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Gastroenterology Unit, UKM Medical Center
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Gastroenterology Unit, UKM Medical Center

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Selayang Hospital, Kuala Lumpur

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PRESIDENT'S MESSAGE

Prof Sanjiv Mahadeva



Dear Members,

Greetings and welcome to the 1st MSGH newsletter for 2014. As the newly appointed President for the 2013 - 2015 terms, I am pleased to present a revamped committee for the new term. An injection of "new blood" by some enthusiastic younger folks, with gentle guidance from some familiar faces, and the current committee looks set to aim for greater heights in the next 18 months. As in the past, the focus of MSGH has not changed. Highlighting the latest developments in the field of Gastroenterology & Hepatology, and providing educational opportunities for trainees will continue to be the main core areas for the society. The former will be showcased via our annual events, the GI Endoscopy workshop and GUT, the major scientific conference. Additional activities, in partnership with the Asian Pacific Association of Gastroenterology (APAGE), include a regional conference on Inflammatory Bowel Disease in April this year, the details of which will be highlighted later in this newsletter. And as if that is not enough, MSGH will continue to work with its' partners in the biomedical industry, to organize smaller scale 1 or ½-day seminars on mono-thematic events.

For trainees, the opportunity to showcase challenging clinical cases in Gastroenterology & Hepatology will be provided in our ever-popular Klang Valley meetings. MSGH continues to offer research grants on an annual basis, and even provide travel-grants to our annual scientific meetings for deserving cases. The alliance between MSGH & the Japanese Society of Gastroenterology (JSGE), enables at least 1 trainee from Malaysia to experience Japanese GI practice (fully funded) every year.

For our GIA members, MSGH continues to support educational activities from both an organizational and financial perspective. Every attempt is made to incorporate our GIAs, although more can be done in this area.

MSGH continues to represent the GI fraternity at national-level issues, such as the revised fee schedule for private practitioners. The society additionally has a major representation at the National Specialist Registrar (NSR) credentialing committee, an all important task in the current era of "opening up boundaries". There are additional plans to contribute towards the national Gastroenterology & Hepatology training programmes, although this remains at the development stage.

Quite a lot already? We certainly think so! However, this new committee remains open to new ideas & you can certainly email us via the MSGH secretariat. If you are still not a life-time member, you should give it some serious thought - discounts at local meetings, sponsorship endorsement for overseas conferences, etc, are just some of the privileges of membership.

Looking forward to an eventful year ahead - as always!

Dearest members,

Welcome to the first issue of MSGH Bulletin for 2014! I am truly honoured to have been appointed as an editor for the MSGH Bulletin. I thank the committee members of MSGH for the privilege of heading this Bulletin. In this issue, several brief reports of the MSGH activities around the country have been presented along with beautiful photos. There are also few selected abstracts and practical guideline for all of us to critically appraised and apply to our daily clinical practice. I hope the fellowship experienced written by Dr Chen HC will encourage our trainees to pursue and further mastering the clinical and endoscopic skills required to serve as an expert consultant and endoscopist in the future. The interview with the young investigator award for the GUT 2013, Dr Chan WK will also indirectly encourage our gastro-hepatology community in terms of the importance and the need to increase in the scope and intensity of basic, clinical and translational research in our society.

As an editor, I realize that the involvement of our entire gastro-hepatology community will help the Bulletin to grow and let us synergize together our clinical, endoscopic, teaching and research experiences to ensure the real expansion of our MSGH community.

I would like to invite our broad gastro-hepatology community to join us in crafting the future of our Bulletin by sharing your views, submitting your research papers, mini reviews or focus topics.

I look forward to a productive contribution from all the members to the MSGH Bulletin in the future and do not hesitate to contact me at draffendi@ppukm.ukm.edu.my for your brainy ideas and contributions!

Best Wishes,

Assoc Prof Dr Raja Affendi Raja Ali

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GUT 2014, August 22-24, The Shangri-La Hotel, Kuala Lumpur

Gut 2014, the annual congress of MSGH, will be held at the Shangri-La Hotel, Kuala Lumpur from 22nd to 24th August 2014. This year, we will be incorporating the prestigious ECCO (European Crohn's and Colitis Organization) educational workshop into our programme. As usual, we have invited some of the best and world renowned speakers to our meeting.

Professor Patrick Kamath, Professor of Medicine at the Mayo Clinic, Rochester, USA will deliver the distinguished lecture for this year's MSGH Oration. Patrick is a world leading expert in the management of liver cirrhosis and its associated complications in particular portal hypertension. He has been instrumental in the clinical use of MELD score especially in liver transplant allocation. To date he has published 182 peer reviewed articles.

Professor John Windsor, Professor of Surgery at University of Auckland, New Zealand is the Panir Chelvam lecturer. Prof Windsor is one of the world leading experts in acute pancreatitis and is involved in many of the consensus guidelines, both nationally and internationally. He has published more than 300 articles.

Professor Simon Travis, the president of European Crohn Colitis Organization (ECCO) and a consultant gastroenterologist at John Radcliffe Hospital, University of Oxford, UK, is one of the key speakers for the ECCO workshop. He is the author of 6 books, 27 chapters and over 130 papers.

Professor Laurence Egan, the scientific committee member for the ECCO and is currently holding a post as Professor of Clinical Pharmacology, consultant gastroenterologist and head of IBD clinic at the University Hospital Galway, Ireland. Trained in Mayo Clinic, Prof Egan is American Board Certified in Internal Medicine, Clinical Pharmacology and Gastroenterology. His research interest is on molecular characterization of signalling pathway involved in intestinal epithelial cell stress, death and malignant transformation.

Professor Nimish Vakil is Professor of Medicine at the University of Wisconsin, USA. Prof Vakil is a world leading authority on GERD and Helicobacter pylori. Prof Vakil has published 286 articles in peer reviewed journals.

Dr Alex Ford, a senior lecturer and a consultant gastroenterologist from University of Leeds, UK, is an expert in systematic review and meta-analysis. He is a rising star with numerous publications on many important clinical issues affecting the practice of gastroenterology, especially in functional gut disease and inflammatory bowel disease.

There are a few more yet to confirm speakers joining our fantastic list of eminent and outstanding speakers. We hope to make this meeting THE scientific event of the year.

Dato Dr Tan Huck Joo
Scientific Chairman

Gut 2014 - Annual Scientific Congress of the MSGH

The 36th European Crohn Colitis Organization (ECCO) Educational Workshop is coming to Malaysia!

It is a great privilege and honour to be hosting an ECCO educational Workshop in Malaysia. Malaysia was selected among many countries from Asia that bid to host the ECCO Workshop. We are proud to announce that Malaysia will be the first country in the South East Asian region to hold this workshop. The one day first class educational workshop will be held on the 24th of August 2014 in conjunction with GUT 2014 at Shangri La Hotel, Kuala Lumpur. World renowned IBD experts from Europe, Professor Simon Travis (Current President of ECCO), Consultant gastroenterologist at the Gastroenterology translational unit, Radcliffe Hospital Oxford, UK and Professor Laurence Egan, Scientific committee for the ECCO, consultant gastroenterologist and clinical pharmacologist, head of IBD clinic, University Hospital Galway, Ireland will be present at the workshop to share their expertise on IBD. The programme of the workshop is created around clinical cases illustrated by a set of ECCO Statements along with a state of art lecture with intention to be as educational and proactive as possible. We trust that this will be a very exciting and educational workshop.

We hope to meet you there!

Assoc Prof Dr Raja Affendi Raja Ali



A Report on Malaysian Campaigns of World Hepatitis Day 2011-2013 and Hepatitis Advocacy

Introduction

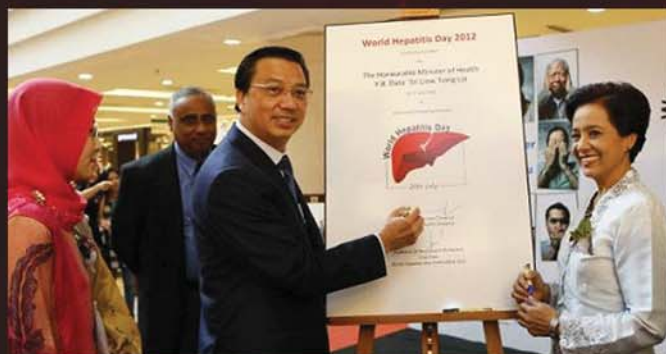
Prior to 2011, World Hepatitis Day was observed on different dates and by different names across the world. The International Hepatitis C Awareness Day, for example, was started by the European and Middle Eastern Patient Groups on 1st October, 2004. In 2008, World Hepatitis Alliance organized the first global World Hepatitis Day on May 19. Following the adoption of Viral Hepatitis Resolution in the 63rd World Health Assembly in May 2010, WHO endorsed 28th July as the World Hepatitis Day and the primary focus for national and international awareness-raising efforts, making hepatitis one of the only 4 mandated health awareness days, together with malaria, tuberculosis and HIV/AIDS. This day was chosen in honour of Nobel Laureate Prof Baruch Samuel Blumberg the discoverer of the Hepatitis B virus, who celebrates his birthday on that date. During the World Health Assembly, member states resolved to observe the World Hepatitis Day by hosting events like screening, public campaigns, vaccination drives and a compilation of the events will be reported to WHO and World Hepatitis Alliance.

Hepatitis- A Silent Epidemic

Approximately 500 million people are living with Hepatitis B and C worldwide. If past infection is taken into consideration, one in every 3rd people in this world has hepatitis at some point of time. Centers for Disease Control and Prevention (CDC), United States found that hepatitis C was killing more Americans than HIV. In 2007, hepatitis C killed 15,100 Americans as compared to 12,700 deaths due to HIV/AIDS. 57% of liver cirrhosis and 78% of Hepatocellular carcinoma are results of hepatitis infection. 1.4 million people die of hepatitis complications each year. An estimated 74% of all people with Hepatitis B live in South-east Asia and the Western Pacific. 70% of deaths relating to viral hepatitis occur in Asia Pacific. In fact, figures from Global Burden of Disease Statistics 2010 showed viral hepatitis and its complications caused more deaths than Tuberculosis, HIV/AIDS and Malaria in Asia Pacific.

World Hepatitis Day: The Malaysian Campaign 2011-2013

Malaysia observed World Hepatitis Day every year beginning 2011. Prof Rosmawati Mohamed, a founding and executive council member for Coalition of Eradication of Viral Hepatitis in Asia Pacific (CEVHAP) started the campaign in 2011. Free blood screening of Hepatitis B and C was offered to the public. An online website was created (www.myhepatitisday.com) to allow public to pre-register for the free screening. Participating sites included 13 Ministry of Health hospitals, 5 private hospitals, 2 university hospitals. A total of 4608 members of public did the blood tests throughout the period. Free vaccinations were offered at several sites. The official event took place at Sunway Pyramid Shopping Centre on 16-17 July 2011.



In 2012 the focus was on Hepatitis C. Free blood screening for hepatitis C was carried out across the country. The highlight of the World Hepatitis Day 2011 was the officiating of the event by then Hon. Health Minister, Y.B. Dato' Sri Liow Tiong Lai at One Utama Shopping Centre on 28th July 2012. On the same day, World Hepatitis Alliance led 12,588 people in 42 sites across the globe in creating a Guinness World Record of highest number of people performing "See no evil, hear no evil and speak no evil" action simultaneously. These actions signified the indifference of policy makers in recognizing hepatitis as a major health problem and the ignorance of the public of the danger of the disease. In Malaysia, One Utama Shopping Centre and Soka Gakkai Malaysia (SGM) Pahang Branch at Kuantan were the 2 sites that took part in this record breaking activity.



In 2013, Kuantan organized the national level observation of the World Hepatitis Day. This is the first time that Ministry of Health had officially incorporated World Hepatitis Day in the calendar of Ministerial activities and funding was provided. Datuk Jeyaindran Tan Sri Sinnadurai, the deputy director general of Ministry of Health officiated the event at Auditorium, Kompleks Rawatan Harian, Hospital Tengku Ampuan Afzan, Kuantan. The observation of World Hepatitis Day included a day-long seminar on hepatitis to the medical practitioners, public forums in different languages and free Hepatitis B and C screening to the public. A total of 904 people turned up at the site for blood screening. World Hepatitis Alliance again led the event of Guinness World Record and this time 26,204 people from 41 sites globally joined hand to make yet another record on "Most people performing 'See no evil, hear no evil, speak no evil' action". 227 people including the deputy director general Datuk Jeyaindran, Pahang State Health Director Dato Dr Norhizan b Ismail, HTAA director Dato' Dr Marlia Mohammed Salleh were among the people to see the record took place in Auditorium, Kompleks Rawatan Harian, Hospital Tengku Ampuan Afzan, Kuantan.

This year the observation of World Hepatitis Day has been planned on 9 Aug 2014 at Hospital Selayang.

International Efforts in Hepatitis Advocacy

When compared with HIV/AIDS campaign, hepatitis advocacy has not been as impressive. Not many are aware that there are 500 million people living with chronic hepatitis but only 33 million with HIV/AIDS. Number of deaths from complications of hepatitis has overtaken that of HIV/AIDS since the end of last decade. In Asia Pacific where there is a high prevalence of Chronic Hepatitis B and Hepatocellular carcinoma, the problem is even more appealing. A glance on the Bill & Melinda Gates Foundation website revealed lack of emphasis on hepatitis. The foundation, one of the largest charitable organization in the world, placed importance in diarrheal diseases, malaria, tuberculosis, pneumonia, HIV/AIDS and even worm infestation. The World Hepatitis Alliance was formed by 170 non-governmental patient-driven organizations around the world. The current president of the World Hepatitis Alliance is Charles Gore. The greatest success of the organization is on promoting World Hepatitis Day and working with WHO in promoting the awareness of the disease. The Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP) was formed in 2010 with the aim to promote greater awareness about viral hepatitis in the region. CEVHAP organizes seminars and workshops during APASL scientific meeting each year.

Malaysian Advocacy on Hepatitis

The Malaysian Campaign on World Hepatitis Day begun with regular observation of World Hepatitis Day since 2011. In the Ministry of Health there are no comprehensive policies on hepatitis care. There is no dedicated unit looking after hepatitis. Hepatitis falls under Non-Vector Communicable Diseases sector, which is usually overwhelmed by more sensational "seasonal" infectious diseases like H1N1, MERS-CoV etc. There is no argument that political consideration has taken priority over the real need.

The engagement of policy makers begin with a series of meetings by a group of dedicated doctors with Ministry of Health, engaging the Public Health Division. Issues on blood bank screening, enhancement of notification process, referral system from primary care, laboratory support and funding were discussed. A cabinet memo was submitted for a new comprehensive hepatitis care last year however it was not successful.

Summary

It is our hope that we will have a comprehensive and systematic policy on hepatitis care for our beloved country. This is of ultimate importance judging from the magnitude of the problem. We do hope more doctors will join our effort in hepatitis advocacy and make this movement strong and sustainable.



Dr Tee Hoi Poh, Consultant Gastroenterologist, Hospital Tengku Ampuan Afzan, Kuantan and CEVHAP member

Dr Tan Seok Siam, Senior Consultant Hepatologist and Head of Hepatology Department, Hospital Selayang

Dato' Dr Muhamad Radzi bin Abu Hassan, Head of Gastroenterology Service, Ministry of Health

Dr Hjh Rosaida Md Said, Senior Consultant Gastroenterologist, Hospital Ampang

Ms Michelle Hii Siu Yin, CEVHAP Associate Member

Prof Rosmawati Mohamed, CEVHAP Founding Member and Executive Council

Asian Multi-disciplinary Interactive Symposium in Immunology (MISI) 2014

The Asian Multi-disciplinary Interactive Symposium in Immunology (MISI) was held on the 25th to 26th January 2014 at Le Meridien Hotel in Kuala Lumpur, Malaysia. The event was jointly organized by Malaysian Society of Gastroenterology and Hepatology (MSGH), Malaysian Society of Rheumatology, Persatuan Dermatologi Malaysia and Abbvie Sdn Bhd. We were very proud that Prof Sanjiv Mahadewa, the president of MSGH came over and delivered an opening speech along with other specialities' representative. Held over 2 days, @MISI gathered medical professionals from the field of gastroenterology, dermatology and rheumatology; whom have special interests in treating immune-mediated diseases such as Inflammatory Bowel Diseases (IBD), chronic plaque psoriasis, and rheumatic disease such as rheumatoid arthritis and ankylosing spondylitis.

The gastroenterology workshop sessions were very successful and intellectually stimulating. Renowned speakers were invited from both local Malaysian shore and international arena, who shared new updates and knowledge in the field of IBD management. Our guest speaker, Prof Subrata Ghosh, from Calgary Canada, delivered on a few insightful topics related to assessing prognostic predictors, optimizing biologic therapies with anti-TNF and treat to target approach in managing Crohn's disease, and ulcerative colitis. Associate Prof Raja Affendi Raja Ali and Associate Prof Ida Hilmi shared their opinions on the 'difference between IBD management in the West vs the East'; and appropriate use of corticosteroids and immunomodulators in Crohn's Disease respectively. Associate Prof Shanthi Palaniappan was invited to speak to our fellow rheumatologists on identifying extra-articular manifestations on IBD in ankylosing spondylitis patients; and as one of the key expert panels representing gastroenterologists, for the live-talk-show session on 'The Impact and Burden of Immune Mediated Diseases from Bio-Psycho-Social Aspects'. Our gastroenterology workshop, adjourned on a high note, with a special meeting chaired by Dato' Dr Muhammad Radzi, for the Malaysian IBD Registry Advisory Board Committee. Dr Zalwani Zainuddin presented preliminary data analysis and updates of the New Malaysian IBD registry. This is indeed a remarkable milestone charting our Malaysian gastroenterology arena with the successful completion of our first preliminary IBD data.

On the lighter note, this symposium was organized with a fresh twist. There were patient representatives invited by the medical societies, to participate in the event as guest speakers and attendees, from both Malaysia and Singapore. Unique "patient experiences booths" were also set up; where invited patents were present to interact with medical professionals. For IBD the booth themed "shopping", depicting the scenario of IBD patient in a shopping mall. For IBD patients, to enjoy simple activity like shopping would be a nightmare to them as they would constantly on the lookout for toilets.

On the mural of the booth, there were many small toilet bowls printed and hidden amidst the cartoons of clothes, shoes, bags and hangers, to make it interesting for viewers to spot. Guest-of-honour was Datuk Dr Jeyandran Tan Sri Sinnadurai, Deputy Director General of Health, Ministry of Health, Malaysia. Overall, @MISI has proven to be a novel, and first of its of a cross-therapeutic symposium held in Malaysia between the three key immunology therapeutic areas of gastroenterology, dermatology and rheumatology. We are proud to be one of the organizers for this symposium and look forward to many more of such exciting symposiums.



2nd Klang Valley GI updates 2013

The 2nd Klang Valley GI Updates was successfully conducted on the 1st December 2013 at the TJ Danaraj Auditorium, Medical Academies of Malaysia. The Klang Valley meetings provide a platform where both GI and surgical trainees come together to present and highlight interesting cases from their respective hospitals.

A total of 10 presenters and 35 participants from the various hospitals (both government and private) in the Klang Valley attended this meeting. An interactive case discussion was conducted by the moderators with the participants after each case presentation. All the cases presented were both interesting and challenging. Various cases were presented which included Wilson's disease, volvulus in a pregnant lady, colonic polyps in the young, disseminated TB Gut and many more.

A comprehensive overview of endoscopic submucosal dissection for Superficial Gastric Neoplasia- A feasible option in Malaysia was presented by Dr Ahmad Najib Azmi from UMMC. Dr Koong Jun Kit from UMMC surgical team also shared their experience in doing Whipple's procedure if there was portal vein invasion.

Kudos and well done to all the trainees that participated and we welcome more cases for the upcoming meetings!

Assoc Prof Dr Hamizah Razlan

Coloproctology 2014 Post-Conference Workshop

'Bridging the Gap' – Multidisciplinary Management of Inflammatory Bowel Disease 9 March 2014, Shangri-La Kuala Lumpur

Prevalence of inflammatory bowel disease (IBD) in Malaysia is currently low, but indications are that it is rising, and IBD may soon constitute a significant healthcare problem. Experience from high-prevalence countries strongly supports the multidisciplinary approach to IBD management. To pre-emptively prepare for the expected surge in Malaysian IBD cases, a panel of experts was convened, to help demonstrate how multi-disciplinary input can optimize care of these patients, and provide practical tips on how to assimilate this into practice.

Attendance was impressive, particularly given that it was on a Sunday morning. Given the level of expertise on display, this was perhaps not surprising. Alessandro Fichera, from the United States, had already demonstrated his extensive expertise in surgical management of IBD during the preceding conference, sharing his knowledge with clarity and humour. Nik Raihan, the leading resource person in Malaysia for gastrointestinal pathology, corrected many misconceptions regarding histological diagnosis of IBD. Petrick Periyasamy drew attention to the difficult distinction between IBD and tuberculosis. Ida Hilmi showed us why we should be worrying about IBD in Malaysia, and Shanthi Palaniappan summarized the key points in endoscopic diagnosis.

The enthusiastic audience comprised a good mix of 48 surgeons and gastroenterologists, consultants and trainees. Aably co-chaired by Raja Affendi, the interactive sessions, utilizing audience voting systems, were particularly stimulating, emphasizing key points from the short lectures, and ensuring successful knowledge transfer, as demonstrated by the high percentage of appropriate answers. We hope this will provide a good model for future multi-disciplinary workshops, in the pursuit of better patient outcomes.

Assoc Prof Dr April Camilla Roslani, Workshop Convener and Co-chair



MSGH Update in Gastroenterology & Hepatology - Kota Bahru, Kelantan

The first MSGH Update in Gastroenterology & Hepatology for 2014 was held on the 15th Feb 2014 at the Renaissance Hotel in Kota Bahru, Kelantan. This event was part of several MSGH Updates which are planned every year in varying regions of the country for the education and benefit of doctors and nurses involved in the care of patients with gastroenterological and liver diseases. The committee was initially rather worried about the participation for this event due to the proximity of the Eastern (Chap Goh Meh) and Western Valentine's Day, both being on the 14th of February. However, our fears were unfounded with the healthy participation in excess of 160 participants from Kelantan, Kuantan, Klang Valley, Melaka and also Johor.

MSGH President, Professor Dr. Sanjiv Mahadeva from University Malaya, made the opening address welcoming all the speakers as well as participants for this event. This update was divided into five segments, namely Upper GI, Pancreato-biliary, Liver, Colorectal and Endoscopy segments. The international invited faculty for this event was Dr. Jeon Seong Woo from Korea, Dr. Nasser Muhammad Amjad from the International Islamic University and Dr. Lim Seng Gee from Singapore. The lectures for the day event were listed below.

- Management of achalasia - Endoscopy or surgery?
 - Peptic ulcer bleeding - When endoscopy fails
 - Surgical management of benign esophageal strictures
 - Cholangiocarcinoma - To stent, operate or chemotherapy?
 - Severe acute pancreatitis - What does the international guidelines recommend?
 - Gallstone pancreatitis - Timing of ERCP - Evidence based approach
 - Viral hepatitis C - A critical review of current management
 - Hepatitis B prophylaxis in the immunocompromised patients
 - Update on NAFLD - What is the latest?
 - Treatment of uncomplicated acute diverticulitis - An evidence based approach
 - Diagnostic and therapeutic approach to lower GI bleeding
 - Managing Crohn's disease - Differences in International guidelines
 - Image-enhanced endoscopy - What are the advantages?
 - Preventing ERCP related pancreatitis
- Ramesh Gurunathan
 - Jeon Seong Woo
 - Nik Ritza Kosai Nik Mahmood
 - Yoong Boon Koon
 - Nasser Muhammad Amjad
 - Raman Muthukarapan
 - Lim Seng Gee
 - Tan Soek Siam
 - Chan Wah Kheong
 - Mohamed Akhtar Qureshi
 - Ismail Sagap
 - Raja Affendi Raja Ali
 - Ho Shiaw Hooi
 - Rosemi Salleh

Attendees for the event comprised mainly of doctors from both surgical and medical based background, underlining the vast interplay between the two specialties in the field of gastroenterology and hepatology. Comments and questions were indeed forthcoming from the attentive crowd who did not waste the rare opportunity to raise pertinent issues with the esteemed faculty. As the first MSGH educational event for 2014, it has certainly set the ball rolling for future events in the year. Stay tuned for future updates!!

Dr Chan Weng Kai



EUS Task Force Asia Pacific Workshop

This exciting 2 day workshop was organized with the aim to teach basic and advanced EUS techniques. The invited experts included Prof Seo Dong-Wan (Korea), Prof Takao Itoi (Japan) and our local EUS master Datuk Dr Ryan Ponnudurai. The number of participants was limited to 35 in order to provide adequate hands-on opportunity for everyone. Participants included trainees and Consultant Gastroenterologists.

There were 3 rooms running concurrently and the cases ranged from pseudocyst drainage and an EUS guided rendezvous procedure to diagnostic examinations.

During this workshop, the brand new endoscopy simulator was also unveiled. With the advent of this simulator, those interested in Gastroenterology can be exposed to endoscopy in a controlled environment which can include our junior colleagues.

Dr Ruben Theyventhiran
The Queen Elizabeth Hospital
Kota Kinabalu, Sabah



Development of Hong Kong Liver Cancer Staging System with Treatment Stratification for Patients with Hepatocellular Carcinoma

Thomas Yau et al. Gastroenterology (article in press) March 2014

Background & Aims: We aimed to develop a prognostic classification scheme with treatment guidance for Asian patients with hepatocellular carcinoma (HCC).

Methods: We collected data from 3856 patients with HCC and hepatitis B predominantly treated at Queen Mary Hospital, Hong Kong, from January 1995 through December 2008. Data on patients' performance status, Child-Pugh grade, tumor status (size, number of nodules, and presence of intrahepatic vascular invasion), and presence of extrahepatic vascular invasion or metastasis were included, and randomly separated into training and test sets for analysis. Cox regression and classification and regression tree analyses were used to account for the relative effects of factors in predicting overall survival times and to classify disparate treatment decision rules, respectively; the staging system and treatment recommendation were then constructed by integration of clinical judgments. The Hong Kong Liver Cancer (HKLC) classification was compared with the Barcelona Clinic Liver Cancer (BCLC) classification in terms of discriminatory ability and effectiveness of treatment recommendation.

Results: The HKLC system had significantly better ability than the BCLC system to distinguish between patients with specific overall survival times (area under the receiver operating characteristic curve values of approximately 0.84 vs 0.80; concordance index 0.74 vs 0.70). More importantly, HKLC identified subsets of BCLC intermediate- and advanced-stage patients for more aggressive treatments than what were recommended by the BCLC system, which improved survival outcomes. Of BCLC-B patients classified as HKLC-II in our system, the survival benefit of radical therapies, compared with transarterial chemoembolization was substantial (5 year survival probability: 52.1% vs 18.7%; $P < .0001$). In BCLC-C patients classified as HKLC-II, the survival benefit of radical therapies over systemic therapy was even more pronounced (5 year survival probability: 48.6% vs 0.0%; $P < .0001$).

Conclusion: We collected data from patients with HCC in Hong Kong to create a system to identify patients who are suitable for more aggressive treatment than the currently used BCLC system. The HKLC system should be validated in non-Asian patient populations and in patients with different etiologies of HCC.

Adalimumab induce deep remission in patient with Crohn's disease

JF Colombel et al. *Clinical Gastroenterology and Hepatology* 2014; 12(3): 414-422.e5

Patients with moderate to severe ileocolonic Crohn's disease who received adalimumab induction and maintenance therapy had greater rates of mucosal healing than patients who received placebo after adalimumab induction therapy in a 52-week trial (EXTend the Safety and Efficacy of Adalimumab Through ENDoscopic Healing). Jean-Frédéric Colombel and colleagues investigated whether this treatment also induced deep remission — a composite clinical and endoscopic end point. They report in *Clinical Gastroenterology and Hepatology* that patients achieving deep remission appeared to have better one-year outcomes than those not achieving deep remission.

Feasibility of ERCP-related procedures in hemodialysis patients

Yasuki Hori et al. *Journal of gastroenterology and Hepatology*; 29:3;64-52, March 2014

Background and Aim:The opportunities of endoscopic retrograde cholangiopancreatography (ERCP)-related procedure for hemodialysis (HD) patients have been increasing recently. However, the complication rate of ERCPs in HD patients has not been evaluated sufficiently. We aimed to clarify the feasibility of ERCPs in HD patients.

Methods:We retrospectively reviewed 76 consecutive ERCPs for HD patients between January 2005 and December 2012 in one university hospital and three tertiary-care referral centers. Endoscopic sphincterotomy (EST) was performed in 21 HD patients. We evaluated the incidence and risk factors for complications of all ERCPs and EST in HD patients.

Results:The incidence of pancreatitis, cholangitis, and cardiopulmonary complications for ERCPs in HD patients was 7.9% (6/76), 1.3% (1/76), and 1.3% (1/76), respectively. The mortality rate was 2.6% (2/76), and it occurred after acute pancreatitis in one patient and pneumonia in the other patient. The incidence of hemorrhage and pancreatitis with EST was 19% (4/21) and 4.8% (1/21), respectively. The duration of HD was significantly longer in the patients with hemorrhage after EST than without (19.5 vs 6 years; $P = 0.029$).

Conclusions:ERCP is feasible in HD patients. However, EST is not advisable because of the high hemorrhage rate, particularly for patients with a long duration of HD.

Human and Helicobacter pylori co-evolution shapes the risk of gastric disease

Nuri Kodamana et al. Dec 2013, PNAS

Helicobacter pylori is the principal cause of gastric cancer, the second leading cause of cancer mortality worldwide. However, *H. pylori* prevalence generally does not predict cancer incidence. To determine whether co-evolution between host and pathogen influences disease risk, we examined the association between the severity of gastric lesions and patterns of genomic variation in matched human and *H. pylori* samples. Patients were recruited from two geographically distinct Colombian populations with significantly different incidences of gastric cancer, but virtually identical prevalence of *H. pylori* infection. All *H. pylori* isolates contained the genetic signatures of multiple ancestries, with an ancestral African cluster predominating in a low-risk, coastal population and a European cluster in a high-risk, mountain population. The human ancestry of the biopsied individuals also varied with geography, with mostly African ancestry in the coastal region (58%), and mostly Amerindian ancestry in the mountain region (67%). The interaction between the host and pathogen ancestries completely accounted for the difference in the severity of gastric lesions in the two regions of Colombia. In particular, African *H. pylori* ancestry was relatively benign in humans of African ancestry but was deleterious in individuals with substantial Amerindian ancestry. Thus, coevolution likely modulated disease risk, and the disruption of coevolved human and *H. pylori* genomes can explain the high incidence of gastric disease in the mountain population.

Phase 2b Trial of Interferon-free Therapy for Hepatitis C Virus Genotype 1

Kris V. Kowdley et al.
N Engl J Med ; 370:222-232, Jan 2014

Background: An interferon-free combination of the protease inhibitor ABT-450 with ritonavir (ABT-450/r), the nonnucleoside polymerase inhibitor ABT-333, and ribavirin showed efficacy against the hepatitis C virus (HCV) in a pilot study involving patients with HCV genotype 1 infection. The addition of another potent agent, the NS5A inhibitor ABT-267, may improve efficacy, especially in difficult-to-treat patients. This study was designed to evaluate multiple regimens of direct-acting antiviral agents and ribavirin in patients with HCV genotype 1 infection who had not received therapy previously or who had no response to prior therapy with pegylated interferon and ribavirin.

Methods: In this phase 2b, open-label study with 14 treatment subgroups, 571 patients without cirrhosis who had not received treatment previously or who had not had a response to prior therapy were randomly assigned to a regimen of ABT-450/r, combined with ABT-267 or ABT-333 or both, for 8, 12, or 24 weeks and received at least one dose of therapy. All the subgroups but 1 also received ribavirin (dose determined according to body weight). The primary end point was sustained virologic response at 24 weeks after the end of treatment. The primary efficacy analysis compared rates between previously untreated patients who received three direct-acting antiviral agents and ribavirin for 8 weeks and those who received the same therapy for 12 weeks. **Results:** Among previously untreated patients who received three direct-acting antiviral agents (with the ABT-450/r dose administered as 150 mg of ABT-450 and 100 mg of ritonavir) plus ribavirin, the rate of sustained virologic response at 24 weeks after treatment was 88% among those who received the therapy for 8 weeks and 95% among those who received the therapy for 12 weeks (difference, -7 percentage points; 95% confidence interval, -19 to 5; P=0.24). The rates of sustained virologic response across all treatment subgroups ranged from 83 to 100%. The most frequent adverse events were fatigue, headache, nausea, and insomnia. Eight patients (1%) discontinued treatment owing to adverse events.

Conclusions: In this phase 2b study, all-oral regimens of antiviral agents and ribavirin were effective both in patients with HCV genotype 1 infection who had not received therapy previously and in those who had not had a response to prior therapy.

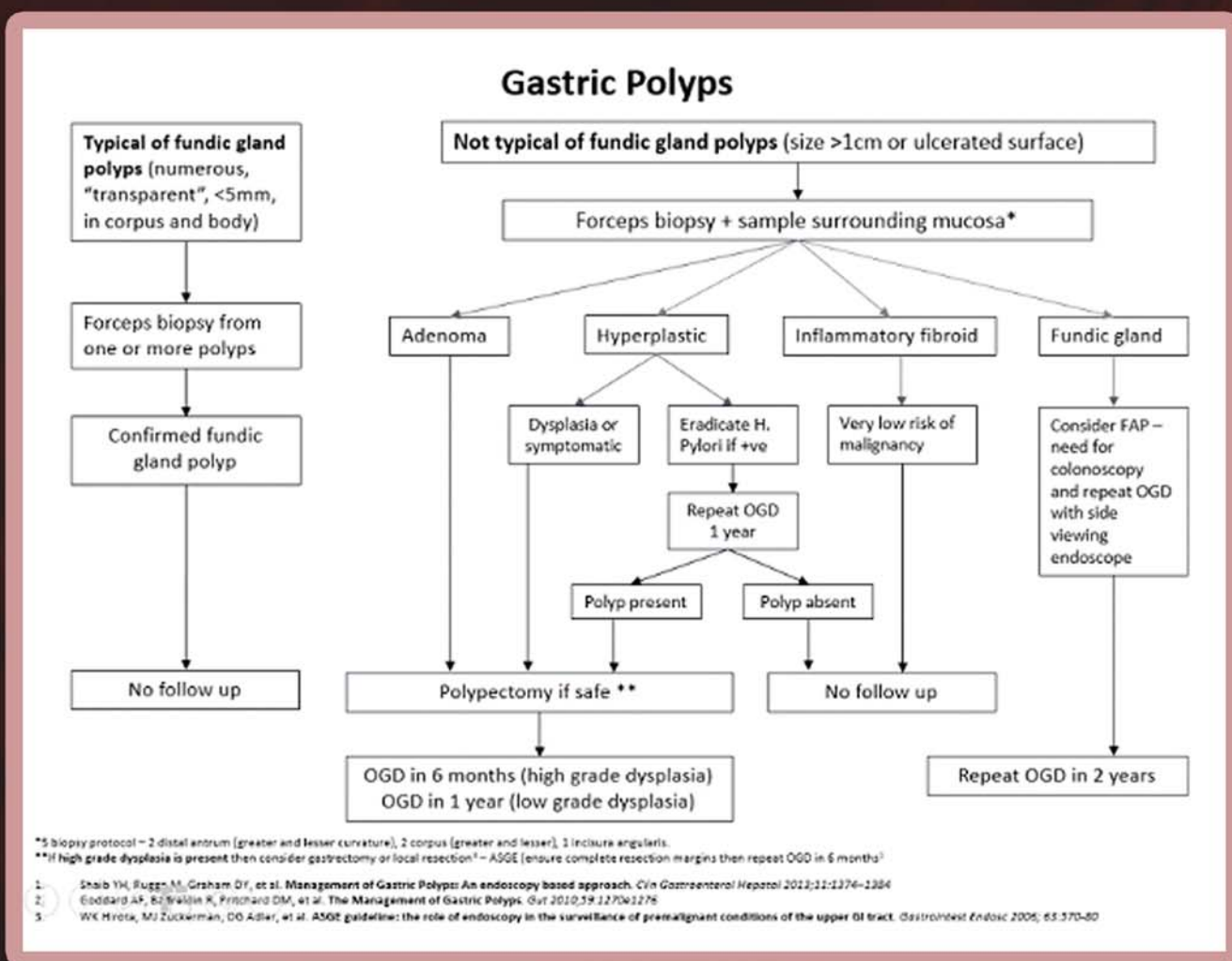
Extrahepatic complications of nonalcoholic fatty liver disease

Matthew J. Armstrong et al Hepatology 59:1174-1197; March 2014

Non-alcoholic fatty liver disease (NAFLD) is a leading cause of chronic liver disease, and is strongly associated with the metabolic syndrome. In the last decade, it has become apparent that the clinical burden of NAFLD is not restricted to liver-related morbidity or mortality, and the majority of deaths in NAFLD patients are related to cardiovascular disease (CVD) and cancer. These findings have fuelled concerns that NAFLD may be a new, and added risk factor for extrahepatic diseases such as CVD, chronic kidney disease (CKD), colorectal cancer, endocrinopathies (including type 2 diabetes mellitus [T2DM] and thyroid dysfunction), and osteoporosis. In this review we critically appraise key studies on NAFLD-associated extrahepatic disease. There was marked heterogeneity between studies in study design (cross-sectional versus prospective; sample size; presence/absence of well-defined controls), population (ethnic diversity; community-based versus hospital-based cohorts), and method of NAFLD diagnosis (liver enzymes versus imaging versus biopsy). Taking this into account, the cumulative evidence to date suggests that individuals with NAFLD (specifically, NASH) harbor an increased and independent risk of developing CVD, T2DM, CKD, and colorectal neoplasms. We propose future studies are necessary to better understand these risks, and suggest an example of a screening strategy.

Management of Gastric Polyp

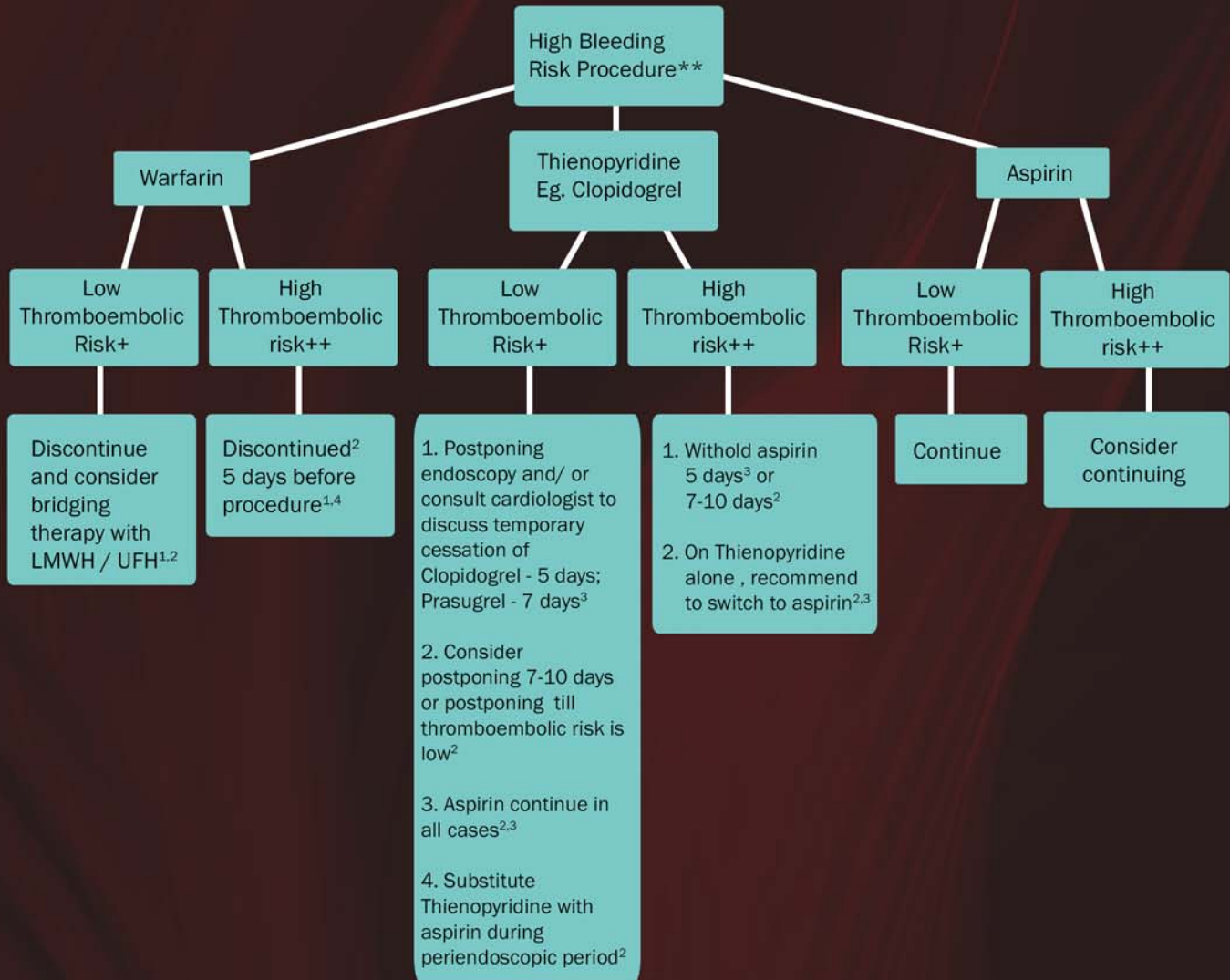
Dr Jeevenish Palainaidu, Clinical Specialist, Gastroenterology Unit, UKM Medical Centre



Endoscopy and anti-coagulation

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Management of antiplatelet/anticoagulant therapy in endoscopic procedures associated with high risk of bleeding



Summary 1 : Aspirin is to be continued in ALL patients with low++ and high+++ risk for thrombosis except in EMR & ESD where it is advised to withhold prior to procedures.¹⁻³

Summary 2 : Patients undergoing procedures of low bleeding risk* are advised to continue aspirin¹⁻³ and warfarin at therapeutic dose.

++Low thrombotic risk - Coronary drug eluting stents (DES) >12 months previously, Bare metal coronary stents inserted > 6weeks previously without associated risk factors, Stroke without cardiac failure > 6 weeks previously, Ischemic heart disease without coronary stents, Cerebral vascular disease, Peripheral vascular disease.¹⁻³

+++High thrombotic risk - Coronary DES < 12 months previously, Bare metal stents inserted <6 weeks previously or>6 weeks previously with associated risk factor, Stroke < 6 weeks previously, Acute coronary syndrome, Non-stented percutaneous coronary intervention after myocardial infarction.¹⁻³

* Low Bleeding Risk Procedure – Esophagogastroduodenoscopy and colonoscopy +/- biopsy; Endoscopic ultrasonography without fine needle aspiration; Endoscopic retrograde cholangiopancreatography with stent placement or papillary balloon dilatation without endoscopic sphincterotomy.

** High Bleeding Risk Procedure – Endoscopic submucosal dissection, Endoscopic mucosal resection and ampullary resection; Endoscopic sphincterotomy; Endoscopic sphincterotomy +large balloon papillary dilatation; Colonic polypectomy; Endoscopic ultrasonography with fine needle aspiration; Percutaneous endoscopic gastrostomy; Esophageal variceal band ligation.

1.Veitch, A.M., et al., Guidelines for the management of anticoagulant and antiplatelet therapy in patients undergoing endoscopic procedures. Gut, 2008. 57(9): p. 1322-9.
2.Anderson, M.A., et al., Management of antithrombotic agents for endoscopic procedures. Gastrointestinal endoscopy, 2009. 70(6): p. 1060-70.
3.Boustiere, C., et al., Endoscopy and antiplatelet agents. European Society of Gastrointestinal Endoscopy (ESGE) Guideline. Endoscopy, 2011. 43(5): p. 445-61.
4.Makris, M., et al., Guideline on the management of bleeding in patients on antithrombotic agents. British journal of haematology, 2013. 160(1): p. 35-46.

The Experience Gained at The Advanced Gastroenterology Fellowship



With Ian Yusoff and Frank Brennan, two of the Gastroenterology consultants in Charlies

Perth is the western most city in Australia famed for its beautiful beaches and pristine parks and bushwalk. It is the capital of Western Australia and boasts a population of 1.9 million people living in greater Perth.

It was here that I did my advanced gastroenterology fellowship training in Sir Charles Gairdner hospital for two years starting with the EUS fellowship followed by the ERCP advanced therapeutic fellowship. Sir Charles Gairdner Hospital is one of the leading tertiary teaching hospitals in Australia with a 600 bed capacity and treating over 420 000 patients annually. This hospital was opened in 1958 and named in honour of Sir Charles Gairdner, the governor of Western Australia from 1951-1963 and is part of the Queen Elizabeth II Medical Center.

The gastroenterology hepatology department comprises of 8 consultant gastroenterologist including Nobel Laureate Professor Barry Marshall as well as 4 consultant hepatologist. The department offers services for general gastroenterology, advanced therapeutic endoscopic procedures as well as being the only liver transplant unit in Western Australia. The endoscopic procedures performed here includes OGDS, Colonoscopies, capsule endoscopy, diagnostic and therapeutic Endoscopic ultrasound, Double balloon enteroscopy, ERCPs and cholangioscopy, oesophageal and colonic EMR services as well as radiofrequency ablation (HALO) for Barretts oesophagus.

The gastroenterology department here offers three different advanced fellowships. The first advanced fellowship is for Endoscopic ultrasound, double balloon enteroscopy and capsule endoscopy. The second advanced fellowship is for ERCP and advanced therapeutics which includes colonic and oesophageal EMRs as well as HALO ablation for Barretts oesophagus. The third fellowship is a general hepatology fellowship.

Charles Gairdner is the major referral center for EUS in Western Australia with an average of about 400-500 EUS procedures performed each year. The EUS done includes pancreatic cancer FNA and staging, Subepithelial lesion assessment, oesophageal cancer staging as well as rectal EUS.

The therapeutic EUS done here includes coeliac plexus neuronolysis as well as EUS guided cystgastrostomy. The EUS fellow would have 5 EUS sessions a week under the supervision of the consultants as well as double balloon enteroscopy. In addition, capsule endoscopy interpretation is also offered as part of the fellowship. The EUS fellow also has one clinic session a week comprising mainly of pancreatico biliary disorders as well as some general gastroenterology diseases including IBD. The EUS fellow also helps runs the upper GI Multidisciplinary meeting which comprises of gastroenterologists, Upper GI/pancreatic surgeons, chemo and radio oncologist.. The MDT is an excellent meeting to learn the overall management of patients for both benign and malignant cases.

The ERCP job comprises managing referrals and seeing patients referred for advanced therapeutic procedures as well as follow up after the procedures. The ERCP fellow does 7 endoscopic sessions a week which comprises of a colonic giant polyp EMR list and 6 ERCP/therapeutics sessions. The ERCP fellow does the cases with 6 different consultants and the cases would include ERCP, Endoscopic dilatation, stenting as well as oesophageal EMR/HALO ablation. The average ERCPs a year would range around 350-450 cases.

In addition, there is also an excellent weekly GI radiology meetings helmed by 3 GI radiologists as well as 2 GI histopathology meetings per month organized by the expert team of GI pathologists in Charlies.

The overall experience I had here was wonderful with great teaching, lots of hands on procedures, warm camaraderie and friendship as well as beautiful memories of the hospital and Perth. I would like to express my gratitude to the wonderful consultants there who taught me so much especially Ian Yusoff who is both my mentor and friend and the overall person in charge of the advanced fellowship program.



With Spiro Raftopoulos one of the consultants and Karl Herba, the other gastro fellow from Canada

Editor interviews Dr Chan WK, the winner of Young Investigator Award, GUT 2013 and Senior lecturer and consultant gastroenterologist, University Malaya Medical Centre



Editor: How important is the training center in the development of your career in gastro-hepatology?

Dr Chan: I think the training center is very important. Large volume of various cases and inspiring senior colleagues are crucial. For that, I am grateful that I had the opportunity to be trained at the Gastroenterology and Hepatology Unit, University of Malaya Medical Center.

Editor: Do you think it is a good idea to do clinical research as part of gastro-hepatology training? If so, what do you think is the minimum period?

Dr Chan: I believe conducting research should be an integral part of every clinician's practice, although the magnitude and type of research may vary considerably. I think the culture should be inculcated as early as the undergraduate years and should be nurtured as the clinician matures and eventually becomes independent and capable of leading junior colleagues in the same manner. So yes, I think it is a good idea to do clinical research as part of gastroenterology training. There should not be a minimum period.

Editor: What do you like the most and the least about clinical research?

Dr Chan: The thing I like most about clinical research is the opportunity to contribute to medicine and the satisfaction that comes with it. It adds an additional aspect to the clinical work that I do. However, I sometimes feel tired and overwhelmed trying to juggle research work with other work and personal commitments. But like the saying goes, "no pain, no gain".

Editor: Please give 5 tips on how to develop a research and clinical careers in gastro-hepatology.

Dr Chan: Positive thinking, proactive, perseverance, be responsible and be humble and always willing to learn new things.

Editor: Thanks very much Dr Chan for your time.

Dr Chan: Welcome

National events

APAGE Clinical Forum on Inflammatory Bowel Disease 2014

Date: 18 - 19 April 2014
Venue: Eastern & Oriental Hotel
Penang, Malaysia

GUT 2014

Date: 22-24 August 2014
Venue: Shangri-la Hotel
Kuala Lumpur,
Malaysia

European Crohns Colitis Organization (ECCO) Educational workshop

In conjunction with GUT 2014
www.msgh.org.my

International events

EASL The International Liver Congress 2014 49th Annual Meeting of the European Association for the study of the Liver

Date: 9 - 13 April 2014
Venue: London, United Kingdom

DDW2014 Digestive Disease Week

Date: 3 - 6 May 2014
Venue: McCormick Place
Chicago, Illinois, USA

International Digestive Disease Forum (IDDF) Hong Kong 2014

Date: 7-8 June 2014
Venue: Hong Kong Convention and
Exhibition Centre, Hong Kong

FNM 2014

Date: 5 - 7 September 2014
Venue: Royal Paragon Hall, Siam Paragon
Bangkok, Thailand
The 1st Federation of Neurogastroenterology
and Motility Meeting

UEGW United European Gastroenterology Medical Congress

Date: 18 - 22 October 2014
Venue: Austria Medical Congress
Vienna, Austria

AASLD The Liver Meeting 2014 The 65th Annual Meeting of the American Association for the study of Liver Disease

Date: 7 - 8 November 2014
Venue: Hynes Convention Center
Boston, MA

APDW 2014

Date: 22 - 25 November 2014
Venue: Bali Nusa Dua Convention Center
Bali, Indonesia
www.agdw2014.org