pressure, endothelial dysfunction and liver histology in a rat model of early NAFLD.**
  S. Chotkoe (1), Y. Liu (1), G. Wettstein (2), J. Junien (2), L. Vonghia (1), H. Ceuleers (1), J. De Man (1), B. De Winter (1), W. Kwanten (1), S. Francque (1) / [1] U Antwerpen / UZ Antwerpen, [2] Inventiva Pharma, Daix, France
- **16:00** A24 **Excessive proliferation after extended hepatectomy compromises liver function in mice.**
  M. De Rudder (1), I. Leclercq (1), A. Dili (2) / [1] UCL, Brussels, [2] UCL Mont-Godinne
- **16:10** A25 **Alveolar echinococcosis is increasing in Southern Belgium: a report of the Belgian National Reference Laboratory for Echinococcosis (BNRLE) and clinical experience of ECHINO-Liege.**
  O. Detry (1), C. Bihain (1), R. Sacheli (1), S. Egrek (1), N. Bletard (1), P. Meunier (1), P. Lovinfosse (1), J. Delwaide (1), N. Botembe (2), E. Larranaga (3), C. Truyens (4), B. Delaere (5), B. Pirotte (6), J. Giot (1), P. Leonard (1), M. Hayette (1) / [1] CHU Liège, [2] Centre Hospitalier des Ardennes, Libramont, [3] ULB Erasme, Brussels, [4] ULB, Brussels, [5] CHU Dinant Godinne, Yvoir, [6] CHR Citadelle, Liège
- **16:20** A26 **The silencing of Sox9 inhibits the ductular reaction expansion but enhances the differentiation of DR cells into hepatocytes in the diseased liver.**
  A. De Schaetzen, M. De Rudder, A. Pottier, I. Leclercq / UCL, Brussels
- **16:30** A27 **Nodular regenerative hyperplasia of the liver: an insight into the epidemiology and the clinical characteristics of a rare and poorly understood entity.**
  E. Kaze, P. Baldin, C. Dumont, G. Dahlqvist / UCL Saint-Luc, Brussels

BASL-BLIC

ROOM: TEUN

- **16:40** A28 **Unraveling the individual contributions of the PPAR isotypes to the PAN-PPAR agonist lanifibranor-induced improvements of the vascular alterations and liver histology in a rat model of early NAFLD.**
  S. Chotkoe (1), Y. Liu (1), G. Wettstein (2), J. Junien (2), L. Vonghia (1), H. Ceuleers (1), J. De Man (1), B. De Winter (1), W. Kwanten (1), S. Francque (1) / [1] U Antwerpen / UZ Antwerpen, [2] Inventiva Pharma, Daix, France
- **16:50** A29 **Fibrosis stage is the main driver of liver-related events in adults with biopsy- proven Nonalcoholic Fatty Liver Disease.**
  A. Bocquillon (1), L. Otero Sanchez (1), D. Degré (1), A. Lepida, A. Putignano, N. Boon, T. Gustot, E. Trépo, C. Moreno / ULB Erasme, Brussels

- **17:00** Award Ceremony: Thomas Vanwolleghem (BASL)
  Best Basic Prize
  Best Clinical Prize

- **17:15** BASL General Assembly

IBD-BIRD

ROOM: LIJN

08:30-10:30 - SESSION 1 :

Moderators : Claire Liefferinkx (ULB Erasme), Michael Somers (UZ Antwerpen)

- **08:30** Invited Lecture: **Immune defciencies can mimick IBD, (when) should we take a step back and have a broader look?**
  Filomeen Haerynck (UZ Gent)
- **09:05** I10 **Behaviour in mice with chronic DSS colitis mimics fatigue in IBD and is associated with neuroinflammation.**
  M. Truyens (1), H. Lernout (1), C. Vandendriessche (1), A. Bruggeman (2), J. Xie (1), M. De Vos (1), V. Vermeirssen (1), R. Vandenbroucke (1), D. Laukens (1) / [1] UGent, [2] UZ Gent
- **09:17** I11 **Distinct biological profiles associated with the risk of short-term relapse and mid/long-term relapse in Crohn's disease patients stopping infliximab.**
  N. Pierre (1), V. Huynh-Thu (1), D. Baiwir (1), G. Mazzucchelli (1), M. Fléron (1), L. Trzpiot (1), G. Eppe (1), D. Laharie (2), J. Satsangi (3), J. Colombel (4), E. Hertervig (5), M. Meuwis (1), E. Louis (6) / [1] U Liège, [2] CHU de Bordeaux, France, [3] John Radcliffe Hospital, UK, [4] Icahn School of Medicine at Mount Sina, USA, [5] Skane University Hospital, Sweden, [6] CHU Liege
- **09:29** I12 **Gene networks in post-operative endoscopic recurrence in Crohn's disease: a key role for ferroptosis gene GPX4.**
  S. Verstockt, K. Machiels, J. Dehairs, K. Rems, D. Jans, I. De Greef, J. Sabino, M. Ferrante, B. Verstockt, S. Vermeire / KU Leuven
- **09:41** I13 **A genetic analysis of familial aggregation in inflammatory bowel disease multiplex families.**
  D. Jans (1), H. Lee (2), M. Ferrante (1), S. Vermeire (1), I. Cleynen (1)/ [1] KULeuven, [2] University of Ulsan College of Medicine, Ulsan, Korea
- **09:53** I14 **Impact of immunomodulating treatment modalities, active smoking and (repeated) COVID19 vaccination on S-antibody seroconversion in IMID patients. Results of the BELCOMID study: BELgian Cohort study of COVID-19 in Immune Mediated Inflammatory Diseases (IMID).**
  J. Geldof (1), M. Truyens (1), J. Sabino (2), M. Ferrante (2), J. Lambert (1), H. Lapeere (1), T. Hillary (2), A. Van Laethem (2), K. De Vlam (2), P. Verschueren (2), E. Padalko (1), T. Lobaton (1), S. Vermeire (2) / [1] UZ Gent, [2] UZ Leuven
- **10:05** Invited Lecture: **The great wall of inflammatory bowel disease: barriers unmet needs in IBD.**
  Tim Raine (London, UK) (Digital)

- **10:30 - 11:00** COFFEE BREAK

SANDOZ SATELLITE SYMPOSIUM

IBD in the clinic
THE NEW TAKES ON MISSING BASICS

Thursday 09/03
morning coffee break

Presented by **Prof Tim Raine**,
Wheater's Field, Grantchester,
Cambridge CB3 9NJ, UK

JOIN US !
At the HILTON HOTEL, Antwerp

Head of Inflammatory Bowel Disease service at Cambridge University Hospitals, UK. Mucosal immunologist with established research profile; faculty member at Wellcome Sanger Institute. Chair European Crohn's and Colitis Organisation Guidelines committee; author of multiple European & UK Guidelines. UEG Scientific committee lower GI lead. Chief investigator for industry and investigator-initiated studies.

As we witness a plethora of new treatments arrive for the care of patients with IBD, it is sometimes possible to pin expectations on these treatments whilst omitting to monitor and optimise other aspects of care. This is particularly true in two areas: monitoring and understanding corticosteroid exposure, and psychological support of patients. Using new data from a series of multinational studies, this talk will look at ways that we can bring new insights in these areas to the structuring and delivery of care in a manner that will enable our patients to achieve optimal outcomes.

ADRESSE : Hilton Hotel, Antwerp

SANDOZ A Novartis Division

Belgian Week of Gastroenterology asbl / vzw

257069 / 2022-MS-032 / Valid until 12/2023

BIRD Clinical

■ 10:25 - 10:55 **Satellite Symposium SANDOZ:**
IBD in the clinic THE NEW TAKES ON MISSING BASICS.
Speaker: Prof Tim Raine, Cambridge / UK

SANDOZ

11:05-12:30 - SESSION 2

Moderators : Joao Sabino (UZ Leuven),
Jean-François Rahier (UCL Mont-Godinne)

■ 11:05 I15 **A transcriptomic signature score to predict dysplasia and colitis-associated colorectal cancer in Inflammatory Bowel Disease patients.**
A. Cremer (1), N. Rosewick (1), E. Trépo (1), F. Libert (1), P. Demetter (2), M. De Vos (3), J. Rahier (4), F. Baert (5), T. Moreels (6), E. Macken (7), E. Louis (8), S. Vermeire (9), D. Franchimont (1) / [1] ULB Erasme, Brussels, [2] ULB Jules Bordet, Brussels, [3] UZ Gent, [4] CHU Mont-Godinne, [5] AZ Delta, Roeselare, [6] UCL Saint-Luc, Brussels, [7] UZ Antwerpen, [8] CHU Liège, [9] UZ Leuven

■ 11:17 I16 **Dose-dependent histologic improvement and attenuation of inflammation by engineered high acetate producing Saccharomyces boulardii in DSS-induced colitis.**
S. Deleu (1), B. Trindade De Carvalho (2), I. Jacobs (3), K. Arnauts (1), L. Deprez (1), E. Vissers (1), M. Lenfant (1), G. De Hertogh (4), G. Huys (1), J. Thevelein (2), J. Raes (1), S. Vermeire (4) / [1] KU Leuven, [2] NovelYeast bv, Bio-Incubator BIO4, Leuven, [3] KULeuven, [4] UZ Leuven

■ 11:29 **Invited Lecture : Diet in IBD.**
Sinead Burke (St Marks hospital, London, UK)

■ 11:55 I17 **Negative impact of high body mass index on the efficacy of anti-TNFα agents in patients with Inflammatory Bowel Disease.**
F. Hamoir (1), F. De Leuze (1), M. Denis (1), B. De Vroey (1), N. De Suray (1), G. Burnet (1), H. Piessevaux (1), O. Dewit (1) / UCL Saint-Luc, Brussels

■ 12:07 I18 **Impact of different types of physical activity in inflammatory bowel disease.**
A. Gofflot (1), L. Monin (2), L. Seidel (2), C. Reenaers (2), S. Kropp (2), C. Van Kemseke (2), P. Latour (2), B. Forthomme (2), J. Croisier (2), E. Louis (2), S. Vieujean (2) / [1] U Liège, [2] CHU Liège

■ 12:20 **Award Ceremony: IBD-BIRD Prizes**

■ 12:30 - 13:15 **Satellite Symposium ABBVIE:**
JAK of all trades, future of IBD?
Refocusing our clinical expectations
Speakers: Prof. Dr. Catherine Reenaers - CHU Liège
Prof. Dr. João Sabino - UZ Leuven

abbvie

13:00 – 14:30 BSGIE E-POSTER SESSION

Moderators : A. Lemmers (ULB Erasme, Brussels),
R. Bisschops (UZ Leuven) ,
S. Van Langendonck (AZ Maria Middelares, Gent)

■ **13:00** G18 **Quality monitoring of gastroscopy and colonoscopy by means of ESGE QIC-App.**
Wouters, R. Bisschops, P. Roelandt / KULeuven

■ **13:07** G19 **The case "EMR versus ESD in the colon".**
P. Corens (1), S. Van Langendonck (1), N. Van Heddegem (1), J. Bekaert (2), K. Rasquin (1), P. Dewint (1) / [1] AZ Maria Middelares, Gent, [2] UZ Brussel

■ **13:14** G20 **How feasible and safe is colonic ESD in a non-academic setting in Belgium?**
P. Leclercq (1), J. Zeevaert (2), O. Plomteux (1), S. Van Langendonck (3), R. Bisschops (4), P. Dewint (3) / [1] Clinique Mont Legia, Liège, [2] CHR Verviers, [3] AZ Maria Middelares, Gent, [4] UZ Leuven

■ **13:21** G21 **Performance of novices in Endoscopic Submucosal Dissection starting directly in humans under direct supervision of an expert endoscopist.**
J. Bekaert (1), S. Van Langendonck (1), N. Van Heddegem (1), C. De Bie (2), S. Gossé (3), M. Aerts (4), P. Dewint (1) / [1] Maria Middelares Ziekenhuis, Gent, [2] AZ Klina, Brasschaat, [3] OLV Aalst, [4] UZ Brussel

■ **13:28** G22 **Small bowel polypectomy in Peutz-Jeghers syndrome: comparison of endoscopes and resection techniques.**
T. Moreels (1), A. Donati (2), L. Monino (1), H. Piessevaux (1) / [1] UCL Saint-Luc, [2] CHU-UCL-Namur

■ **13:35** G23 **ERCP in patients with different types of total and partial gastrectomy.**
F. Fortunati, L. Monino, P. Deprez, H. Piessevaux, T. Moreels / UCL Saint-Luc

■ **13:42** G24 **Efficacy and safety of G-POEM in management of patients with refractory gastroparesis: about 10 cases.**
P. Kisoka (1), F. Wuestenberghs (2), E. Akpokavie (1), G. Burnet (1), N. De Suray (1), M. Del Natale (1), H. Hassaini (1), Z. Issa (1), C. Leu (3), S. Negrin Dastis (1), A. Sibille (1), P. Warzee (1) / [1] Grand Hopital de Charleroi, [2] CHU Mont-Godinne, [3] Centre Hopitalier Epicura Baudour

■ **13:49** G25 **EUS-guided drainage of non-surgical pelvic abscesses using small size lumen- apposing metal stents.**
L. Monino (1), R. Bachmann (2), M. Denis (2), D. Leonard (2), C. Remue (2), A. Kartheuser (2), T. Moreels (2) / [1] UCL, [2] UCL Saint-Luc, Brussels

BSGIE

ROOM: LIJN

08:30-10:30 - SESSION 1 :

**Moderators : P. Dewint (AZ Maria Middelares, Gent),
R. Bisschops (UZLeuven),
S. Van Langendonck (AZ Maria Middelares, Gent)**

■ **14:00** **Introduction**
A. Lemmers (ULB Erasme, Brussels)

■ **14:05** **Invited Lecture: Upper GI ESD: indications and outcomes.**
Bas Weusten (Utrecht, The Netherlands)

■ **14:30** G01 **Can we extend ESD indication for circumferential superficial esophagus squamous cell carcinoma deeper than m2?**
M. Ayari (1), T. Moreels (2), E. Perez-Cuadrado (2), J. Chevaux (2), R. Altwegg (2), A. Taha (2), H. Dano (2), H. Piessevaux (2), P. Deprez (2) / [1] Hôpital La Marsa Tunis, Tunisia, [2] UCL Saint-Luc, Brussels

■ **14:38** G02 **Safety and efficacy of salvage endoscopic submucosal dissection for Barrett's neoplasia recurrence after radiofrequency ablation.**
L. Mesureur (1), P. Deprez (2), R. Bisschops (3), R. Pouw (4), B. Weusten (5), B. Maximilien (6), P. Dewint (7), D. Tate (8), P. Leclercq (9), S. Seewald (10), F. Barbaro (11), F. Baldaque (12), M. Omae (12), M. Pioche (13), M. Bourke (14), R. Haidry (15), A. Lemmers (1) / [1] ULB Erasme, Brussels, [2] UCL Saint-Luc, Brussels, [3] UZ Leuven, [4] UMC, Amsterdam, [5] UMC, Utrecht, [6] AP-HP Hôpital Cochin Paris, France, [7] AZ Maria Middelares, Gent, [8] UZ Gent, [9] Clinique Mont Legia, Liège, [10] GastroZentrum Hirslanden Zurich, Switzerland, [11] Policlinico Gemelli, Roma, [12] Karolinska University Hospital, Sweden, [13] CHU Lyon, France, [14] Westmead Hospital, Sidney, Australia, [15] University College London Hospitals, UK

■ **14:46** G03 **Comparison of ESD and EMR in early Barrett's neoplasia.**
M. Noreillie (1), D. De Wulf (2), R. Bisschops (1) / [1] UZ Leuven, [2] AZ Delta, Roeselare

■ **14:52** G04 G05 **Endoscope tip control: a simple, ex-vivo model with potential for endoscopist benchmarking and tracking of progress over time - the accuracy of snare tip soft coagulation applied to the margin of post EMR defects correlates with endoscopist polypectomy experience and procedural difficulty.**
L. Debels (1), S. Smeets (1), P. Poortmans (1), V. Lala (1), C. Jorissen (1), L. Desomer (2), J. Anderson (3), R. Valori (3), D. Tate (1) / [1] UZ Gent, [2] AZ Delta, Roeselare, [3] Cheltenham General Hospital, UK

■ **15:00** G06 **Endoscopic Submucosal Dissection is safe and effective for lesions located at the anorectal junction: analysis from two referral European centers.**
M. Figueiredo Ferreira (1), R. Morais (2), M. Marques (2), G. Macedo (2), A. Lemmers (3), J. Santos-Antunes (2) / [1] ULB Saint-Pierre, [2] Centro Hospitalar Universitário S. João, Porto, Portugal, [3] ULB Erasme, Bruxelles

BSGIE

ROOM: LIJN

■ **15:06** G07 **Residual malignant cells are present in the endoscope working channel and/or biopsy forceps in almost half of the cases after colorectal cancer endoscopic biopsies.**
P. Leclercq, S. Vansteenberge, O. Plomteux, N. Bletard, J. Radermacher, B. Bastens /Clinique Mont Legia, Liège

■ **15:12** **Invited Lecture: Lower GI ESD: indications and outcomes.**
Arnaud Lemmers (Brussels, Belgium)

■ **15:30 - 16:15** **COFFEE BREAK**

16:15-17:45- SESSION 2:

**Moderators : P. Hindryckx (UZ Gent),
C. Snauwaert (AZ Sint-Jan Brugge-Oostende),
P. Leclercq (Clinique Mont Legia, Liège)**

■ **16:15** **Invited Lecture: Technical review on ESD: an evidence based approach.**
Jeremie Jacques (Limoges, France)

■ **16:40** G08 **Endoscopic detection of cancer within colorectal polyps by young GI endoscopists: a pre- and post-intervention analysis of 680 individual responses.**
P. Poortmans (1), L. Debels (2), J. Anderson (3), R. Valori (4), L. Desomer (5), D. Tate (2) / [1] UZ Brussel, [2] UZ Gent, [3] Cheltenham General Hospital, UK, [4] Gloucestershire Hospitals NHS Foundation Trust, UK, [5] AZ Delta, Roeselare

■ **16:48** G09 **Clinical validation of a computer-aided detection model for colorectal polyp detection (CAD-Artipod) Trial using a second observer and real-time unblinding.**
P. Sinonquel (1), T. Eelbode (2), O. Pech (3), D. De Wulf (4), P. Dewint (5), H. Neumann (6), G. Antonelli (7), D. Tate (8), A. Lemmers (9), N. Pilonis (10), M. Kaminski (10), I. Demedts (1), C. Hassan (11), P. Roelandt (1), F. Maes (2), R. Bisschops (1) / [1] UZ Leuven, [2] KULeuven, [3] Krankenhaus Barmherzige Brüder, Regensburg, Germany, [4] AZ Delta, Roeselare, [5] AZ Maria Middelares, Gent, [6] Gastrozentrum Lippe, Bad Salzuflen, Germany, [7] Nuovo Regina Margherita Hospital, Rome, Italy, [8] UZ Gent, [9] ULB Erasme, Brussels, [10] Centrum Onkologii- Instytut im. Marii Sklodowskiej-Curie, Warschau, Poland, [11] Humanitas Research Hospital, Italy

■ **16:56** G10 **Digital sedation does not affect caecal intubation rate during colonoscopy and can reduce dose of propofol required for intravenous sedation: Results of a monocentric randomized controlled trial.**
A. Pavlidi (1), L. Triki (1), J. Mortier (2), J. Devière (1), A. Lemmers (1), V. Huberty (1), C. Quoilin (2), T. Tuna (1), M. Arvanitakis (1), D. Blero (3) / [1] ULB Erasme, Brussels, [2] Oncomfort SA, Wavre, [3] CHR, Namur

THURSDAY 09

WEDNESDAY 08

THURSDAY 09

FRIDAY 10

WEDNESDAY 08/03

BELLE EPOQUE	LIJN	TEUN	SANCY	TIFFANY/SHAH	FLORENTINE	HOPE
10.10-10.40 Coffee break 12.20-14.00 LUNCH «EXHIBITION AREA» 15.25-16.10 Coffee break «EXHIBITION AREA»	08.30-10.10 5th Post Graduate Course 10.40-12.20 5th Post Graduate Course 13.45-15.25 5th Post Graduate Course 16.00-17.15 5th Post Graduate Course			12.50-13.35 Satellite Symposium BMS 13.45-15.35 IBD - BIRD 15.40-16.10 Satellite Symposium TAKEDA 16.15-17.35 IBD - BIRD 17.35-18.20 Satellite Symposium GALAPAGOS 18.30-19.30 General Assembly IBD - BIRD	17.30-19.30 ULTRA SOUND Course	17.30-19.30 ULTRA SOUND Course

THURSDAY 09/03

BELLE EPOQUE	LIJN	TEUN	SANCY	TIFFANY/SHAH	FLORENTINE	HOPE
10.00-11.00 Coffee break «EXHIBITION AREA» 12.00-14.00 LUNCH «EXHIBITION AREA» 12.15-13.00 ORAL TOP BASIC E-POSTERS 14.50-16.15 Coffee break «EXHIBITION AREA»	08.30-10.30 IBD - BIRD Clinical 10.30-11.00 Satellite Symposium SANDOZ 11.05-12.30 IBD - BIRD Clinical 12.30-13.15 Satellite Symposium ABBVIE 13.00-14.00 BSGIE e-Poster Session 14.00-15.30 BSGIE 16.15-17.35 BSGIE 17.40 Concilium Belgium GE Meeting 2023	08.00-08.30 Breakfast Symposium ROCHE 08.30-10.00 BASL - BLIC 10.00-10.30 Satellite Symposium GILEAD 10.45-12.35 BASL - BLIC 13.30-14.50 BASL - BLIC 15.30-17.15 BASL - BLIC 17.15 BASL - BLIC General Assembly	09.00-10.15 Case Reports 10.45-12.00 Case Reports 13.00-14.00 BeSPGHAN General Assembly 14.00-15.30 BeSPGHAN 16.15-17.00 BeSPGHAN 18.00-19.00 ACTA General Assembly	09.00-10.30 GIREM 11.00-12.30 GIREM 14.00-15.30 GIREM 16.00-17.30 GIREM 16.00-16.30 Brohée Lecture 16.30-17.30 GIREM	17.30-19.30 ULTRA SOUND Course	17.30-19.30 ULTRA SOUND Course

FRIDAY 10/03

BELLE EPOQUE	LIJN	TEUN	SANCY	TIFFANY/SHAH	FLORENTINE	HOPE
10.00-11.00 Coffee break «EXHIBITION AREA» 12.00-14.00 LUNCH «EXHIBITION AREA» 12.15-13.00 ORAL TOP CLINICAL E-POSTERS 15.30-16.00 Coffee break «EXHIBITION AREA»	09.00-10.00 Working Group of Digestive Pathology 10.30-12.15 Working Group of Digestive Pathology 12.15-12.45 WGBS - VBS General Assembly 14.00-15.30 Working Group of Digestive Pathology 16.00-17.00 Working Group of Digestive Pathology	08.00-08.30 Breakfast Symposium EISAI 08.30-10.00 BGDO 10.00-10.30 Satellite Symposium ASTRAZENECA 10.30-12.30 BGDO 12.30-13.00 BGDO GA 14.00-15.45 Belgian Pancreatic Club 16.15-17.25 Belgian Pancreatic Club	14.00-15.10 Young BASL 15.40-16.50 Young BASL	09.00-10.30 BSGIE Maderated Video Session 11.00-12.00 BSGIE Maderated Video Session 14.00-16.00 Proctology 16.00-17.00 Brohée Fund General Assembly		

- **17:04** G11 **Endoscopic ultrasound-directed gastrojejunostomy to treat gastric outlet obstruction: which technique is the best?**
  L. Monino (1), E. Perez-Cuadrado-Robles (2), J. Gonzalez (2), C. Snauwaert (3), M. Gasmi (2), A. Alric (2), S. Ouazzani (2), P. Deprez (1), G. Rahmi (2), C. Cellier (2), T. Moreels (1), M. Barthet (2) / [1] UCL Saint-Luc, Brussels, [2] AP-HP, Georges-Pompidou European Hospital, Paris, France, [3] AZ Sint-Jan Brugge-Oostende
- **17:12** G12 **Identification of 6 Key Features of Colorectal Polyps Increases the Sensitivity of Cancer Detection and Ability to Discriminate Deep Submucosal Invasion - The Basis of the Blink (First) Impression?**
  L. Debels (1), S. Smeets (1), P. Poortmans (1), V. Lala (1), C. Jorissen (1), T. Lamiroy (1), R. Valori (2), L. Desomer (3), J. Anderson (2), D. Tate (1) / [1] UZ Gent, [2] Cheltenham General Hospital, UK, [3] AZ Delta, Roeselare
- **17:18** G13 **Outcomes of Minor versus Major Papilla Rendez-vous for EUS-guided Pancreatic Duct Drainage.**
  M. Bronswijk, D. Persyn, H. Van Malenstein, W. Laleman, S. Van Der Merwe / UZ Leuven
- **17:24** G14 **Motorized spiral enteroscopy: new indications.**
  H. Colin, L. Monino, H. Piessevaux, T. Moreels / UCL Saint-Luc, Brussels
- **17:35** **Award Ceremony**
- **17:45** **End of the Session**
- **17:45** **Concilium Belgium GE Meeting 2023**

GIREM — ROOM: TIFFANY/SHAH

09:00-10:30 - SESSION 1

Moderators : Annemieke Smet (UAntwerpen), Werend Boesmans (UHasselt)

- **09:00** **Invited Lecture: The role of peripheral glia in barrier immunity.**
  Fränze Progatzky (The Francis Crick, London, UK)
- **09:45** B01 **Eosinophils exert a pro-inflammatory role in a chronic DSS colitis model without an impact on fibrosis.**
  I. Jacobs, S. Deleu, J. Cremer, G. De Hertogh, S. Vermeire, C. Breynaert, B. Verstockt, T. Vanuytsel / KULeuven
- **10:00** B02 **DSS-Colitis induced intestinal barrier dysfunction depends on the microbiome: an explorative study.**
  N. Hanning, R. Verboven, B. Oosterlinck, J. De Man, H. De Schepper, J. Timmermans, A. Smet, B. De Winter / UAntwerpen
- **10:15** B03 **Gastrointestinal traits in an accelerated aging mouse model at baseline and after DSS-induced chronic colitis.**
  R. Verboven, P. Verstraelen, S. Van Remoortel, N. De Loose, N. Hanning, B. De Winter, S. Ibiza Martinez, W. De Vos, J. Timmermans / UAntwerpen

10:30-11:00 COFFEE BREAK

11:00-12:30 - SESSION 2

Moderators : Gianluca Matteoli (KU Leuven), Sales Ibiza Martinez (UAntwerpen)

- **11:00** B04 **DISC1 disruption alters gastrointestinal homeostasis and enteric nervous system composition.**
  K. Tasnády (1), A. Cardilli (1), N. Vaes (1), I. Hamad (1), M. Gijbels (2), M. Kleinewietfeld (1), A. Sawa (3), B. Brône (1), V. Melotte (2), W. Boesmans (1) / [1] UHasselt, [2] Maastricht University, Netherlands (the), [3] Johns Hopkins University, Baltimore, USA
- **11:15** B05 **Amyloids activate NLRP3 in neurosphere-derived enteric glia, but not in enteric neurons.**
  N. De Loose, P. Verstraelen, S. Van Remoortel, R. Verboven, S. Ibiza-Martinez, J. Timmermans, W. De Vos / UAntwerpen
- **11:30** B06 **Development and maintenance of the enteric nervous system orchestrated by dedicated resident macrophages.**
  M. Viola (1), M. Chavero Pieres (1), E. Modave (1), N. Stakenborg (1), M. Delfini (1), T. Martens (1), K. Vandereyken (1), P. Petry (2), A. Sifrim (1), K. Kierdorf (2), M. Prinz (2), P. Vanden Berghe (1), T. Voet (1), G. Boeckxstaens (1) / [1] KULeuven, [2] University of Freiburg, Germany

GIREM — ROOM: TIFFANY/SHAH

- **11:45** B07 **Bitter substances in the gut affect the expression of growth differentiation factor 15 in patients with obesity.**
  Q. Wang (1), M. Farhadipour (1), H. Leng (1), T. Thijs (1), L. Nys (1), L. J Ceulemans (2), B. Van Der Schueren (2), E. Deleus (2), M. Lannoo (2), I. Depoortere (1) / [1] KULeuven, [2] UZ Leuven
- **12:00** B08 **Magnetic resonance imaging as a non-invasive tool to assess gastric emptying in mice.**
  M. Chavero Pieres, M. Viola, I. Appeltans, S. Abdurahiman, W. Gsell, G. Matteoli, U. Himmelreich, G. Boeckxstaens / KU Leuven
- **12:15** B09 **Generation of hpsc-derived enteric nervous system cultures for functional imaging experiments.**
  Y. Kang (1), A. Gogolou (2), E. Moles-Garcia (1), N. Garcia Perez (1), C. Fung (1), A. Tsakiridis (2), P. Vanden Berghe (1) / [1] KU Leuven, [2] University of Sheffield, UK

12:30-14:00 LUNCH

14:00-15:30 - SESSION 3

Moderators : Lindsey Devisscher (UGent), Ricard Farré (KU Leuven)

- **14:00** **Invited Lecture: In vitro generation of human enteric nervous system progenitors from pluripotent stem cells.**
  Anestis Tsakiridis (The University of Sheffield, UK)
- **14:45** B10 **IL -22-activated JAK1/STAT3-induced MUC13 overexpression could affect intestinal mucosal barrier function through the SNAI1/ZEB1 and ROCK2/MAPK signalling axes.**
  W. Arras (1), T. Breugelmans (1), B. Oosterlinck (1), A. Jauregui-Amezaga (2), M. Somers (2), B. Cuypers (1), K. Laukens (1), J. G. De Man (1), H. U. De Schepper (2), B. Y. De Winter (2), A. Smet (1) / [1] UAntwerpen, [2] UZ Antwerpen
- **15:00** B11 **Metabolic Balance Studies in Short Bowel Syndrome: Transferability of fecal wet weight and energy content measurement.**
  A. Verbiest (1), M. Hvistendahl (2), F. Bolognani (3), C. Li (3), O. Khwaja (3), F. Joly (4), T. Vanuytsel (1), P. Jeppesen (2) / [1] KU Leuven, [2] Rigshospitalet, Copenhagen, Denmark, [3] VectivBio AG, Basel, Switzerland, [4] Hôpital Beaujon, Clichy, France
- **15:15** B12 **Manometric diagnosis and treatment of Retrograde Cricopharyngeal Dysfunction (R-CPD).**
  F. Vulsteke (1), K. Raymenants (2), S. Arnaert (3), J. Everaert (3), F. Baert (3), T. Vanuytsel (2), J. Tack (2), K. Delsulpehe (3), J. Arts (1) / [1] AZ Sint-Lucas Brugge, [2] UZ Leuven, [3] AZ Delta, Roeselare

15:30-16:00 COFFEE BREAK

THURSDAY 09

16:00-17:55 - SESSION 4

Moderators : Heiko Deschepper (UAntwerp), Sébastien Kindt (VUB)

- **16:00** — **Georges Brohée Prize Lecture:**
  Novel insights in pathophysiology and treatment of Functional Dyspepsia.
  Tim Vanuytsel, Laureate
  Translational Research Center for Gastrointestinal Disorders (TARGID), KU Leuven

- **16:30** B13 — **Comparison of the prevalence and impact of Disorders of Gut-Brain Interaction in the French- and Dutch-speaking populations in Belgium.**
  E. Devolder (1), B. Broeders (1), M. Jones (2), M. Simren (3), S. Bangdiwala (4), A. Sperber (5), O. Palsson (4), J. Tack (1) / [1] KU Leuven, [2] University of New South Wales, Sydney, Australia, [3] University of Göteborg, Sweden, [4] University of North Carolina at Chapel Hill, USA, [5] Ben-Gurion University, Israël

- **16:45** B14 — **Diagnosing and managing IBS in clinical practice: online survey among gastroenterologists and general practitioners.**
  P. Casteels, H. Reynaert, S. Kindt / Vrije Universiteit Brussel

- **17:00** B15 — **Duodenal eosinophils and release of eosinophil-derived proteins are linked to symptoms in functional dyspepsia with eosinophil-decreasing effects of high-dose proton pump inhibitors.**
  M. Ceulemans (1), P. Huyghe (1), A. Cetin (1), A. Van De Geer (1), M. Horiguchi (1), I. Gutiérrez (1), J. Toth (1), I. Jacobs (1), J. Cremer (1), L. Wauters (1), M. Carlson (2), G. De Hertogh (3), J. Tack (1), T. Vanuytsel (1) / [1] KU Leuven, [2] Uppsala University, Sweden, [3] UZ Leuven

- **17:15** B16 — **Study on the role of MRGPRX2-mediated mast cell activation in IBS.**
  L. Decraecker (1), M. Cuende-Estévez (1), R. Quan (1), H. Hussein (1), A. Denadai-Souza (1), M. Viola (1), J. Aguileralizarraga (2), N. Stakenborg (1) / [1] KU Leuven, [2] University of Cambridge, UK

- **17:30** B17 — **Confocal laser endomicroscopy food allergy testing in functional dyspepsia and irritable bowel syndrome.**
  J. Stevenheydens, L. Balsiger, J. Schol, K. Raymenants, K. Routhiaux, J. Toth, F. Carbone, T. Vanuytsel, J. Tack / KU Leuven

- **17:45** — **Award Ceremony**

- **17:55** — **End of the Session**

ROOM:
GIREM TIFFANY/SHAH

THURSDAY 09

Georges Brohée, who was professor at the ULB, was one of the founding fathers of the World Society of Gastroenterology and organised the first International Congress of Gastroenterology in Brussels in 1935. From his legacy, the Brohée Foundation was created, which grants a biennial prize to "reward the best research work in the field of Gastroenterology in its broadest sense" by young Belgian researchers or for research conducted at one of our Belgian research centres.

This year, the Brohée Foundation has awarded **Prof. dr. Tim Vanuytsel** (Translational Research Center for Gastrointestinal Disorders (TARGID), KUL) for his outstanding work.

We congratulate Prof. Vanuytsel and invite you to join us for his Brohée lecture entitled **" Novel insights in pathophysiology and treatment of Functional Dyspepsia"** during the GIREM sessions on **Thursday 9th of March at 4pm**!

09:00-10:15 - SESSION 1

Moderators : D. De Looze (UZ Gent), C. Van Kemseke (ULG Liège)

- **09:00** C01 **Atypical presentation of infantile exocrine pancreatic insufficiency due to SPINK1 gene mutation detected by rapid Whole Genome Sequencing Study in a 5-year-old boy.**
  F. Chalon, A. Lhomme, M. Léonard, L. Zambelli, S. Alkan, C. Fasquelle, A. Lumaka, G. Debray, V. Bours, J. Frère, M. Longton, M. Seghaye, E. Bequet / CHU Liège
- **09:15** C02 **Severe abdominal pain as a presentation of neuroborreliosis.**
  V. Chua (1), A. Tourmous (1), R. Mazzoleni (2), S. Huvelle (2), R. Ntounda (3), N. Schoofs (2), B. Van Houte (2), F. Salomez (2) / [1] UCLouvain, Brussels [2] CHR, Namur, [3] CHU Saint-Pierre, Brussels
- **09:30** C03 **Cerebral air embolism as a complication of esophagogastroduodenoscopy.**
  H. Buelens, M. Van Parijs, E. Ali, P. Abrams, F. Van De Mierop, I. Maurissen / GZA Sint-Vincentius, Antwerp
- **09:45** C04 **CYP2C19 Metabolism in Peptic Ulcer Disease.**
  L. Janssens, S. Vege / Mayo Clinic, Rochester, USA
- **10:00** C05 **A case of a young girl with tuberculosis, that mimics Crohn's disease.**
  E. Levy (1), K. Huysentruyt (2), F. Mouchet (1), A. Dreesman (1) / [1] CHU Saint-Pierre, Brussels, [2] KidZ Health Castle, UZ Brussel

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

10:45-12:00 - SESSION 2

Moderators : D. De Looze (UZ Gent), C. Van Kemseke (ULG Liège)

- **10:45** C06 **Skin rash after vedolizumab in Crohn's disease.**
  V. Vandebroek, S. Arnaert, M. Cool, L. Bossuyt, D. Persyn, G. Lambrecht, G. Deboever / AZ Damiaan, Oostende
- **11:00** C07 **Splenic angiosarcoma with hepatic metastasis: A rare cause of hepatic failure.**
  I. Dirven, L. Braeckeveldt, H. Reynaert, P. Lefesvre, F. Vandenbroucke, M. Surmont / UZ Brussel
- **11:15** C08 **An unusual cause of vomiting in pregnancy: Broad ligament hernia, from diagnosis to management.**
  A. Pavlidi, R. Chapusette, M. Arvanitakis / ULB Erasme, Brussels
- **11:30** C09 **Squamous cell carcinoma after radiofrequency ablation for Barrett's dysplasia.**
  S. Bouhadan, S. Krishnadath, P. Dewint, A. Jauregui, E. Macken / UZ Antwerpen
- **11:45** C10 **Atezolizumab/bevacizumab: pushing the boundaries in HCC treatment.**
  C. Brackenier (1), J. Dekervel (1), J. Pirenne (1), P. Cuyle (2), C. Verslype (1) / [1] KULeuven, [2] Imelda Hospital, Bonheiden

- **12:00** **End of the Session**

BeSPGHAN/BHMSG

ROOM: SANCY

- 13:00-14:00 BeSPGHAN General Assembly

13:00-15:30 - SESSION 1

Moderators : Ilse Hoffman (KUL, Leuven),
Fazia Mana (St Jean, Brussels)

- 14:00 **Invited Lecture: Role of the microbiome in the "intestinal brain."**
  Gianluca Ianiro (Roma, Italy)
- 14:30 **Invited Lecture: Mucin-microbiome signatures shape the tumor microenvironment in gastric cancer.**
  Annemieke Smet (U Antwerpen)
- 14:45 **Invited Lecture: Data on antimicrobial susceptibility of H. *pylori* in Belgium.**
  Yvette Véronique Miendje-Deyi (ULB, Brussels)
- 15:00 **Invited Lecture: Belgian Consensus for Helicobacter pylori management 2023.**
  Rodrigo Garces (UCL, Bruxelles)
- 15:30-16:00 COFFEE BREAK

16:00-17:30 - SESSION 2

Moderators : Olivia Bauraind (CHC Mont Legia, Liège),
Ruffin Ntounda (ULB St Pierre, Bruxelles)

- 16:00 **Invited Lecture: MISC and abdominal pain.**
  Levi Hoste (UGent)
- 16:30 K01 **Seasonal eosinophilic esophagitis: how to diagnose?**
  J. Bosmans, S. Van Biervliet, M. Van Winckel, R. De Bruyne, P. De Bruyne, S. Vande Velde / UZ Gent
- 16:40 K02 **Esophagocoloplasty: near 30 years follow-up focusing on quality of life.**
  G. De Peuter / KU Leuven
- 16:50 K03 **Exploring parental thoughts and clinical experiences on blended food in a pediatric population, a qualitative study.**
  R. Verheije, F. Carbone, T. Bosmans, K. Van Hoeve, I. Hoffman / UZ Leuven
- 17:00 K04 **Self-reported prescribing behaviour of vitamin D prohylaxis in healthy children by Belgian paediatricians.**
  C. De Crem (1), M. Van Winckel (2), A. Raaijmakers (3), Y. Vandenplas (4), S. Van Biervliet (2) / [1] U Gent, [2] UZ Gent, [3] ZNA Antwerpen, [4] UZ Brussel
- 17:15 K05 **Higher drug exposure, but not trough concentrations of infliximab, correlates with rate of infliximab induced skin lesions in paediatric IBD patients.**
  K. Van Hoeve (1), D. Thomas (2), I. Hoffman (1), E. Dreesen (2) / [1] UZ Leuven, [2] KU Leuven
- 17:30 **End of the Session**

Short oral presentaions of the best e-Posters: Basic Science

ROOM: BELLE EPOQUE e-Posters Area

12:15 – 13:00 GUIDED E-POSTER TOUR

Moderators : Leo van Grunsven (VUB),
Rita Manco (UCL Saint-Luc)

- 12:15 B23 **Macrophage heterogeneity in the muscularis externa of the human intestine.**
  N. Stakenborg (1), M. Delfini (1), E. Modave (1), T. Voet (1), A. Sifrim (1), A. D'hoore (2), A. Wolthuis (2), G. Boeckxstaens (1) / [1] KULeuven, [2] UZ Leuven
- 12:22 016 **Deciphering the Methylome of Neuroendocrine Tumors.**
  L. Mariën (1), J. Ibrahim (1), T. Cremers (1), W. Lybaert (2), H. Prenen (3), M. Peeters (3), T. Vandamme (3), G. Van Camp (1), K. Op De Beeck (1) / [1] UAntwerpen, [2] Vitaz, Sint-Niklaas, [3] UZ Antwerpen
- 12:29 A30 **Fructose and glucose supplementation for the development of NAFLD and NASH in mice.**
  L. Cools, A. Dumarey, H. Reynaert, S. Verhulst, L. Van Grunsven / VUB/UZ Brussel
- 12:36 B18 **Investigating the immune response using scRNA-Seq in Irritable Bowel Syndrome.**
  H. Hussein, H. Modave, M. Delfini, G. Boeckxstaens / KULeuven
- 12:43 B20 **Mucin-microbiome signatures shape the tumour microenvironment in gastric cancer.**
  B. Oosterlinck (1), W. Arras (1), J. De Man (1), K. Geboes (2), H. De Schepper (3), M. Peeters (3), S. Lebeer (1), J. Skieceviciene (4), G. L Hold (5), J. Kupcinskas (4), A. Link (6), B. Y De Winter (1), A. Smet (1) / [1] UAntwerpen, [2] UZ Gent, [3] UZ Antwerpen, [4] University of Health Sciences, Kaunas, Lithuania, [5] University of New South Wales, Sydney, Australia, [6] Otto von Guericke University Magdeburg, Germany
- 12:50 I42 **Fibrostricturing Crohn's disease is characterised by an imbalance in active eosinophils, Th1, Th2 and regulatory T cells.**
  I. Jacobs (1), B. Ke (1), J. Cremer (1), A. D'hoore (2), G. Bislenghi (2), G. Matteoli (1), G. De Hertogh (1), J. Sabino (2), M. Ferrante (1), S. Vermeire (1), C. Breynaert (1), T. Vanuytsel (1), B. Verstockt (1) / [1] KULeuven, [2] UZ Leuven

DINNER & PARTY

THE **BOTANIC SANCTUARY** ANTWERP

THURSDAY MARCH 9TH

VENUE: **The Botanic Sanctuary Antwerp**
Lange Gasthuisstraat, 45 –
Entrance: Leopoldstraat, 26
2000 Antwerpen
www.botanicantwerp.com

When: *19:30 Aperitive and Award Ceremony*
20:30 Dinner and Music evening

Dress code: *Business Casual*

The venue is at walking distance from the Hilton Hotel

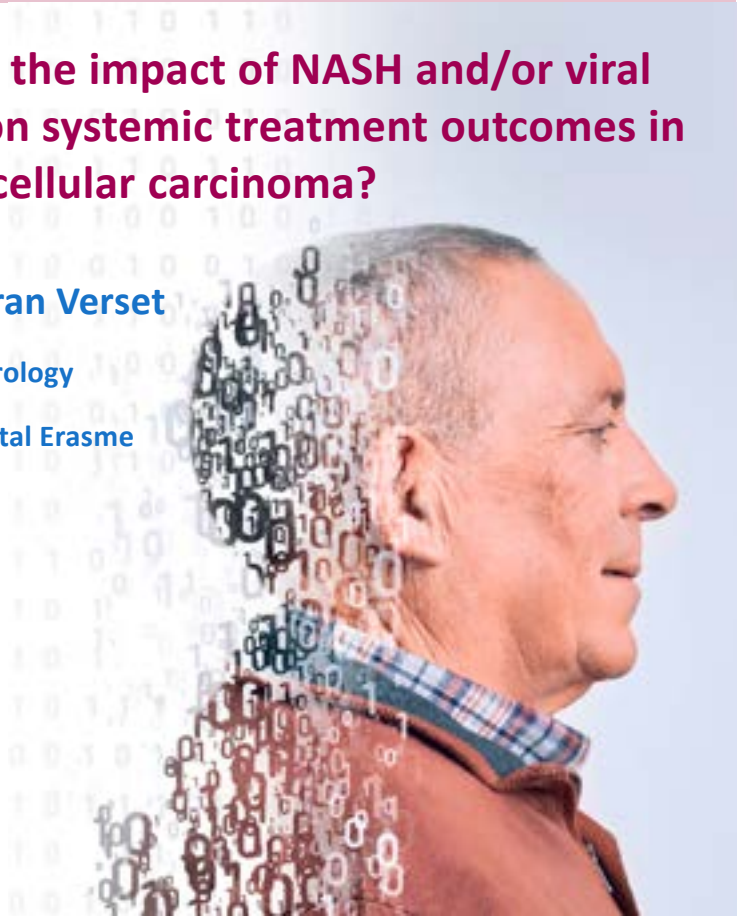
https://www.botanicantwerp.be/luxury-party-venue-celebrations/

35TH EDITION

08 > 10.03.23

EISAI/MSD
JOIN US AT THE BGDO BREAKFAST SYMPOSIUM

What is the impact of NASH and/or viral status on systemic treatment outcomes in hepatocellular carcinoma?



Dr. Gontran Verset

Gastroenterology

H.U.B. Hôpital Erasme

Brussels

Friday 10th March 2023
08:00 – 08:30
Room TEUN – HILTON HOTEL Antwerpen

NASH: Nonalcoholic steatohepatitis

Date of preparation: January 2023 – BE-LENA-23-00002

ROOM:
BGDO TEUN

- 08:00 - 08:30 **Breakfast Symposium EISAI :**
  What is the impact of NASH and/or viral status on systemic treatment outcomes in hepatocellular carcinoma?
  Speakers: Dr. Gontran Verset (H.U.B. Hôpital Erasme / Brussels)

08:30-10:30 - SESSION 1

Moderators : Chris Verslype (KULeuven),
Leen Mortier (AZ St Maarten, Mechelen)

- 08:30 O01 **The need for biliary drainage and its impact on the oncological management of patients with newly diagnosed biliary tract tumors.**
  M. Blistein (1), M. Arvanitaki (2), A. Lemmers (2), J. Deviere (2), M. Fernandez Y Viesca (2), J. Van Laethem (2), D. Blero (3), V. Lucidi (2), D. Germanova (2), J. Closset (2), P. Loi (2), J. Navez (2), A. Demols (2) / [1] ULB Bordet, Brussels, [2] CUB Erasme, Brussels, [3] CHR Namur
- 08:40 O02 **Targeted DNA methylation sequencing differentiates benign from malignant biliary stenosis in biliary brush and bile fluid samples.**
  S. Stoffels (1), S. Cappuyns (2), T. Venken (1), G. Philips (1), W. Laleman (2), S. Van Der Merwe (2), H. Van Malenstein (2), D. Lambrechts (1), J. Dekervel (2) / [1] KULeuven, [2] UZ Leuven
- 08:50 O03 **Specific inhibition of bone morphogenic protein 2 and 4 (BMP2/4) as a potential therapeutic strategy for esophageal adenocarcinoma.**
  S. Krishnadath (1), S. Li (2), S. Hoefnagel (2), M. Read (3), D. Liu (3) / [1] UZ Antwerpen, [2] AMC, Amsterdam, Netherlands (the), [3] University of Melbourne, Parkville, Australia
- 09:00 **Jean-Luc Van Laethem (HUB, Brussels) + discussions**
- 09:30 **Invited Lecture: Do's and don'ts in the preparation for (minimally invasive) surgery in esophageal cancer?**
  Elke Van Daele (UZ Gent)

- 10:00 - 10:30 **Coffee Break Symposium ASTRAZENECA:**
  Breaking bounderies with immunotherapy in digestive oncology.
  Speakers: Jeroen Dekervel (UZ Leuven),
  Ivan Borbath (UCL Saint-Luc)

Friday 10/03
10h-10h30
Teun room

BREAKING BOUNDARIES

with immunotherapy in digestive oncology

Prof. J. Dekervel
UZ Leuven

"Shifting the treatment paradigm in 1L biliary tract cancer: immunotherapy as new standard of care?"

Prof. I. Borbath
Cliniques Universitaires Saint-Luc

"Doubling the efforts: What to expect from dual immunotherapy in HCC in practice?"

AstraZeneca

ROOM:

BGDO — TEUN

10:30-13:00 - SESSION 2

Moderators : Ivan Borbath (UCL, Brussels)
Marc Peeters (UZ Antwerpen)

- **10:30** O04 **Whole-body comparison of 68Ga-DOTATATE PET/CT and PET/MR.**
  N. Ahmadi Bidakhvidi (1), G. Lens (1), V. Vandecaveye (1), S. Grauwels (2), W. Deckers (1), A. Laenen (3), J. Dekervel (1), P. Clement (1), C. Verslype (1), K. Nackaerts (1), E. Van Cutsem (1), M. Koole (3), K. Goffin (1), K. Van Laere (1), C. Deroose (1) / [1] UZ Leuven, [2] Isala Hospitals, Zwolle, Netherlands (the), [3] KU Leuven
- **10:40** O05 **Characteristics and management of high grade gastroenteropancreatic neuroendocrine neoplasms: a Belgian analysis from DNET & NETwerk.**
  K. Sarti (1), O. Islam (2), C. Verslype (3), J. Van Laethem (4), H. Rezaei Kalantari (5), J. Janssens (6), A. Hendlisz (7), P. Cuyle (8), G. Demolin (9), J. Decaestecker (10), K. Geboes (11), J. Coche (12), J. Van Ongeval (13), M. Clausse (14), P. Vergauwe (15), A. Bols (16), G. Lambrecht (17), V. Vandersmissen (2), K. Vanden Bulcke (2), L. Annys (2), W. Lybaert (2), M. Peeters (2), I. Borbath (1), T. Vandamme (2) / [1] UCL Saint-Luc, [2] UZ Antwerpen, [3] UZ Leuven, [4] ULB Erasme, [5] CHR Verviers, [6] AZ Turnhout, [7] ULB Bordet, [8] Imelda Hospital, Bonheiden, [9] CHC Liège, [10] AZ Delta, Roeselare, [11] UZ Gent, [12] Clinique Saint-Pierre, Ottignies, [13] AZ Sint-Lucas, Gent, [14] UCL Saint-Luc Bouge, Namur, [15] AZ Groeninge, Kortrijk, [16] AZ Sint-Jan Brugge-Oostende, [17] AZ Damiaan,Oostende
- **10:50** **Renaud Lhommel (UCL Saint-Luc, Brussels)**
- **11:15** O06 **Neoadjuvant immunotherapy for microsatellite instability high locally Advanced rectal cancer.**
  C. Claeys, G. Mertens, K. Haustermans, A. Wolthuis, A. D'Hoore, R. Dresen, F. Van Herpe, S. Tejpar, E. Van Cutsem, J. DekerveL / UZ Leuven
- **11:25** O07 **Isotoxic high-dose stereotactic body radiotherapy versus chemoradiotherapy for localized pancreatic cancer: a single center evaluation.**
  M. Manderlier (1), J. Navez (2), M. Hein (3), J. Engelholm (4), J. Closset (2), M. Bali (1), D. Van Gestel (1), L. Moretti (1), J. Van Laethem (2), C. Bouchart (1) / [1] ULB Bordet, Brussels, [2] ULB Erasme, Brussels, [3] ULB Brussels, [4] Hôpitaux Iris Sud, Brussels
- **11:35** **Joelle Collignon (CHU Liège) + discussions.**
- **12:00** **Invited Lecture: Do we still need surgery in MSI-H digestive cancers?**
  Jeroen Dekervel (UZ Leuven)
- **12:30** **BGDO trophy, communications, and Chairman conclusions – General Assembly**
- **13:00** **End of the session**

Working Group of Digestive Pathology

ROOM: LIJN

09:00-10:15 - SESSION 1

Moderators : A. Driessen (UZ Antwerpen), N. Bletard (CHU Liège)

- **09:00** R01 **Primary extrarenal rhabdoid tumour of the liver: A case report and literature review.**
  M. Meyers (1, 2), P. Demetter (2,3), A.K. De Roo (4), M. Pezzullo (1), M. Brichard (4), C. De Magnee (4), R.R. De Krijger (5, 6), G. Verset (1) / [1] ULB Erasme, [2] ULB, [3] ULB Bordet, [4] UCL Saint-Luc, [5] Paediatric Maxima Center for paediatric oncology, Utrecht [6] UMC Utrecht, Pathology, the Netherlands
- **09:15** R02 **The challenging diagnosis of T cell infiltration in the liver in post-transplanted patient.**
  A. Camboni, X. Stephenne, M. De Ville de Goyet, P. Baldin / UCL Saint-Luc, Brussels
- **09:30** R03 **A boy at term with an unusual mass in the thorax.**
  A. Verbraeken, A. Driessen / UZ Antwerpen
- **09:45** **Invited Lecture: Gastrointestinal pathology in children: relationship paediatrician and pathologist.**
  E. Van de Vijver (UZ Antwerpen)

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

- **10:45** **Invited Lecture: Anatomopathological examination of the gut in neuromuscular disorders, in particular Hirschsprung's disease.**
  I. Nagtegaal (UMC Radboud, Nijmegen, the Netherlands)
- **11:15** **Congenital disorders of the gastro-intestinal tract.**
  P. Baldin (UCL Saint-Luc, Brussels)
- **11:45** **Invited Lecture: Enteropathies of the gastro-intestinal tract.**
  A. Ensari (Ankara University Medical School, Turkey)

- **12:15-13:15** LUNCH

Working Group of Digestive Pathology

ROOM: LIJN

13:15-15:00 - SESSION 2

Moderators : L. Verset (Institut Jules Bordet), J. Van Huysse (AZ Sint-Jan)

- **13:15** R04 **Collagenous gastritis: A rare cause of iron deficiency anemia in a 6-year old boy.**
  L. Delmotte (1), E. Makridi (1), L. Verset (2), L. Kornreich (1), K. Kotilea (1), P. Bontems (1)/ [1] Queen Fabiola Children's University Hospital, [2] ULB Bordet
- **13:30** **Eosinophilic oesophagitis in children.**
  L. Verset (ULB Bordet, Brussels)
- **14:00** **Invited Lecture: Coeliac disease in children.**
  A. Ensari (Ankara University Medical School, Turkey)
- **14:30** R05 **Common Variable Immunodeficiency Disorder (CVID) mimicking Crohn's disease: Histopathological clues that may lead to a correct diagnosis.**
  L. Velthof, J. Geldof, J. Van Dorpe, T. Lobatón Ortega, A. Hoorens / UZ Gent
- **14:45** R06 **Granulomas in the bowel do not always fit Crohn's disease.**
  K. De Corte, N. Moes, A. Driessen / UZ Antwerpen

- **15:00 - 15:30** **COFFEE BREAK**

- **15:30** **Very early onset IBD.**
  Ann Driessen (UZ Antwerpen)
- **16:00** **Paediatric GIST and neuroendocrine tumours: histopathology and underlying mechanisms.**
  P. Demetter (ULB Bordet, Bruxelles)
- **16:30** **Award Ceremony**
- **16:45** **End of the session**

BSGIE VIDEO SESSION

ROOM: TIFFANY/SHAH

09:00-09:50 - SESSION 1

Moderators : Bas Weusten (Utrecht, The Netherlands), Pierre Eisendrath (ULB Saint-Pierre Brussels), Pieter Dewint (AZ Maria Middelares, Gent)

- **09:00** **Introduction.**
  Pieter Dewint (AZ Maria Middelares, Gent)
- **09:05** G26 **STER of a symptomatic esophageal leiomyoma.**
  M. Noreillie, L. Desomer, D. De Wulf /AZ Delta, Roeselare
- **09:11** G27 **Transgastric circumferential ESD for esophagus SCC.**
  L. Triki (1), P. Eisendrath (1), F. Charara (1), I. El Nakadi (1), A. Bucalau (1), S. Belkhir (1), A. Hendlisz (2), A. Digonnet (1), L. Verset (2), J. Van Laethem (1), J. Deviere (1), A. Lemmers (1) / [1] ULB Erasme, Brussels, [2] ULB Bordet, Brussels
- **09:15** G28 **Complete Endoscopic Resection of a 4cm Oesophageal Leiomyoma using Underwater Submucosal Tunneling Endoscopic Resection.**
  D. Tate / UZ Gent
- **09:21** **Discussion on first 3 video abstracts**
- **09:26** G29 **Gastric bulb endoscopic submucosal dissection - a not so hazardous technique.**
  M. Figueiredo Ferreira (1), J. Aoun (1), P. Eisendrath (1), A. Lemmers (2) / [1] ULB Saint-Pierre, Brussels, [2] ULB Erasme
- **09:29** G30 **Endoscopic resection of giant duodenal lesions: expanding indications with a series of 5 cases.**
  N. Pizarro-Vega (1), R. Garcés-Duran (1), H. Dano (1), Y. Naohisa (2), P. Deprez (1) / [1] UCL Saint-Luc, [2] Keio University School of Medicine, Tokyo, Japan
- **09:35** G31 **ESD resection of a giant lipomatous lesion at the UES level.**
  D. De Wulf / AZ Delta, Roeselare
- **09:41** **Discussion on previous 3 video abstracts**
- **09:45** **Upper GI ESD: wrap up.**
  P. Dewint (AZ Maria Middelares, Gent)

BSGIE VIDEO SESSION

ROOM: TIFFANY/SHAH

09:52-10:15 - SESSION 2

Moderators : Jeremie Jacques (Limoges, France), D. Tate (UZ Gent), A. Lemmers (ULB Erasme, Brussels)

- **09:52** G32 **Endoscopic mucosal resection of right colon lateral spreading tumor and management of bleeding complication.**
  J. Aoun, M. Abdessalami, M. Figueiredo, M. Van Gossum, P. Eisendrath / ULB Saint-Pierre, Brussels
- **09:57** G33 **Use of double clip rubber band traction in a right colonic dissection.**
  J. Zeevaert (1), P. Leclercq (2) / [1] CHR Verviers, [2] CHR Mont Légia, Liège
- **10:03** G34 **Salvage endoscopic full thickness resection of residual neoplasia after chemoradiation for locally advanced rectal adenocarcinoma.**
  C. Snauwaert, J. Van Huysse / AZ Sint-Jan Brugge
- **10:07** **Discussion on previous 3 video abstracts**
- **10:12** G35 **Surgery-sparing EMR rescues failed, complicated ESD for a benign right colon polyp initially suspected of submucosal invasion.**
  P. Poortmans (1), T. Botelberge (2), L. Debels (3), S. Smeets (3), L. Desomer (4), D. Tate (3) / [1] UZ Brussel, [2] ZNA Jan Palfijn, Merksem, [3] UZ Gent, [4] AZ Delta, Roeselare
- **10:15** G15 **Hybrid EMR as a salvage technique during colonic EMR.**
  S. Van Langendonck (1), N. Van Heddegem (1), J. Bekaert (2), K. Rasquin (1), P. Dewint (1) / [1] Maria Middelares Ziekenhuis, Gent, [2] UZ Brussel
- **10:21** **Discussion on previous 2 video abstracts**
- **10:25** **Lower GI ESD: wrap up.**
  David Tate (UZ Gent)

- **10:30-11:00** **COFFEE BREAK**

BSGIE VIDEO SESSION ROOM: TIFFANY/SHAH

09:00-09:50 - SESSION 3

Moderators : Christophe Snauwaert (AZ Sint-Jan Brugge), Tom Moreels (UCL Saint-Luc, Brussels), S. Ouazzani (ULB Erasme, Brussels)

- **11:00** G36 **Enteroscopic resection of a pedunculated polyp located in the proximal ileum.**
  T. Moreels, L. Monino / UCL Saint-Luc, Brussels
- **11:04** G16 **Endoscopic treatment of iatrogenic perforation at the upper oesophageal sphincter after removal of an Ultraflex stent.**
  L. Monino, P. Deprez, T. Moreels / UCL Saint-Luc, Brussels
- **11:08** G37 **Apple core ESD for the treatment of a symptomatic bronchoesophageal fistula.**
  D. Carpentier, S. Ouazzani, J. Deviere, A. Lemmers / HUB Erasme Brussels
- **11:12** **Discussion on first 3 video abstracts**
- **11:17** G38 **Management of post-sphincterotomy GI bleeding.**
  H. Cherkaoui, S. Basbous, E. Toussaint, D. Blero / CHU Charleroi
- **11:23** G17 **Endoscopic vacuum therapy of anastomotic leaks complicating colorectal surgery.**
  L. Monino (1), J. Gonzalez (2), R. Bachmann (3), D. Leonard (3), A. Kartheuser (3), S. Berdah (2), C. Remue (3), M. Gasmi (2), M. Barthet (2), T. Moreels (3) / [1] UCL, Brussels, [2] Assistance Publique des hôpitaux de Marseille, France, [3] UCL Saint-Luc, Brussels
- **11:29** G39 **Case of endoscopic management of per-ERCP perforation.**
  M. Philippart, T. De Grez, D. Blero / CHR Namur
- **11:35** **Discussion on previous 3 video abstracts**
- **11:40** **Management of complications: wrap up.**
  Pieter Dewint (AZ Maria Middelares, Gent).

FRIDAY 10

Best e-Posters Clinical Session

ROOM: TEUN

16:15-17:25

Moderators : Mariana Arvanitaki (ULB Erasme, Brussels), Wilhelmus Kwanten (UZ Antwerpen)

- **12:20** O15 **Implementing robotic pancreatic surgery in Belgium, initial 2-year experience in a high-volume center.**
  V. Hartman (1), B. Bracke (1), T. Chapelle (1), B. Hendrikx (1), D. Ysebaert (1), G. Roeyen (1) / [1] Antwerp University Hospital, Edegem, Belgium, HPB, endocriene en transplantatieheelkunde

- **12:28** A30 **Fructose and glucose supplementation for the development of NAFLD And NASH in mice.**
  L. Cools (1), A. Dumarey (1), H. Reynaert (1), S. Verhulst (1), L. Van Grunsven (1) / [1] Vrije Universiteit Brussel (VUB), Jette, Belgium, BMWE-LIVR

- **12:36** B26 **Short-term outcome of medically refractory chronic constipation evaluated with high-resolution colonic manometry.**
  A. Verheyden (1), A. Blomsten (2), J. Pannemans (3), W. Verbeure (3), H. Törnblom (2), T. Vanuytsel (3), J. Tack (3) / [1] KUL - University of Leuven, Leuven, Belgium, Gastroentrology, [2] Sahlgrenska University Hospital Gotheburg, Gothenburg, Sweden, Gastroenterology and Hepatology, [3] KUL – University of Leuven, Leuven, Belgium, Gastroenterology

- **12:44** O17 **RadioEmbolizaTion using hOlmium-166 in patients with Unresectable Hepatocellular carcinoma: prospective, open label, single-center pilot study.**
  A. Bucalau (1), B. Collette (2), I. Tancredi (3), M. Pezzullo (3), R. Moreno Reyes (2), F. Tannoury (3), G. Verset (1) / [1] HUB Hôpital Erasme Brussels, Brussels, Belgium, Department of Gastroenterology, Hepatopancreatology and Digestive Oncology, [2] HUB Hôpital Erasme Brussels, Brussels, Belgium, Department of Nuclear Medicine, [3] HUB Hôpital Erasme Brussels, Brussels, Belgium, Department of Radiology

- **12:52** I27 **Safety of vedolizumab, ustekinumab and TNF-inhibitors in patients with inflammatory bowel disease: a retrospective cohort study.**
  L. Deroo / University Hospital Ghent (UZ Gent), Gent, Belgium, Gastroenterology

- **13:00** G18 **Quality monitoring of gastroscopy and colonoscopy by means of ESGE QIC-App.**
  Wouters (1), R. Bisschops (2), P. Roelandt (2) / [1] KUL - University of Leuven, Leuven, Belgium, Faculteit Geneeskunde,[2] KUL – University of Leuven, Leuven, Belgium, TARGID, UZ Leuven.

Belgian Pancreatic Club

ROOM: TEUN

14:00-14:45 - FREE COMMUNICATIONS SESSION

Moderators : Marianna Arvanitaki (ULB, Brussels), Geert ROEYEN (UZA, Antwerp)

- **14:00** **Invited Lecture: Pancreatic cancer and its origin: a masked ball of exocrine cells.**
  Ilse Rooman (Vrije Universiteit Brussel, UZ Brussel)

- **14:30** P01 **Characterization of a new form of pancreatitis.**
  Fages A. (1), Rajput Bhatti M. (1), R. Helaers R. (1), Loriot A. (1), Achouri Y.(1), Fellmann M. (1), Saunier S. (2), Viau A. (2), Serafin A. (2), Scheers I.(1), Jacquemin P. (1) / [1] UCL Saint-Luc, Brussels, [2] Institut Imagine, Paris, France

- **14:45** P02 **The impact of a multidisciplinary team approach on the management of focal pancreatic lesions: a single tertiary center experience.**
  Francisse S. (1), Gkolfakis P.(1), Fernandez Y Viesca M.(1), Mans L.(1), Demols A. (1), Pezullo M.(1), Loi P. (1), Navez J. (1), Closset J. (1), Bali M. (2), Van Wettere M. (1), D'haene N. (1), Demetter P. (2), Verset L. (2), Bouchart C. (2), Lemmers A. (1), Delhaye M. (1), Deviere J. (1), Van Laethem Jl. (1), Arvanitakis M. (1) / [1] ULB Erasme, Brussels, [2] ULB Bordet, Brussels

- **15:00** P03 **Pancreatic Fat Assessment Using AI-aided Whole Pancreas Segmentation on Magnetic Resonance Imaging: Slice-by-Slice Proton Density Fat Fraction is Widely Variable and is not Representative of Whole Pancreas Fat.**
  L. Janssens, H. Takahashi, H. Nagayama, F. Nugen, W. Bamlet, A. Oberg, E. Fuemmeler, A. Goenka, B. Erickson, N. Takahashi, S. Majumder / Mayo Clinic, Rochester, USA

- **15:15** **Tandem talk: Gastroenterologist & Surgery: pancreatic diseases: two viewpoints based on clinical cases.**
  Marianna Arvanitaki (ULB Erasme, Brussels), Julie Navez (UCL Saint-Luc, Brussels) Patient cases & surgical videos.

15:45-16:15 COFFEE BREAK

Belgian Pancreatic Club

ROOM: TEUN

16:15-17:25 - SESSION 2: CASE REPORTS AND BEST PAPERS

Moderators : Pieter HYNDRICKX (UGent), Pierre DEPREZ (UCL, Brussels)

- **16:15** P04 **Full robotic total pancreatectomy with islet autotransplantation in a 18-year old patient.**
  G. Roeyen G. (1), Steinhauser T. (1), Kwanten W. (1), De Paep D. (2), Keymeulen B. (2), De Block C. (1), Jardinet T. (1), Bracke B. (1), Chapelle T. (1), Ysebaert D. (1), Hartman V. (1) / [1] UZ Antwerpen, [2] VUB, Brussels
- **16:25** P05 **Atypical presentation of infantile exocrine pancreatic insufficiency due to SPINK1 gene mutation detected by rapid Whole Genome Sequencing Study in a 5-year-old boy.**
  F. Chalon, A. Lhomme, M. Léonard, L. Zambelli, S. Alkan, C. Fasquelle, A. Lumaka, G. Debray, V. Bours, J. Frère, M. Longton, M. Seghaye, E. Bequet / CHU Liège
- **16:35** P06 **Mask off: a deceptive case of pancreatic mass.**
  K. Sarti, I. Borbath, D. Hoton, P. D'Abadie, L. Coubeau, P. Deprez / UCL Saint-Luc, Brussels
- **16:45** P07 **A pancreatic arteriovenous malformation causing angor Abdominalis.**
  J.A.C. Goos (1), F. Kastelein (1), W.J. Lammers (1), P.J.0 van Doormaal (1), L. Oudijk (1), R.F. De Wilde (1), L.M.J.W. Driel (1), M.J. Bruno (1) W.J. Kwanten (1,2) / [1] Erasmus University Medical Centre, Rotterdam, the Netherlands, [2] UZ Antwerpen
- **16:55** P08 **Pancreatic mass: not the kind of cells you would expect!**
  F. Perrault (1), L. Verset (1), J. Navez (2), M. Arvanitakis (2), M. Pezzullo (2), E. Degendt (3), P. Demetter (1) / [1] ULB HUB Bordet, Brussels, [2] ULB HUB Erasme, Brussels, [3] ULB Brugman, Brussels
- **17:05** **Best Paper Clinical 2022**
  Wilhelmus Kwanten (UZA, Antwerpen)
- **17:15** **Best Paper Endoscopy 2022**
  Hannah Van Malenstein (KU Leuven)
- **17:25** **Closing remarks**
  Pierre Deprez (UCL Saint-Luc, Brussels

Young BASL

ROOM: SANCY

14:00-17:00 - SESSION 1: OMICS TECHNOLOGY AND BIG DATASETS IN LIVER DISEASE

Moderators : Rita Manco (UCL, Brussels), Lena Smets (KULeuven)

- **14:00** **Metabolomics studies in the context of liver disease.**
  Lynn Vanhaecke (UGent)
- **14:30** **Spatial transcriptomics in the context of liver disease.**
  Neil Henderson (Glasgow, UK)
- **15:00** **The ethics of big data management in medicine.**
  Wannes Van Hoof (Sciensano)

- **15:30 - 16:00** **COFFEE BREAK**

16:00-17:00 - SESSION 1: A BEHIND-THE-SCENES VIEW ON KEY PAPERS FROM 2021

Moderators : Antonella Putignano (ULB, Brussels), Jonathan Mertens (UAntwerpen)

- **16:00** **Best basic paper of 2021 at the 2022 BASL winter meeting: Bile acids contribute to the development of non-alcoholic steatohepatitis in mice.**
  Justine Gillard (UCL, Brussels)
- **16:30** **A Randomized, Controlled Trial of the Pan-PPAR Agonist Lanifibranor in NASH.**
  Sven Francque (UZ Antwerpen)
- **17:00** **End of the Session**

Working Group on Proctology

ROOM: TIFFANY/SHAH

14:00-14:45 - SESSION 1: SELECTED ABSTRACTS

Moderators : Catherine Van Kemseke (ULg, Liège),
Heiko De Schepper (UZ Antwerpen)

- **14:00** M01 **Comparable prevalence of anal human papillomavirus infection and abnormal cytohistology in pre-exposure prophylaxis-using MSM and MSM living with human immunodeficiency virus.**
  M. Surmont, M. Verheyden, J. Gutermuth, S. Sahebali, M. Goossens, S. Allard / UZ Brussel
- **14:15** M02 **Does minimally invasive laser assisted treatment of pilonidal sinus disease live up to its expectations: a multicentre study with 226 patients.**
  M. De Decker (1), T. Sels (1), S. Van Hoof (1), Q. Smets (1), T. Hendrickx (2), E. Van Dessel (3), N. Komen (1) / [1] UZ Antwerpen/U Antwerpen, [2] AZ Turnhout, [3] GZA, Wilrijk
- **14:30** M03 **Cryotherapy By The Use Of Cryopen® For Treatment Of Non-Malignant Intra- And Perianal Hpv-Related Lesions.**
  H. Ruymbeke (1,2), J. Geldof (2), D. De Looze (2) / [1] Vitaz, Sint-Niklaas, [2] UZ Gent

14:45-15:45 - SESSION 2: BELGIAN CONSENSUS ON THE DIAGNOSIS AND TREATMENT OF ANAL FISSURE.

Moderators : Catherine Van Kemseke (ULg, Liège),
Heiko De Schepper (UZ Antwerpen)

- **14:45** **Diagnosis of anal fissure and conservative treatment.**
  P. Roelandt / KULeuven
- **15:05** **Surgical treatment of chronic anal fissure.**
  N. Komen / UZ Antwerpen
- **15:25** **Atypical anal fissures/ulcerations.**
  D. De Looze / UZ Gent
- **15:45** **Closing remarks**

PGC POSTGRADUATE COURSE

- **16:00-17:00** Brohée Fund General Assembly

E-Posters

ROOM: BELLE EPOQUE

BASL

- A30 **Fructose and glucose supplementation for the development of NAFLD and NASH in mice.**
  L. Cools, A. Dumarey, H. Reynaert, S. Verhulst, L. Van Grunsven / UZ Brussel

BGDO

- O08 **Prospective follow up of liver stiffness and controlled attenuation parameter measurements by Fibroscan as noninvasive tool for the early detection of Oxaliplatin-induced hepatotoxicity in colorectal cancer patients.**
  B. Vos, J. Rigaux, S. Evrard, A. Huard / CHIREC Braine l'Alleud
- O09 **Prospective comparison of [18F]AlF-NOTA-octreotide PET/MRI to [68Ga]Ga-DOTATATE PET/CT in neuroendocrine tumor patients.**
  L. Boeckxstaens (1), E. Pauwels (1), V. Vandecaveye (1), W. Deckers (1), F. Cleeren (2), J. Dekervel (1), T. Vandamme (3), K. Serdons (1), M. Koole (2), G. Bormans (2), A. Laenen (2), P. Clement (1), K. Geboes (4), E. Van Cutsem (1), K. Nackaerts (1), S. Stroobants (3), C. Verslype (1), K. Van Laere (1), C. Deroose (1) / [1] UZ Leuven, [2] KULeuven, [3] UAntwerpen, [4] UZ Gent
- O10 **Feasibility and efficacy of hepatic arterial Chemotherapy for liver metastases of colorectal cancer: a single center retrospective study.**
  C. Wang Zhang (1), J. Van Laethem (2), G. Verset (2), L. Valerio (2), G. Desi (2), . Ilario (2) / [1] Hôp. Iris Sud Bracops, Bruxelles, [2] CUB Erasme, Brussels
- O11 **Postoperative hepatic arterial infusion pump chemotherapy after resection of colorectal liver metastases.**
  R. Brawermann (1), G. Verset (2), A. Bohlok (3), D. Germanova (2), V. Donckier (3), F. Tannouri (1), J. Van Laethem (2), V. Lucidi (2) / [1] ULB Erasme, Brussels, [2] CUB Erasme, [3] CUB Bordet, Brussels
- O12 **S100A14 as a potential biomarker distinguishing hyperplasic polyps from sessile serrated lesions.**
  P. Adam (1), C. Salée (1), F. Quesada Calvo (1), A. Merli (1), C. Massot (2), N. Blétard (2), J. Somja (2), D. Baiwir (1), G. Mazzucchelli (2), C. Coimbra Marques (2), P. Delvenne (2), E. Louis (2), M. Meuwis (2) / [1] GIGA-R, Liège, [2] ULiège/CHU Liège
- O13 **Evaluation of loco-regional recurrences using deformable image registration after isotoxic high dose stereotactic body radiotherapy in localized pancreatic cancer.**
  M. Manderlier, C. Bouchart / ULB Bordet, Brussels
- O14 **Clinical and molecular variables associated with response to checkpoint inhibitors in patients with MSI-H metastatic colorectal cancer: a retrospective cohort study.**
  L. Hulst, S. Cappuyns, F. Peeters, F. Vulsteke, F. Van Herpe, S. Tejpar, E. Van Cutsem, J. Dekervel / UZ Leuven

- O15 **Implementing robotic pancreatic surgery in Belgium, initial 2-year experience in a high-volume center.**
  V. Hartman (1), B. Bracke (1), T. Chapelle (1), B. Hendrikx (1), D. Ysebaert (1), G. Roeyen (1) / UZ Antwerpen
- O16 **Deciphering the Methylome of Neuroendocrine Tumors.**
  L. Mariën (1), J. Ibrahim (1), T. Cremers (1), W. Lybaert (2), H. Prenen (3), M. Peeters (3), T. Vandamme (3), G. Van Camp (1), K. Op De Beeck (1) / [1] UAntwerpen, [2] Vitaz, Sint-Niklaas, [3] UZ Antwerpen
- O17 **RadioEmbolizaTion using hOlmium-166 in patients with Unresectable Hepatocellular carcinoma: prospective, open label, single-center pilot study.**
  A. Bucalau, B. Collette, I. Tancredi, M. Pezzullo, R. Moreno Reyes, F. Tannoury, G. Verset / HUB Erasme Brussels

BSGIE

- G18 **Quality monitoring of gastroscopy and colonoscopy by means of ESGE QIC-App.**
  Wouters, R. Bisschops, P. Roelandt / KULeuven
- G19 **The case "EMR versus ESD in the colon".**
  P. Corens (1), S. Van Langendonck (1), N. Van Heddegem (1), J. Bekaert (2), K. Rasquin (1), P. Dewint (1) / [1] AZ Maria Middelares, Gent, [2] UZ Brussel
- G20 **How feasible and safe is colonic ESD in a non-academic setting in Belgium?**
  P. Leclercq (1), J. Zeevaert (2), O. Plomteux (1), S. Van Langendonck (3), R. Bisschops (4), P. Dewint (3) / [1] Clinique Mont Legia, Liège, [2] CHR Verviers, [3] AZ Maria Middelares, Gent, [4] UZ Leuven
- G21 **Performance of novices in Endoscopic Submucosal Dissection starting directly in humans under direct supervision of an expert endoscopist.**
  J. Bekaert (1), S. Van Langendonck (1), N. Van Heddegem (1), C. De Bie (2), S. Gossé (3), M. Aerts (4), P. Dewint (1) / [1] Maria Middelares Ziekenhuis, Gent, [2] AZ Klina, Brasschaat, [3] OLV Aalst, [4] UZ Brussel
- G22 **Small bowel polypectomy in Peutz-Jeghers syndrome: comparison of endoscopes and resection techniques.**
  T. Moreels (1), A. Donati (2), L. Monino (1), H. Piessevaux (1) / [1] UCL Saint-Luc, [2] CHU-UCL-Namur
- G23 **ERCP in patients with different types of total and partial gastrectomy.**
  F. Fortunati, L. Monino, P. Deprez, H. Piessevaux, T. Moreels / UCL Saint-Luc

ROOM:
E-Posters BELLE EPOQUE

- G24 **Efficacy and safety of G-POEM in management of patients with refractory gastroparesis: about 10 cases.**
  P. Kisoka (1), F. Wuestenberghs (2), E. Akpokavie (1), G. Burnet (1), N. De Suray (1), M. Del Natale (1), H. Hassaini (1), Z. Issa (1), C. Leu (3), S. Negrin Dastis (1), A. Sibille (1), P. Warzee (1) / [1] Grand Hopital de Charleroi, [2] CHU Mont-Godinne, [3] Centre Hopitalier Epicura Baudour
- G25 **EUS-guided drainage of non-surgical pelvic abscesses using small size lumen-apposing metal stents.**
  L. Monino (1), R. Bachmann (2), M. Denis (2), D. Leonard (2), C. Remue (2), A. Kartheuser (2), T. Moreels (2) / [1] UCL, [2] UCL Saint-Luc, Brussels

e-Videos

- G40 **EDGE procedure gone wrong: switch to NOTES.**
  L. Monino, T. Moreels / UCL Saint-Luc, Brussels
- G41 **Endoscopically complete resection of an esophageal squamous carcinoma invading the muscularis propria using endoscopic intermuscular dissection.**
  S. Smeets, P. Poortmans, L. Debels, L. Desomer, D. Tate / UZ Gent
- G42 **Pedunculated Polyps Resection.**
  J. Zeevaert / CHR Verviers
- G43 **Endoscopic Muscular Dissection of an Oesophageal T2 Adenocarcinoma in an Inoperable Patient.**
  L. Debels (1), S. Smeets (1), P. Poortmans (1), L. Desomer (2), C. Jorissen (1), T. Lamiroy (1), D. Tate (1) / [1] UZ Gent, [2] AZ Delta, Roeselare
- G44 **Double clip rubber band counter traction for colonic ESD.**
  A. Lemmers (1), M. Figueiredo Ferreira (1), L. Verset (2), J. Devière (1) / [1] ULB Erasme, Brussels, [2] ULB Bordet, Brussels
- G45 **Use of a traction device during ESD.**
  M. Noreillie (1), S. Jabak (1), H. Ayubi (1), O. Olabintan (1), C. Radia (1), S. Thrumurthy, S. Gulati, B. Hayee, A. Emmanuel, A. Haji / King's College Hospital, London, UK
- G46 **Balloon tamponade for treatment of post-sphincterotomy bleeding.**
  S. Ouazzani, A. Lemmers / ULB Erasme, Brussels
- G47 **Gastric barotrauma during ESD resection.**
  M. Noreillie, R. Bisschops, D. De Wulf / UZ Leuven

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

ROOM:

E-Posters BELLE EPOQUE

IBD-BIRD

- I19 **Influence of sarcopenia on perioperative management and postoperative outcome in patients with Crohn's Disease undergoing intestinal surgery: a retrospective study.**
  C. O'neill (1), S. Haenen (2), W. Coudyzer (1), G. Bislenghi (1), A. D'hoore (1), B. Verstockt (1), M. Ferrante (1), S. Vermeire (1), J. Sabino (1) / [1] UZ Leuven, [2] Regionaal ziekenhuis Heilig Hart Leuven

- I20 **Large portion of patients with inflammatory bowel diseases report difficulties with psychological wellbeing, even in absence of disease activity.**
  B. Keersmaekers (1), M. Lenfant (1), I. Van Den Eijnden (2), A. Teugels (2), J. Pedro Guedelha Sabino (1), B. Verstockt (1), S. Vermeire (1), I. Van Diest (2), M. Ferrante (1) / [1] UZ Leuven, [2] KUL Leuven

- I21 **Assessment of therapeutic response in Crohn's disease by dynamic contrast enhanced MRI.**
  S. Vieujean, R. Gillard, F. Calvaer, M. Chayeb, L. Seidel, C. Renaers, S. Kropp, C. Van Kemseke, P. Latour, E. Louis, P. Meunier /CHU Liège

- I22 **Patterns of corticosteroid exposure and excess in inflammatory bowel disease: Results from the Determinants, Incidence and consequences of Corticosteroid Excess (DICE) online monitoring tool.**
  E. Louis (1), J. Wye (2), S. Nancey (3), I. Blumenstein (4), R. Barkan (5), W. Fries (6), Gomollón (7), A. Çelik (8), C. Selinger (9), G. Parkes (10), T. Finney-Hayward (11), T. Raine (12) / [1] CHU Liège, [2] Addenbrooke's Hospital, Cambridge, UK, [3] Hospices Civils de Lyon, France, [4] JW Goethe University Hospital, Frankfurt, Germany, [5] Rabin Medical Center, Petah Tikva, Israel, [6] University of Messina, Italy, [7] Hospital Clínico Universitario Lozano Blesa, Zaragoza, Spain, [8] Cerraphasa Medical School, Istanbul, Turkey, [9] Leeds Gastroenterology Institute, Leeds, UK, [10] The Royal London Hospital, Barts Health NHS Trust, UK, [11] AbbVie Ltd, Berkshire, UK, [12] Addenbrooke's Hospital, Cambridge, UK

- I23 **Change in fatigue in patients with Ulcerative Colitis or Crohn's disease initiating vedolizumab or other biologic therapy: Data from Belgian registry patients.**
  E. Louis (1), P. Bossuyt (2), A. Colard (3), P. Caenepeel (4), F. Baert (5), A. Hantson (6), G. Van Gassen (6), J. Zhou (6), S. Vermeire (7) / [1] CHU Liège, [2] Imelda Hospital, Bonheiden, [3] Clinique Mont Legia, Liège, [4] Ziekenhuis Oost Limbug (ZOL), Genk, [5] AZ Delta, Roeselare, [6] Takeda Belgium, Brussels, [7] UZ Leuven

- I24 **Inflammatory bowel disease meets fertility: a physician and patient survey.**
  S. Vieujean (1), M. De Vos (2), F. D'Amico (3), K. Paridaens (4), G. Daftary (5), L. Peyrin-Biroulet (6), S. Danese (3) / [1] CHU Liège, [2] UZ Brussel, [3] IRCCS San Raffaele Hospital and Vita-Salute San Raffaele University, Italy, [4] Ferring International Center S.A, Switzerland, [5] International Pharma Science Center, Denmark, Ferring Pharmaceuticals A/S, [6] University of Lorraine, CHRU-Nancy, France

ROOM:

E-Posters BELLE EPOQUE

- I25 **Efficacy and safety of upadacitinib in patients with moderately to severely active ulcerative colitis receiving 16 weeks' extended induction treatment followed by 52 weeks' maintenance treatment in the U-ACHIEVE/U-ACCOMPLISH trials.**
  R. Panaccione (1), S. Danese (2), W. Zhou (3), J. Klaff (3), D. Ilo (3), X. Yao (3), G. Levy (3), P. Doyle Higgins (4), E. Loftus Junior (5), S. Vermeire (6) / [1] University of Calgary, Canada, [2] IRCCS San Raffaele Hospital and Vita-Salute San Raffaele University, Italy, [3] Abbvie Inc., Chicago, USA, [4] University of Michigan, Ann Arbor, USA, [5] Mayo Clinic, Rochester, USA, [6] UZ Leuven

- I26 **Patient perception and adoption of e-Health monitoring applications in IBD.**
  N. Lembrechts (1), E. Hoefkens (1), G. Dewulf (2), I. Maes (2), L. Pouillon (1), P. Bossuyt (1) / [1] Imelda Hospital, Bonheiden, [2] Inovigate, Wilrijk

- I27 **Safety of vedolizumab, ustekinumab and TNF-inhibitors in patients with inflammatory bowel disease: a retrospective cohort study.**
  L. Deroo / UZ Gent

- I28 **Clinical and Endoscopic Improvements with Risankizumab Induction and maintenance Dosing Versus Placebo are Observed Irrespective of Number of Prior Failed Biologics.**
  M. Ferrante (1), L. Peyrin-Biroulet (2), A. Dignass (3), D. Rubin (4), S. Danese (5), G. D'haens (6), K. Kligys (7), S. Berg (7), J. Kalabic (8), J. Zambrano (7), Y. Zhang (7), T. Fujii (9), R. Panaccione (10) / [1] UZ Leuven, [2] Nancy University Hospital, France, [3] Agaplesion Markus Hospital, Frankfurt, Germany, [4] University of Chicago, USA, [5] IRCCS Ospedale San Raffaele, Milan, Italy, [6] Amsterdam University Medical Centers, Netherlands (the), [7] Abbvie Inc., Chicago, USA, [8] AbbVie Deutschland GmbH & Co. KG, Ludwigshafen, Germany, [9] Tokyo Medical and Dental University, Japan, [10] University of Calgary, Canada

- I29 **Network meta-analysis to evaluate the comparative efficacy of intravenous and subcutaneous Infliximab and Vedolizumab in the maintenance treatment of adult patients with Crohn's disease and ulcerative colitis.**
  P. Bossuyt (1), L. Peyrin-Biroulet (2), D. Bettenworth (3), E. V. Loftus, Jr (4), S. Anjie (5), G. D'Haens (5), M. Saruta (6), P. Arkkila (7), D. Kim (8), D. Choi (8), W. Reinisch (9) / [1] Imelda Hospital, Bonheiden, [2] CHU de Nancy, France, [3] Medical Faculty of the University of Münster, Germany, [4] Mayo Clinic College of Medicine and Science, Rochester, Minesota, USA, [5] Amsterdam UMC, Netherlands (the), [6] The Jikei University School of Medicine, Japan, [7] Helsinki University Central Hospital and Biomedicum, Finland, [8] Celltrion Healthcare, Zaventem, [9] Medical University of Vienna, Austria

- I30 **Screening for sarcopenia in crohn's disease: Should it be a must?**
  M. Ayari, M. Mtir, A. Chehaider, A. Imen, T. Jomni, H. Douggui / Internal Security Forces Hospital La Marsa, Tunis, Tunisia

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

ROOM:

E-Posters BELLE EPOQUE

I31 **Analysis of Clinical Trial Screen Failures in IBD: Real World Results from the IOIBD.**
S. Vieujean (1), J. Lindsay (2), D. Rubin (3), F. D'Amico (4), V. Ahuja (5), M. Silverberg (6), A. Sood (7), J. Yamamoto-Furusho (8), M. Nagahori (9), M. Watanabe (9), I. Koutroubakis (10), K. Foteinogiannopoulou (10), A. Walsh (11), A. Outtier (12), M. Abreu (13), M. Dubinsky (14), C. Siegel (15), E. Louis (1), I. Dotan (16), W. Reinisch (17), S. Danese (4), L. Peyrin-Biroulet (18) / [1] CHU of Liège, [2] The Royal London Hospital, Barts Health NHS Trust, UK, [3] University of Chicago, USA, [4] IRCCS San Raffaele Hospital and Vita-Salute San Raffaele University, Italy, [5] All India Institute of Medical Sciences, India, [6] Toronto Immune and Digestive Health Institute, Canada, [7] Dayanand Medical College and Hospital, India, [8] Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico, [9] Tokyo Medical and Dental University, Japan, [10] University Hospital of Heraklion, Greece, [11] Oxford University Hospitals NHS Foundation Trust and NIHR Biomedical Research Centre, Translational Gastroenterology Unit, John Radcliffe Hospital, UK, [12] KU Leuven, [13] University of Miami Miller School of Medicine, USA, [14] Icahn School of Medicine, Mount Sinai, USA, [15] Dartmouth-Hitchcock Medical Center, USA, [16] Sackler Faculty of Medicine, Tel Aviv University, Israel, [17] Medical University of Vienna, Austria, [18] CHRU-Nancy, France

I32 **Efficacy and Safety of 2 Years of Continuous Ozanimod Treatment: Interim Analysis of the True North Open-Label Extension Study.**
S. Vermeire (1), P. Dulai (2), A. Dignass (3), E. Savarino (4), D. Hudesman (5), A. Afzali (6), V. Jairath (7), M. Osterman (8), L. Akukwe (8), A. Memaj (8), A. Petersen (8), A. Jain (8), J. Canavan (8), M. Abreu (9) / [1] UZ Leuven, [2] Northwestern University, Feinberg School of Medicine, USA, [3] Agaplesion Markus Hospital, Goethe University, Germany, [4] University of Padua, Italy, [5] NYU Langone Inflammatory Bowel Disease Center, USA, [6] University of Cincinnati, USA, [7] London Health Sciences Center at University Hospital, Canada, [8] Bristol Myers Squibb, USA, [9] The University of Miami Health System, USA

I33 **Matching-Adjusted Indirect Comparison of Upadacitinib Versus Vedolizumab as Induction Therapy in Patients with Moderately to Severely Active Ulcerative Colitis.**
W. Reinisch (1), S. Vermeire (2), C. Hedin (3), D. Rubin (4), J. Panes (5), H. Deng (6), X. Si (7), L. Wegrzyn (7), J. Liu (7), D. Ilo (7), W. Zhou (7), Y. Sanchez Gonzalez (7), R. Panaccione (8) / [1] Medical University of Vienna, Austria, [2] UZ Leuven, [3] Karolinska University Hospital, Stockholm, Sweden, [4] University of Chicago, USA, [5] Hospital Clinic Barcelona, Spain, [6] University of Illinois, Champaign, USA, [7] Abbvie Inc., Chicago, USA, [8] University of Calgary, Canada

I34 **SARS-CoV-2 antibody titers analysis in immune mediated inflammatory disease patients after COVID-19 vaccination: a monocentric retrospective study.**
J. Aoun, I. Delaleeuwe, A. Hoyois, S. Di Romana, C. Brasseur, V. Muls / ULB Saint-Pierre, Brussels

I35 **Variability in histological activity of paired biopsies in Crohn's disease dictates multiple biopsies needed to accurately evaluate histological status.**
M. Lenfant, S. Vermeire, J. Sabino, B. Verstockt, M. Ferrante, G. De Hertogh / UZ Leuven

ROOM:

E-Posters BELLE EPOQUE

I36 **Fatigue Improvement Correlates with Reductions in Work Productivity Impairment and Related Indirect Cost in Patients with Crohn's disease: Post Hoc Analysis of Phase 3 Risankizumab Induction Trials.**
E. Louis (1), J. Panes (2), S. Ghosh (3), B. Siegmund (4), W. Lee (5), H. Deng (5), K. Kligys (5), J. Kalabic (6), E. Loftus (7) / [1] CHU Liège, [2] Hospital Clínic Barcelona, Spain, [3] APC Microbiome Ireland, Cork, Ireland, [4] Charité Universitätsmedizin Berlin, Germany, [5] Abbvie Inc., Chicago, USA,[6] AbbVie Deutschland GmbH & Co. KG, Ludwigshafen, Germany, [7] Mayo Clinic College of Medicine and Science, Rochester, USA

I37 **Induction and Maintenance Treatment with Risankizumab Leads to Symptomatic Relief in Patients with Moderate to Severe Crohn's Disease.**
E. Louis (1), J. Torres (2), J. Lindsay (3), S. Schreiber (4), R. Ungaro (5), L. Jonaitis (6), K. Kligys (7), S. Van Haaren (7), E. Neimark (7), J. Zambrano (7), Y. Zhang (7), G. D'Haens (8) / [1] CHU Liège, [2] Hospital Beatriz Ângelo, Loures, Portugal, [3] The Royal London Hospital, Barts Health NHS Trust, UK, [4] University Hospital Schleswig-Holstein, Germany, [5] Icahn School of Medicine, Mount Sinai, USA, [6] Lithuanian University of Health Sciences, Kaunas, Lithuania, [7] Abbvie Inc., Chicago, USA, [8] Amsterdam University Medical Centers, Netherlands (the)

I38 **Characterization of Protein Disulfide Isomerases in adult and pediatric Crohn's Disease and association with inflammation and fibrosis.**
E. Bequet (1), C. Salée (1), N. Blétard (1), S. Vieujean (1), C. Massot (1), F. Fonzé (1), H. Sarter (2), D. Ley (2), S. Colinet (3), P. Delvenne (1), M. Seghaye (1), E. Louis (1), M. Meuwis (1) / [1] CHU Liège, [2] Univ. Lille, Inserm, CHU Lille, France, [3] Clinique Mont Legia - CHC Liège

I39 **Multi-locus genetic risk for the early development of fibrostenosis in patients with Crohn's disease.**
T. Holvoet (1), S. Fouquaert (2), J. Celis (2), P. Bossuyt (3), I. De Kock (4), P. Hindryckx (2), E. Louis (5), M. Georges (5), S. Vermeire (3), M. De Vos (2), I. Cleynen (6), D. Laukens (2) / [1] Vitaz, Sint-Niklaas, [2] UGent, [3] UZ Leuven, [4] UZ Gent, [5] CHU Liege, [6] KU Leuven

I40 **General decrease in Bacteroides-2 enterotype after FMT in UC and baseline RNA and microbiota signatures are associated with response.**
S. Deleu (1), C. Caenpeel (1), S. Verstockt (1), J. Vazquez Castellanos (1), K. Arnauts (1), S. Braeckeleire (1), K. Machiels (1), F. Baert (2), L. Pouillon (1), P. Hindryckx (3), T. Lobaton (3), E. Louis (4), D. Franchimont (5), B. Verstockt (6), M. Ferrante (6), J. Sabino (6), S. Vieira-Silva (7), G. Falony (1), J. Raes (1), S. Vermeire (6) / [1] KULeuven, [2] AZ Delta, Roeselare, [3] UZ Gent, [4] CHU Liege, [5] ULB Erasme, Brussels, [6] UZ Leuven, [7] University Medical Center of the Johannes Gutenberg-University Mainz, Germany

I41 **IBD patients with positive anti-nucleocapsid serology (or history of COVID-19 infection) have higher anti -SARS- CoV2 spike-specific IgG antibody levels following 2-and 3-dose series vaccination.**
A. Hoyois, C. Gulkilik, L. Mekkaoui, H. Dahma, V. Wambacq, C. Minsart, N. Rosewick, E. Quertinmont, A. Van Gossum, C. Liefferinckx, L. Amininejad, A. Cremer, O. Vandenberg, D. Franchimont / ULB Erasme, Brussels

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

ROOM:

E-Posters BELLE EPOQUE

- I42 **Fibrostricturing Crohn's disease is characterised by an imbalance in active eosinophils, Th1, Th2 and regulatory T cells.**
  I. Jacobs (1), B. Ke (1), J. Cremer (1), A. D'Hoore (2), G. Bislenghi (2), G. Matteoli (1), G. De Hertogh (1), J. Sabino (2), M. Ferrante (1), S. Vermeire (1), C. Breynaert (1), T. Vanuytsel (1), B. Verstockt (1) / [1] KULeuven, [2] UZ Leuven

- I43 **Comparison and optimization of calprotectin extraction methods in routine IBD Care.**
  E. Vermeulen, L. Pouillon, B. Possemiers, A. Goovaerts, I. Geerts, P. Bossuyt / Imelda Hospital, Bonheiden

GIREM

- B18 **Investigating the immune response using scRNA-Seq in Irritable Bowel Syndrome.**
  H. Hussein, H. Modave, M. Delfini, G. Boeckxstaens / KULeuven

- B19 **Retrograde Cricopharyngeus Dysfunction (R-CPD): single center case series and treatment results of a newly discovered motility disorder.**
  S. Arnaert (1), J. Arts (2), F. Baert (1), K. Delsupehe (1) / [1] AZ Delta, Roeselare, [2] AZ Sint-Lucas Brugge

- B20 **Mucin-microbiome signatures shape the tumour microenvironment in gastric cancer.**
  B. Oosterlinck (1), W. Arras (1), J. De Man (1), K. Geboes (2), H. De Schepper (3), M. Peeters (3), S. Lebeer (1), J. Skieceviciene (4), G. L Hold (5), J. Kupcinskas (4), A. Link (6), B. Y De Winter (1), A. Smet (1) / [1] UAntwerpen, [2] UZ Gent, [3] UZ Antwerpen, [4] University of Health Sciences, Kaunas, Lithuania, [5] University of New South Wales, Sydney, Australia, [6] Otto von Guericke University Magdeburg, Germany

- B21 **Improved Wet Weight Absorption after 1-month apraglutide treatment in Short Bowel Syndrome with Intestinal Failure and Colon-in-Continuity.**
  A. Verbiest (1), M. Hvistendahl (2), F. Bolognani (3), C. Li (3), O. Khwaja (3), F. Joly (4), P. Jeppesen (2), T. Vanuytsel (1) / [1] KU Leuven, [2] Rigshospitalet, Copenhagen University Hospital, Denmark, [3] VectivBio AG, Basel, Switzerland, [4] Hôpital Beaujon, Clichy, France

- B23 **Macrophage heterogeneity in the muscularis externa of the human intestine.**
  N. Stakenborg (1), M. Delfini (1), E. Modave (1), T. Voet (1), A. Sifrim (1), A. D'Hoore (2), A. Wolthuis (2), G. Boeckxstaens (1) / [1] KULeuven, [2] UZ Leuven

- B24 **Duodenal mast cells, but not eosinophils are higher in functional dyspepsia patients as assessed by the novel Leuven Intestinal Counting Protocol.**
  P. Huyghe (1), M. Ceulemans (1), A. Cetin (1), L. Wauters (1), M. Carlson (2), G. De Hertogh (3), J. Tack (1), T. Vanuytsel (1) / [1] KU Leuven, [2] Uppsala University, Sweden, [3] UZ Leuven

ROOM:

E-Posters BELLE EPOQUE

- B25 **Duodenal cytokine expression is linked to EDN production in functional dyspepsia despite limited alterations in the local inflammation-related proteome.**
  A. Cetin (1), M. Ceulemans (1), P. Huyghe (1), J. Toth (1), L. Wauters (1), M. Carlson (2), J. Tack (1), T. Vanuytsel (1) / [1] KULeuven, [2] Uppsala University, Sweden

- B26 **Short-term outcome of medically refractory chronic constipation evaluated with high-resolution colonic manometry.**
  A. Verheyden (1), A. Blomsten (2), J. Pannemans (1), W. Verbeure (1), H. Törnblom (2), T. Vanuytsel (1), J. Tack (1) / [1] KULeuven, [2] Sahlgrenska University Hospital Gotheburg, Sweden

- B27 **Effect of a histamine rich meal versus a low histamine meal on urinary histamine excretion.**
  B. Broeders (1), L. Van Aelst (1), J. Tóth (1), C. Matthys (1), J. Tack (2) / [1] KULeuven, [2] UZ Leuven/ KULeuven

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

Nu terugbetaald

Eenvoud in de behandeling van UC

Jyseleca® filgotinib

Preferentiële JAK1-remming[1]

Snel* en aanhoudend[1,2]

1x daags oraal[1]

Aangetoond veiligheidsprofiel[#1]

Jyseleca is geïndiceerd voor de behandeling van volwassen patiënten met matige tot ernstige actieve colitis ulcerosa die onvoldoende hebben gereageerd op, niet hebben gereageerd op of die intolerant waren voor conventionele therapie of een biological.[1]

Galápagos

30 x 100 mg **€ 995,54** • 90 x 100 mg **€ 2.574,20**
30 x 200 mg **€ 995,54** • 90 x 200 mg **€ 2.574,20**

Verkorte Samenvatting van de productkenmerken ▼ Dit geneesmiddel is onderworpen aan aanvullende monitoring. Daardoor kan snel nieuwe veiligheidsinformatie worden vastgesteld. Beroepsbeoefenaren in de gezondheidszorg wordt verzocht alle vermoedelijke bijwerkingen te melden. Zie rubriek Bijwerkingen voor het rapporteren van bijwerkingen. **Jyseleca 100 / 200 mg filmomhulde tabletten. Samenstelling:** Elke filmomhulde tablet bevat filgotinibmaleaat, overeenkomend met 100 of 200 mg filgotinib. Elke filmomhulde tablet van 100 mg bevat 76 mg lactose (als monohydraat). Elke filmomhulde tablet van 200 mg bevat 152 mg lactose (als monohydraat). Voor de volledige lijst van hulpstoffen, zie rubriek 6.1 van de Samenvatting van de Productkenmerken (SKP). **Farmaceutische vorm:** Filmomhulde tablet. *Jyseleca 100 mg filmomhulde tabletten:* Beige, capsulevormige, filmomhulde tablet van 12 × 7 mm, met aan de ene kant "GSI" en aan de andere kant "100" gegraveerd. *Jyseleca 200 mg filmomhulde tabletten:* Beige, capsulevormige, filmomhulde tablet van 17 × 8 mm, met aan de ene kant "GSI" en aan de andere kant "200" gegraveerd. **Indicaties:** *Reumatoïde artritis* Jyseleca is geïndiceerd voor de behandeling van matige tot ernstige actieve reumatoïde artritis bij volwassen patiënten die onvoldoende hebben gereageerd op, of die intolerant zijn voor een of meer *disease modifying antirheumatic drugs* (DMARD's). Jyseleca kan worden gebruikt als monotherapie of in combinatie met methotrexaat (MTX). *Colitis ulcerosa* Jyseleca is geïndiceerd voor de behandeling van volwassen patiënten met matige tot ernstige actieve colitis ulcerosa die onvoldoende hebben gereageerd op, niet hebben gereageerd op of die intolerant waren voor conventionele therapie of een biological. **Dosering en wijze van toediening:** Behandeling met filgotinib moet worden gestart door een arts die ervaren is in de behandeling van reumatoïde artritis of colitis ulcerosa. *Dosering Reumatoïde artritis* De aanbevolen dosering filgotinib voor volwassen patiënten is 200 mg eenmaal per dag. *Colitis ulcerosa* De aanbevolen dosering is 200 mg, eenmaal daags voor inductie- en onderhoudsbehandeling. Voor patiënten met colitis ulcerosa die tijdens de eerste 10 weken van de behandeling onvoldoende therapeutisch voordeel bereiken, kan een aanvullende inductiebehandeling van 12 weken met 200 mg filgotinib eenmaal per dag extra verlichting van symptomen geven (zie rubriek 5.1 van de SKP). Patiënten die na 22 behandelweken geen enkel therapeutisch voordeel vertonen, dienen met filgotinib te stoppen. *Laboratoriumcontroles en dosisinstelling of –onderbreking* Richtlijnen voor laboratoriumcontroles, dosisinstelling of -onderbreking staan vermeld in tabel 1. Wanneer een patiënt een ernstige infectie krijgt, moet de behandeling worden onderbroken tot de infectie onder controle is (zie rubriek 4.4 van de SKP). Tabel 1: Laboratoriumbepalingen en richtlijnen voor monitoring **Laboratoriumbepaling:** Absolute neutrofielentelling (ANC) **Activiteit:** Behandeling mag niet worden gestart of moet worden onderbroken als het ANC < 1 × 10^9 cellen/l is. Behandeling kan worden hervat zodra het ANC weer boven deze waarde komt **Richtlijn voor monitoring:** Voordat behandeling wordt gestart en daarna overeenkomstig de routinebehandeling van de patiënt • **Laboratoriumbepaling:** Absolute lymfocytentelling (ALC) **Activiteit:** Behandeling mag niet worden gestart of moet worden onderbroken als het ALC < 0,5 × 10^9 cellen/l is. Behandeling kan worden hervat zodra het ALC weer boven deze waarde komt **Richtlijn voor monitoring:** Voordat behandeling wordt gestart en daarna overeenkomstig de routinebehandeling van de patiënt • **Laboratoriumbepaling:** Hemoglobine (Hb) **Activiteit:** Behandeling mag niet worden gestart of moet worden onderbroken als Hb < 8 g/dl is. Behandeling kan worden hervat zodra Hb weer boven deze waarde komt **Richtlijn voor monitoring:** Voordat behandeling wordt gestart en daarna overeenkomstig de routinebehandeling van de patiënt • **Laboratoriumbepaling:** Lipidenparameters **Activiteit:** Patiënten moeten behandeld worden volgens internationale klinische richtlijnen voor hyperlipidemie **Richtlijn voor monitoring:** 12 weken na start van de behandeling en daarna overeenkomstig internationale klinische richtlijnen voor hyperlipidemie *Speciale patiëntengroepen* Ouderen *Reumatoïde artritis* Een aanvangsdosis van 100 mg eenmaal per dag wordt aanbevolen voor patiënten met reumatoïde artritis van 75 jaar en ouder, aangezien de klinische ervaring beperkt is. *Colitis ulcerosa* Er wordt geen dosisaanpassing aanbevolen voor patiënten met colitis ulcerosa tot 75 jaar. Filgotinib wordt niet aanbevolen bij patiënten van 75 jaar en ouder omdat er geen gegevens over deze patiëntengroep zijn. Nierfunctiestoornis Er is geen dosisaanpassing nodig bij patiënten met lichte nierfunctiestoornis (creatinineklaring [CrCl] ≥ 60 ml/min). Een eenmaaldaagse dosis van 100 mg filgotinib wordt aanbevolen voor patiënten met matige of ernstige nierfunctiestoornis (CrCl 15 tot < 60 ml/min). Filgotinib is niet onderzocht bij patiënten met terminale nieraandoening (CrCl < 15 ml/min) en wordt derhalve niet aanbevolen voor gebruik bij deze patiënten (zie rubriek 5.2 van de SKP). Leverfunctiestoornis Er is geen dosisaanpassing nodig bij patiënten met lichte of matige leverfunctiestoornis (Child-Pugh A of B). Filgotinib is niet onderzocht bij patiënten met ernstige leverfunctiestoornis (Child-Pugh C) en wordt derhalve niet aanbevolen voor gebruik bij deze patiënten (zie rubriek 5.2 van de SKP). Pediatrische patiënten De veiligheid en werkzaamheid van filgotinib bij kinderen jonger dan 18 jaar zijn nog niet vastgesteld. Er zijn geen gegevens beschikbaar. *Wijze van toediening* Oraal gebruik. Jyseleca kan met of zonder voedsel worden ingenomen (zie rubriek 5.2 van de SKP). Er werd niet onderzocht of tabletten kunnen worden gebroken, geplet of gekauwd. Daarom wordt aanbevolen om de tabletten in hun geheel door te slikken. **Contra-indicaties:** Overgevoeligheid voor de werkzame stof of voor een van de rubriek 6.1 van de SKP vermelde hulpstof(fen). Actieve tuberculose (tbc) of actieve ernstige infecties (zie rubriek 4.4 van de SKP). Zwangerschap (zie rubriek 4.6 van de SKP). **Bijwerkingen:** *Samenvatting van het veiligheidsprofiel Reumatoïde artritis* De frequentst gemelde bijwerkingen zijn nausea (3,5%), infectie van de bovenste luchtwegen (IBL, 3,3%), urineweginfectie (UWI, 1,7%), duizeligheid (1,2%) en lymfopenie (1,0%). *Colitis ulcerosa* In het algemeen is het globale veiligheidsprofiel dat werd waargenomen bij met filgotinib behandelde patiënten met colitis ulcerosa in overeenstemming met het veiligheidsprofiel dat werd waargenomen bij patiënten met reumatoïde artritis. *Lijst van bijwerkingen in tabelvorm* De volgende bijwerkingen zijn gebaseerd op klinische onderzoeken (tabel 2). De bijwerkingen worden hieronder vermeld per systeem/orgaanklasse en frequentie. De frequenties zijn als volgt gedefinieerd: vaak (≥ 1/100, < 1/10) en soms (≥ 1/1.000, < 1/100). Tabel 2: Bijwerkingen *Infecties en parasitaire aandoeningen* **Bijwerking:** Urineweginfectie (UWI), Infectie van de bovenste luchtwegen (IBL) **Frequentie[a]:** Vaak **Bijwerking:** Herpes zoster, Pneumonie **Frequentie[a]:** Soms *Bloed- en lymfestelselaandoeningen* **Bijwerking:** Lymfopenie **Frequentie[a]:** Vaak **Bijwerking:** Neutropenie **Frequentie[a]:** Soms *Voedings- en stofwisselingsstoornissen* **Bijwerking:** Hypercholesterolemie **Frequentie[a]:** Soms *Zenuwstelselaandoeningen* **Bijwerking:** Duizeligheid **Frequentie[a]:** Vaak *Maagdarmstelselaandoeningen* **Bijwerking:** Nausea **Frequentie[a]:** Vaak *Onderzoeken* **Bijwerking:** Verhoogd creatinefosfokinase in het bloed **Frequentie[a]:** Soms [a] Frequentie gebaseerd op placebogecontroleerde periode vóór rescue (week 12), gepoold uit FINCH 1 en 2 en DARWIN 1 en 2, voor patiënten met reumatoïde artritis die 200 mg filgotinib kregen. De frequenties die werden gemeld in het SELECTION-onderzoek bij patiënten met colitis ulcerosa die 200 mg filgotinib kregen, waren in het algemeen in overeenstemming met de frequenties die werden gemeld in de onderzoeken voor reumatoïde artritis. *Veranderingen in laboratoriumwaarden* Creatinine Bij behandeling met filgotinib trad een stijging in serumcreatinine op. De gemiddelde (SD) toename ten opzichte van baseline in serumcreatinine in week 24 van de fase 3-onderzoeken (FINCH 1, 2 en 3) was 0,07 (0,12) en 0,04 (0,11) mg/dl voor respectievelijk filgotinib 200 mg en 100 mg. De gemiddelde creatininewaarden bleven binnen het normale bereik. Lipiden Behandeling met filgotinib werd in verband gebracht met dosisafhankelijke stijgingen van totaal cholesterol- en HDL-spiegels, terwijl de LDL-spiegels licht waren gestegen. De LDL/HDL-ratio's waren in het algemeen ongewijzigd. Veranderingen in lipiden werden waargenomen in de eerste 12 weken van behandeling met filgotinib en bleven daarna stabiel. Serumfosfaat Over het algemeen kwamen lichte, voorbijgaande of intermitterende en dosisafhankelijke dalingen van de serumfosfaatspiegels voor tijdens behandeling met filgotinib en deze verdwenen zonder stopzetting van de behandeling. In week 24 in de fase 3-onderzoeken (FINCH 1, 2 en 3) werden serumfosfaatwaarden van minder dan 2,2 mg/dl (de ondergrens van normaal) gemeld bij 5,3% en 3,8% van de proefpersonen die respectievelijk filgotinib 200 mg en 100 mg kregen; er werden geen waarden gemeld onder 1,0 mg/dl. In placebogecontroleerde fase 3-onderzoeken met DMARD's als achtergrondbehandeling (FINCH 1 en FINCH 2) gedurende 12 weken werden serumfosfaatspiegels van minder dan 2,2 mg/dl gemeld bij 1,6%, 3,1% en 2,4% in de groepen met respectievelijk placebo, filgotinib 200 mg en filgotinib 100 mg. *Beschrijving van specifieke bijwerkingen* Infecties *Reumatoïde artritis* De frequentie van infecties gedurende 12 weken in placebogecontroleerde onderzoeken met DMARD's als achtergrondbehandeling (FINCH 1, FINCH 2, DARWIN 1 en DARWIN 2) was 18,1% in de groep met filgotinib 200 mg vergeleken met 13,3% in de placebogroep. De frequentie van infecties gedurende 24 weken in het MTX-gecontroleerde FINCH 3-onderzoek in de groep met filgotinib 200 mg monotherapie en de groep met filgotinib 200 mg plus MTX was respectievelijk 25,2% en 23,1% vergeleken met 24,5% in de MTX-groep. Het totale voor blootstelling gecorrigeerde incidentiecijfer (EAIR) voor infecties van de groep met filgotinib 200 mg in alle zeven klinische fase 2- en 3-onderzoeken (2.267 patiënten) was 26,5 per 100 patiëntjaren blootstelling (PYE). De frequentie van ernstige infecties gedurende 12 weken in placebogecontroleerde onderzoeken met DMARD's als achtergrondbehandeling was 1,0% in de groep met filgotinib 200 mg vergeleken met 0,6% in de placebogroep. De frequentie van ernstige infecties gedurende 24 weken in het MTX-gecontroleerde FINCH 3-onderzoek in de groep met filgotinib 200 mg monotherapie en de groep met filgotinib 200 mg plus MTX was respectievelijk 1,4% en 1,0% vergeleken met 1,0% in de MTX-groep. Het totale EAIR voor ernstige infecties van de groep met filgotinib 200 mg in alle zeven klinische fase 2- en 3-onderzoeken (2.267 patiënten) was 1,7 per 100 PYE. De meest voorkomende ernstige infectie was pneumonie. Het EAIR voor ernstige infecties bleef bij langdurige blootstelling stabiel. In klinische onderzoeken voor reumatoïde artritis was er een hogere incidentie van ernstige infecties bij patiënten van 75 jaar en ouder, hoewel de gegevens beperkt zijn. De frequenties van infectieuze bijwerkingen gedurende 12 weken in placebogecontroleerde onderzoeken met DMARD's als achtergrondbehandeling voor filgotinib 200 mg, vergeleken met placebo, waren: IBL (3,3% *versus* 1,8%), UWI (1,7% *versus* 0,9%), pneumonie (0,6% *versus* 0,4%) en herpes zoster (0,1% *versus* 0,3%). De meeste voorvallen van herpes zoster betroffen een enkele dermatoom en waren niet ernstig. Het totale EAIR voor herpes zoster in alle zeven klinische fase 2 en 3-onderzoeken (2.267 en 1.647 patiënten in totaal voor respectievelijk 200 mg en 100 mg) was respectievelijk 1,6 en 1,1 per 100 PYE in de groep met 200 mg en de groep met 100 mg. *Colitis ulcerosa* De typen ernstige infecties in de klinische onderzoeken voor colitis ulcerosa waren over het algemeen vergelijkbaar met de typen infecties die werden gemeld in de klinische onderzoeken voor reumatoïde artritis in behandelgroepen met filgotinib als monotherapie. In de twee placebogecontroleerde inductieonderzoeken was de frequentie van ernstige infecties 0,6% in de groep met 200 mg filgotinib, 1,1% in de groep met 100 mg filgotinib en 1,1% in de placebogroep. In het placebogecontroleerde onderhoudsonderzoek was de frequentie van ernstige infecties 1% in de groep met 200 mg filgotinib vergeleken met 0% in de respectieve placebogroep. In de groep met 100 mg filgotinib in het onderhoudsonderzoek was de frequentie van ernstige infecties 1,7% vergeleken met 2,2% in de respectieve placebogroep. *Opportunistische infecties (uitgezonderd tbc)* In placebogecontroleerde onderzoeken voor reumatoïde artritis met DMARD's als achtergrondbehandeling waren er gedurende 12 weken geen opportunistische infecties in de groep met filgotinib 200 mg of in de placebogroep. De frequentie van opportunistische infecties gedurende 24 weken in het MTX-gecontroleerde FINCH 3-onderzoek in de groep met filgotinib 200 mg monotherapie, de groep met filgotinib 200 mg plus MTX en de MTX-groep was respectievelijk 0, 0,2% en 0. Het totale EAIR voor opportunistische infecties van de groep met filgotinib 200 mg in alle zeven klinische fase 2- en 3-onderzoeken voor reumatoïde artritis (2.267 patiënten) was 0,1 per 100 PYE. *Nausea* Nausea was meestal van tijdelijke aard en werd gemeld tijdens de eerste 24 weken van behandeling met filgotinib. *Creatinefosfokinase* Dosisafhankelijke stijgingen in creatinefosfokinase (CPK) traden op binnen de eerste 12 weken van behandeling met filgotinib en bleven daarna stabiel. De gemiddelde (SD) toename ten opzichte van baseline in CPK in week 24 van de fase 3-onderzoeken (FINCH 1, 2 en 3) was -16 (449), 61 (260) en 33 (80) E/l voor respectievelijk placebo, filgotinib 200 mg en 100 mg. In placebogecontroleerde fase 3-onderzoeken met DMARD's als achtergrondbehandeling (FINCH 1 en FINCH 2) gedurende 12 weken, werden CPK-stijgingen van > 5 × de bovengrens van normaal (ULN) gemeld bij 0,5%, 0,3% en 0,3% van de patiënten in de groepen met respectievelijk placebo, filgotinib 200 mg en filgotinib 100 mg. Bij de meeste stijgingen van > 5 × ULN was stopzetting van de behandeling niet nodig. *Ervaringen uit langdurige vervolgonderzoeken Reumatoïde artritis* In het langdurige vervolgonderzoek DARWIN 3 bij patiënten die afkomstig waren uit DARWIN 1 (N = 497), kregen 238 patiënten eenmaal per dag 200 mg filgotinib voor een mediane duur van 4,4 jaar; van de patiënten die afkomstig waren uit DARWIN 2 (N = 242) kregen 234 patiënten eenmaal per dag 200 mg filgotinib voor een mediane duur van 4,4 jaar. In het langdurige vervolgonderzoek FINCH 4, kregen 1.530 patiënten eenmaal per dag 200 mg filgotinib en kregen 1.199 patiënten eenmaal per dag 100 mg filgotinib voor een mediane duur van 1,5 jaar. Het veiligheidsprofiel van filgotinib was vergelijkbaar met het veiligheidsprofiel in de fase 2- en fase 3-onderzoeken. *Colitis ulcerosa* In het langetermijnvervolgonderzoek (SELECTION LTE) bij patiënten die deelnamen aan het SELECTION-onderzoek kregen patiënten 200 mg filgotinib (N = 871), 100 mg filgotinib (N = 157) of placebo (N = 133) voor een mediane duur van respectievelijk 55, 36 en 32 weken. Het veiligheidsprofiel van filgotinib was vergelijkbaar met het veiligheidsprofiel in de SELECTION inductie- en onderhoudsonderzoeken. *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 het Federaal agentschap voor geneesmiddelen en gezondheidsproducten, Afdeling Vigilantie, Galileelaan 5/03, B-1210 Brussel of Postbus 97, B-1000 Brussel Madou, Website: www.eenbijwerkingmelden.be, e-mail: adr@fagg.be. **Houder van de vergunning voor het in de handel brengen:** Galapagos NV, Generaal De Wittelaan L11 A3, 2800 Mechelen, Belgium **Nummers van de vergunning voor het in de handel brengen:** EU/1/20/1480/001-002-003-004. **Afleveringswijze:** Op medisch voorschrift. **Datum van laatste goedkeuring van de tekst**: 09/2022.

*Afname in partiële Mayo-score en CRP levels ten opzichte van baseline vanaf week 2.[2]

#De frequentst gemelde bijwerkingen zijn nausea (3,5%), infectie van de bovenste luchtwegen (IBL, 3,3%), urineweginfectie (UWI, 1,7%), duizeligheid (1,2%) en lymfopenie (1,0%).

Referenties: 1. SKP Jyseleca®; **2.** EPAR Jyseleca® **Afkortingen: JAK:** Janus Kinase; **UC:** Colitis Ulcerosa.

BE-UC-JY-202301-00002 - Januari 2023

Notes

WEDNESDAY 08
THURSDAY 09
FRIDAY 10

With the Kind Support of our Partners,
BWGE becomes possible! THANK YOU

PLATINUM

abbvie

Bristol-Myers Squibb

GOLD

AstraZeneca

Biogen

HEALTHCARE CELLTRION

Dr. Falk

DUOMED

Galápagos

GILEAD

PENTAX MEDICAL

SANDOZ

Takeda

VIATRIS

SILVER

EISAI • JANSSEN • MAYOLY • MSD • NORGINE • OLYMPUS • PFIZER • ROCHE • SANOFI • SERVIER

BRONZE

ACTA GASTRO-ENTEROLOGICA • BAYER • BIOCODEX COOK MEDICAL • CSL - VIFOR PHARMA • ECHOSENS • EG • ERBE • FUJIFILM HEALTHCARE • GBS-VBS INCYTE BIOSCIENCES • IPSEN • MADRIGAL • MEDISQUARE • NESTLE • NOVO NORDISK • ORPHALAN • PHARMANOVIA BENELUX PILEJE • REVOGAN • RVC MEDICAL TILLOTTS PHARMA • TRENKER • TRUVION HEALTHCARE • WASSENBURG Medical

ASSOCIATIONS

BSMO BITOX • CHAC • CROHN-en Colitis ulcerosa vzw
CROHN RCUH • F.A.P.A.

XXXVTH Edition – Hilton Antwerp – **08 > 10.03.23**

BWGE Event Coordination : DME Events • Anne-France De Meyer • 57 av. G Demey 1160 Bruxelles •
anne.france.de.meyer@dme-events.eu • Tel : 0477 27 00 45

www.bwge.be