Falk Symposium 196

Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD

March 6 – 7, 2015
Kap Europa
Frankfurt, Germany

General Information:
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Program
11 credit hours (CME) have been awarded for the Falk Symposium 196 by the European Union of Medical Specialists (UEMS) - European Board of Gastroenterology (EBG).
Preface

Dear Colleagues,

Relevant progress has been made in unraveling the etiopathogenesis of chronic inflammatory bowel diseases (IBD) in the past years and the diagnostic and therapeutic approaches to IBD patients have been changed or will be changing significantly. The relevance of well-established IBD therapies has recently been critically re-assessed using principles of evidence-based medicine and highly sophisticated evidence-based consensus guidelines have been developed in order to standardize and improve our current diagnostic and treatment strategies. On the other hand, various new therapeutic options have emerged and are integrated into our treatment algorithms. The clinical relevance of these new modalities is sometimes difficult to assess for physicians who do not frequently treat the full spectrum of IBD patients.

The symposium “Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD”, in Frankfurt from March 6-7, 2015 aims to critically discuss established and emerging new concepts in the diagnosis and treatment of IBD reflecting the recent advances in the etiopathogenesis of IBD. Controversial problems, such as the optimal diagnostic and therapeutic strategy, optimal control and selection of established and integration of novel IBD therapies will be addressed and critically discussed. Special emphasis will be directed to the multidisciplinary management of complex IBD patients. Difficult therapeutic situations will be analyzed and discussed by an international expert panel. In addition, the relevant aspects of the current “omics” era of research for the IBD clinicians will be summarized. All speakers and moderators are internationally recognized IBD experts and build the basis for an up-to-date State-of-the-Art symposium on IBD. The program is designed to provide opportunities for ample discussion and interaction with speakers, moderators and attendees.

We like to welcome you in Frankfurt, the most international city in Germany, the largest financial center on the continent, the historical city of coronations and the city of Goethe.

Axel Dignass
Chairman of the Scientific Committee
Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD

March 6 – 7, 2015
Kap Europa
Frankfurt, Germany

Registration:
Thursday, March 5, 2015
16.00 – 21.00 h
at the congress office

Scientific Organization:
A. Dignass, Frankfurt (Germany)
S. Danese, Rozzano (Italy)
G. J. Mantzaris, Athens (Greece)
B. E. Sands, New York (USA)

Congress Venue:
Kap Europa
Osloer Straße 5
60327 Frankfurt
Germany

Information:
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Official Language:
English

Posters:
For details see page 11
Friday, March 6, 2015

9.00 Welcome
A. Dignass, Frankfurt

Session I
The “omics” era of research
Chair: I. Dotan, Tel Aviv; J. Schölmerich, Frankfurt

9.10 Metabolomics in inflammatory bowel disease
V. de Preter, Leuven

9.30 Translation of genes into mechanistic advances – potential to control intestinal inflammation?
A. Kaser, Cambridge

9.50 Understanding microbiome data: A primer for clinicians
P. Seksik, Paris

10.10 State-of-the-Art Lecture:
High-density mapping of the MHC identifies a shared role for HLA-DRB1*01:03 in IBD and heterozygous advantage in ulcerative colitis
A. Franke, Kiel

10.30 Coffee break with poster session

Session II
Imaging in IBD
Chair: F. Hartmann, Frankfurt; A. Stallmach, Jena

11.00 Role of bowel ultrasonography in diagnosis of IBD
T. Kucharzik, Lueneburg

11.20 MRI
H. Herfarth, Chapel Hill

11.40 Molecular endoscopy: Where are we going?
M. F. Neurath, Erlangen

12.00 What will be the future? Integrating imaging into clinical practice
G. Rogler, Zurich

12.20 Lunch break with poster session
Friday, March 6, 2015

Session III
Management of the challenging IBD patient – A multidisciplinary approach

Chair: G. J. Mantzaris, Athens; B. E. Sands, New York

13.40 Cell based therapies in IBD

14.00 Tandem talk:
CD patient with intra-abdominal infection (abscess):
The place and timing of biologics (and when) and surgery

14.30 Tandem talk:
IBD with Dalm/IEN and longterm quiescent disease:
Limited resection or proctocolectomy

15.00 Patients with inflammatory bowel disease and a history of cancer: The risk of cancer following exposure to immunosuppression

15.20 Management of IBD patients with current immunosuppressive therapy and concurrent infections

15.40 Coffee break with poster session
Friday, March 6, 2015

Session IV
Immune suppression in IBD: End of an era, or tried and true?

Chair: D. Rachmilewitz, Jerusalem; W. J. Sandborn, La Jolla


16.50 Best practice for the use of immune suppression in IBD: Thiopurines, methotrexate, cyclosporine, tacrolimus E. F. Stange, Stuttgart

Special Lecture

Chair: A. Dignass, Frankfurt; B. E. Sands, New York

17.10 The future of academic gastroenterology: Is past prologue for the future D. K. Podolsky, Dallas

17.40 End of afternoon session
Saturday, March 7, 2015

Session V
Biologics and pharmacokinetics: What clinicians need to know

Chair: F. J. Magro Dias, Porto; J. M. Stein, Frankfurt

9.00 Pharmacokinetics of biologics: A primer
D. R. Mould, Phoenixville

9.20 Is there a therapeutic range for anti-TNF antibodies?
F. Baert, Roeselare

9.40 The significance of anti-drug antibodies, and how to prevent them
W. J. Sandborn, La Jolla

10.00 Biosimilars: Doppelgänger or imposter?
F. Gomollón, Zaragoza

10.20 Panel discussion

10.40 Coffee break with poster session

Session VI
New treatment strategies

Chair: W. Kruis, Cologne; P. L. Lakatos, Budapest

11.10 Postsurgical prophylaxis in Crohn’s disease: Which patients, which agents?
P. Michetti, Lausanne

11.30 Treat to target: Which targets, and why does it matter?
S. B. Hanauer, Chicago

11.50 Intervening in early IBD: Missed opportunity or over-treatment?
L. Peyrin-Biroulet, Nancy

12.10 Are we ready to withdraw therapies in IBD: Which patients, which agents?
E. Louis, Liège

12.30 Lunch break with poster session
Saturday, March 7, 2015

Special Lecture
Chair: A. Dignass, Frankfurt; G. J. Mantzaris, Athens

13.45 Tailoring treatment to the individual patient – Will IBD medicine be personalized? C. Fiocchi, Cleveland
14.15 Presentation of poster prizes A. Dignass, Frankfurt

Session VII
Novel therapies for IBD
Chair: S. Danese, Rozzano; E. Louis, Liège

14.30 Management of mild to moderate UC B. Siegmund, Berlin
14.50 Coffee break with poster session

15.35 Targeting the microbiome in IBD with antibiotics, probiotics and fecal microbiota therapy: State-of-the-Art in 2015 P. Marteau, Paris
15.55 The IL-12/23/STAT axis as a therapeutic target in IBD: Mechanisms and evidence in man G. Monteleone, Rome
16.15 Closing remarks G. J. J. Mantzaris, Athens
Poster Session

Posters will be exhibited on March 6-7, 2015 in the Kap Europa in Frankfurt. The authors will be in attendance during coffee and lunch breaks on both days.

1. An usual presentation of Crohn’s disease in a patient with familial Mediterranean fever (FMF)
   T. Akar, B. Kilavuz, K. Karagözoglu (Zonguldak, TR)

2. Incidence of serious infections and tuberculosis among patients with inflammatory bowel disease receiving anti-tumor necrosis factor: A Tunisian monocenter experience
   M. Amri, N. Ben Mustapha, M. Mahmoudi, M. Serghini, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

3. Frequency and clinicopathological features of loss of response to infliximab in Crohn’s disease
   M. Amri, N. Ben Mustapha, M. Mahmoudi, M. Serghini, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

4. Insulin-like growth factor mRNA binding protein 3 and CD163-positive macrophages – Markers of development in ulcerative colitis and colorectal cancer pathology
   Y. Ananiev, M. Penkova, A. Julianov, M.V. Gulubova (Stara Zagora, BG)

5. Pre-treatment evaluation for infectious disease in IBD patients – Who’s to vaccinate?
   M. Ardesia, A. Ferrara, A. Belvedere, A. Alibrandi, W. Fries (Messina, IT)

6.* The role of clinical index (PCDAI) and video-capsule index (CECDAI) in pediatric Crohn’s disease
   K. Baraba Dekanic, G. Hauser, G. Palcevski, M. Persic (Rijeka, HR)

7.* Adjuvant imunoglukan P4H in the biological therapy of Crohn’s disease decreases secondary morbidity in patients in remission – Preliminary report
   M. Batovsky, T. Zamborsky, K. Radwan, B. Kadlecikova (Bratislava, SK)

8. Monitoring vital signs during infliximab infusion – Is it really useful?
   N. Ben Mustapha, M. Mahmoudi, M. Bejaoui, M. Serghini, L. Kallel, M. Fekih, J. Boubaker, A. Filali (Tunis, TN)

9. Dietary habits in Tunisian patients with Crohn’s disease
   N. Ben Mustapha, M. Mahmoudi, M. Bejaoui, L. Kallel, M. Serghini, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

11. Education of Tunisian patients with Crohn’s disease on the risks of smoking remains challenging
   N. Ben Mustapha, M. Bejaoui, M. Mahmoudi, A. Laabidi, M. Serghini, S. Matri, L. Kallel, J. Boubaker, A. Filali (Tunis, TN)

   N. Ben Mustapha, M. Mahmoudi, M. Bejaoui, A. Laabidi, M. Fekih, M. Serghini, L. Kallel, J. Boubaker, A. Filali (Tunis, TN)

   N. Ben Mustapha, M. Mahmoudi, M. Bejaoui, A. Laabidi, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

14. Poor recognition and management of iron deficiency anemia in Crohn’s disease: A missed opportunity
   N. Ben Mustapha, M. Mahmoudi, M. Bejaoui, A. Laabidi, M. Serghini, L. Kallel, M. Fekih, J. Boubaker, A. Filali (Tunis, TN)

15. Poly(ADP-ribose)polymerase activation in pediatric patients suffering from Crohn’s disease
   N.J. Beres, G. Szabo, R. Benko, K. Borka, A. Veres-Szekely, S. Heininger, A. Szabo, A. Vannay, G. Veres, E.M. Horvath (Budapest, HU)

16. Factors associated with moderate and strenuous physical activity in IBD patients
   I. Blumenstein, D. Keegan, K. Byrne, O. Schröder, H. Mulcahy (Frankfurt, DE; Dublin, IE)

17. Three-year steroid-free remission and safety of azathioprine treatment in inflammatory bowel disease patients
   C. Cassieri, R. Pica, E.V. Avallone, C. Corrado, M. Zippi, P. Vernia, P. Paoluzi, E. Corazziari (Rome, IT)

18. Clinical features of active tuberculosis development during anti-tumor necrosis factor-α therapy in patients with inflammatory bowel disease

19. Risk factor analysis for therapy-related adverse events and infections in elderly patients with inflammatory bowel disease (IBD); an IG-IBD study
   (Messina, Rome, Florence, Padua, Palermo, Milan, Bari, Rozzano, Cagliari, Naples, San Giovanni Rotondo, Empoli, Desio, Catania, IT)
20. What do healthcare practitioners know about fatigue in patients with IBD and how do they manage it?

21. Experience of living with fatigue as reported by people diagnosed with inflammatory bowel disease – A phenomenological study

22. Development and psychometric testing of an inflammatory bowel disease fatigue (IBD-F) patient self-assessment scale

23. Assessing fatigue in inflammatory bowel disease comparison and validation if three fatigue scales: IBD-F, MFI and MAF scales

24. Cerebral vein thrombosis: A rare complication of Crohn’s disease

25. Interstitial lung disease in a patient with Crohn’s disease using mesalamine

26. Azathioprine in the elderly – Is it tolerated and is it safe?
S. Dharmasiri, H.E. Johnson, S. McLaughlin, S.A. Weaver (Bournemouth, GB)

27. Diagnostic benefit of MRE following CT
S. Dharmasiri, R. Boud, A. Dower, N. Hennesey, L. Standing, A. Richard-Taylor, H.E. Johnson, S.A. Weaver, S. McLaughlin (Bournemouth, GB)

28. Novel insights into IBD carcinogenesis: DNA damage response
S. Din, M. Arends (Edinburgh, GB)

29. Body composition in Crohn’s disease patients but not in ulcerative colitis patients is different compared to healthy controls
C. Dölger, H. Schulze, J. Thieringer, J.M. Stein, A. Dignass (Frankfurt, DE)

30.*Low dose AZA and allopurinol co-therapy: Is it safe to use without metabolit monitoring?
B.M. Eross, H.E. Johnson, S.A. Weaver, S. McLaughlin (Bournemouth, GB)

31. Optimizing anti-TNF-α therapy in IBD: Monitoring of trough levels and anti-drug antibodies
P. Esters, H. Schulze, J. Thieringer, J.M. Stein, A. Dignass (Frankfurt, DE)
32. Ionizing radiation exposure in patients with inflammatory bowel disease: Are we overexposing our patients?
   M. Fekih, A. Laabidi, R. Ben Jemaa, N. Ben Mustapha, J. Boubaker, L. Kallel, A. Filali (Tunis, TN)

33. Effect of azathioprine on peripheral blood lymphocytes subsets in Crohn’s disease patients
   M. Fekih, A. Laabidi, L. Hamzaoui, M. Cheikh, N. Ben Mustapha, J. Boubaker, L. Kallel, A. Filali (Tunis, TN)

34. Clinical outcome of perianal fistulae in Crohn’s disease and impact of treatment strategies over the time
   M. Fekih, R. Ben Jemaa, M. Mahmoudi, L. Kallel, N. Ben Mustapha, M. Serghini, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

35. Colectomy and ileorectal anastomosis during ulcerative colitis and Crohn’s disease: Results during follow-up
   A. Filali, R. Ben Jemaa, M. Mahmoudi, N. Ben Mustapha, M. Serghini, L. Kallel, J. Boubaker (Tunis, TN)

36. Role of miRNA26b in inflammatory bowel disease
   M. Gazouli, R. Schneider-Stock, N. Benderska, G. Karamanolis (Athens, GR; Nuremberg, DE)

37. Therapeutic options in the treatment of the moderate ulcerative colitis in patients with HBV or HCV infection
   A. Genunche-Dumitrescu, D. Badea, M. Badea, P. Mitrut, A. Badea (Craiova, RO)

38. Comparative assessment of the risk to develop of the colorectal carcinoma in the usual therapeutic strategies for ulcerative colitis
   A. Genunche-Dumitrescu, D. Badea, M. Badea, P. Mitrut, D. Neagoe, A. Badea (Craiova, RO)

   O. Giouleme, K. Soufleris, M. Katsaros, E. Gavalas, D. Tarampoulous, A. Tsimperidis, N. Grammatikos (Thessaloniki, GR)

40. A case of breast cancer following infliximab for treatment-refractory Crohn’s disease
   V. Göral, B. Unsal, O.N. Sivrikoz (Izmir, TR)

41. New treatment modalities for IBD with flavonoids
   H. Hoensch, M.F. Neurath, B. Weigmann (Darmstadt, Erlangen, DE)

42. Low dose azathioprine and allopurinol in azathioprine intolerant patients: Is it tolerated and is it effective in IBD?
   H.E. Johnson, S.A. Weaver, S. McLaughlin (Bournemouth, GB)
43. Clinical significance of liver injury secondary to tumor necrosis factor-alpha antagonist therapy in patients with inflammatory bowel disease

44. Terminal ileitis in adult patients with Crohn’s disease: Is there still a place for surgery as first-line therapy?

45. OCT4B1, a spliced variant of OCT4, is expressed in inflammatory bowel disease
G. Karamanolis, M. Maragkoudaki, A. Vaiopoulou, G. Theodoropoulos, M. Gazouli (Athens, GR)

46.*Visceral adipose tissue adipokine expression is differentially regulated in TLR9wt/wt versus TLR9−/− mice in a model of chronic inflammatory bowel disease
T. Karrasch, A. Schmid, A. Kopp, F. Obermeier, C. Hofmann, A. Schäffler (Giessen, Regensburg, DE)

47. Metastatic Crohn’s disease following rectal resection: A case report
P. Katerinis, C. Barthel, E.F. Stange (Stuttgart, DE)

48. Natural history of azathioprine therapy in Crohn’s disease patients: An Indian study
B.P.N. Kaushik, G. Lakamaji, S. Rajib, K.D. Gopal (Kolkata, IN)

49. The clinical factors associated with adherence of the patients with inflammatory bowel disease to the treatment
J.H. Kim, Y.-S. Kang (Goyang, KR)

50. TL1A/TNFSF15 expression is highly upregulated in human intestinal myofibroblasts stimulated with pro-inflammatory factors that are components of the mucosal milieu in Crohn’s disease

51. Increased pulse wave velocity and relationship with inflammation, insulin and insulin resistance in inflammatory bowel disease
H. Korkmaz, F. Sahin, S.H. Ipekci, T. Temel, L. Kebapcilar (Konya, TR)

52. Risk matrix for prediction of disease progression in a referral cohort of patients with Crohn’s disease
P.L. Lakatos, N. Sipeki, T. Tornai, I. Foldi, G.L. Norman, Z. Shums, P. Antal-Szalmas, G. Veres, M. Papp (Budapest, Debrecen, HU; San Diego, US)

53. The industrial food additive microbial transglutaminase is immunogenic in celiac disease children
A. Lerner, T. Matthias, P. Jeremias, S. Neidhöfer (Haifa, IL; Wendelsheim, DE)

54. The break in intestinal tight junction (TJ) permeability by industrial food additives explains the rising incidence of autoimmune diseases
A. Lerner, T. Matthias (Haifa, IL; Wendelsheim, DE)
55. Comparative results after colectomy and ileorectal anastomosis versus ileal pouch-anal anastomosis for inflammatory bowel disease
M. Mahmoudi, N. Ben Mustapha, M. Serghini, M. Amri, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

56. Postoperative morbidity remains high in patients with Crohn’s disease who underwent an ileocecal resection with a temporary stoma
M. Mahmoudi, N. Ben Mustapha, M. Bejaoui, A. Makni, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

57.* Impact of vaginal delivery on development of peri-anal disease in female patients with Crohn’s disease
M. Mahmoudi, N. Ben Mustapha, M. Serghini, M. Bejaoui, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

58. Two-year efficacy and safety of azathioprine treatment in the maintenance of steroid-free remission in Crohn’s disease patients

59. Crohn’s disease predictors after a first episode of acute ileitis: Role of persistently high CRP within one month
M. Mahmoudi, N. Ben Mustapha, M. Bejaoui, A. Laabidi, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

60. Infliximab and adalimumab in TNF-α naive Crohn’s disease patients: A Tunisian cohort story
M. Mahmoudi, N. Ben Mustapha, M. Serghini, M. Amri, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

61. Peri-anal disease as a predictive factor of disabling Crohn’s disease
M. Mahmoudi, N. Ben Mustapha, M. Serghini, M. Bejaoui, L. Kallel, M. Fekih, S. Matri, J. Boubaker, A. Filali (Tunis, TN)

62. Outcome of early surgery versus aggressive medical therapy in patients with newly diagnosed limited inflammatory/obstructive (A2/3L1B1/2) terminal ileitis: A two-year, prospective, single-center, pilot study

63. Comparison of the reliability of celiac disease serology to reflect intestinal damage
T. Matthias, P. Jeremias, S. Neidhöfer, A. Lerner (Wendelsheim, DE; Haifa, IL)

64. Methylation and expression of the genes that have a role in the Wnt signaling pathway in ulcerative colitis
65. Prospective anti-TNF withdrawal in quiescent Crohn’s disease – 12 month clinical outcomes  
G. Naismith, R. Hamid, M. Heydtmann, S. Squires (Paisley, GB)  
66. Selection of the optimal volume and method of surgery in non-specific ulcerative colitis  
B.S. Navruzov, S.T. Rakhmanov (Tashkent, UZ)  
67. Preparation of a rectal stump for recovery surgery following total colectomy in ulcerative colitis  
B.S. Navruzov, S.T. Rakhmanov, D. Pazylova, G. Kutlieva (Tashkent, UZ)  
68. Protists fauna in patients with ulcerative colitis and colorectal cancer  
B.S. Navruzov, S.R. Matkarimov, S.A. Abdujapparov, N. Badalova, N. Davis,  
S.O. Osipova, D.U. Pazylova (Tashkent, UZ)  
69. Efficacy and safety of endoscopic balloon dilatation of symptomatic intestinal Crohn’s disease strictures  
A. Ouakaa-Kchaou, D. Trad, N. Bibani, H. Elloumi, A. Kochlef, D. Gargouri,  
J. Kharrat (Tunis, TN)  
70. Association of survivin promoter polymorphisms with inflammatory bowel disease  
I. Papaconstantinou, E. Rapti, E. Legaki, G. Karamanolis, E. Marinos, M. Gazouli  
(Athens, GR)  
71.* Infliximab trough concentrations during the induction therapy predict short-term mucosal healing in patients with ulcerative colitis  
72. Presence of anti-GP2 IgG and IgA antibodies assessed by 2 different ELISA assays is associated with younger age at onset, stricturing disease behavior, need for surgery and ASCA/anti-OMPTM positivity  
M. Papp, N. Sipeki, T. Tornai, I. Foldi, G.L. Norman, Z. Shums, D. Roggenbuck,  
P. Antal-Szalmas, G. Veres, P.L. Lakatos (San Diego, US; Debrecen, Budapest, HU)  
73. The role of colonic resistance: Changes of colonic microbiota participate in pathogenesis of IBD  
O.M. Plehutsa, R.I. Sydorchuk, L.P. Sydorchuk, P.D. Fomin, A.R. Sydorchuk,  
I.I. Sydorchuk (Chernivtsi, Kiev, UA)  
74. Results of the one-stage associated surgeries in ulcerative colitis  
S.T. Rakhmanov, B.S. Navruzov (Tashkent, UZ)  
75. To the problem of surgical rehabilitation of the patients after total coloproctectomy  
S.T. Rakhmanov, B.S. Navruzov (Tashkent, UZ)  
76. Results of the operative treatment of chronic colonic stasis (constipation)  
S.T. Rakhmanov, B.S. Navruzov (Tashkent, UZ)
77. Pharmacological regulation of defensins in human colon mucosa in ulcerative colitis
I. Sarvilina (Rostov-on-Don, RU)

78.* Development of a new immunoassay for the accurate determination of anti-
infliximab antibodies in inflammatory bowel disease
J. Semmler, A. Pilch, F.P. Armbruster, A. Dignass, J.M. Stein (Bensheim, Frankfurt, DE)

79. Significance of fecal calprotectin measurement determining deep remission in ulcerative colitis
O. Sezgin, B. Boztepe, E. Altintas (Mersin, TR)

80. Unfavorable course of chronic inflammatory bowel disease – Case presentation
P. Skok, D. Ceramic, P.B. Marko, A. Zafosnik (Maribor, SI)

81. Neutrophil-lymphocyte and platelet-lymphocyte ratios in treated inflammatory bowel disease patients
E. Stefanidis, P. Katsinelos, N. Papanikolaou, K. Anastasiadou, J. Kountouras
(Thessaloniki, GR)

82.* Safety and efficacy of fumaric acid esters (FAEs) in steroid-dependent Crohn’s disease
J.M. Stein, A. Dienethal, C. Maresch, H.H. Radeke (Frankfurt, DE)

83. ACE gene’s polymorphisms participate in IBD pathogenesis through changes of colonic microbiota and mesenteric vascularization
(Chernivtsi, Kiev, UA)

84. Oral probiotic therapy with Propionibacterium Shermani potentiates efficacy of mesalazine in IBD
L.P. Sydorchuk, P.D. Fomin, R.I. Sydorchuk, O.M. Plehutsa, I.I. Sydorchuk, A.R. Sydorchuk
(Chernivtsi, Kiev, UA)

85. The coherent polarimetric microscopy: A new diagnostic technology beyond the confocal microscopy of colon?
(Chernivtsi, Kiev, UA)

86. Methods for evaluation of perianal fistulizing Crohn’s disease – Clinical case presentation
L. Tankova, S. Churchev, P. Getsov, P. Penchev, R. Nakov, V. Gerova-Nankova, B. Vladimirov
(Sofia, BG)

87. Association of rs1568885, rs1813443 and rs4411591 polymorphisms with anti-TNF medication response in Greek patients with Crohn’s disease
G. Theodoropoulos, D. Thomas, T. Karantanos, S. Rigoglou, G. Karamanolis
(Athens, GR)
88. Incidence and prevalence of the inflammatory bowel disease (IBD) in children of the Primorsko-goranska and Istrian county (Croatia) in the period of the 1995–2009
A. Varga, T. Lupis, M. Persic (Rijeka, HR)

89. Azathioprine discontinuation earlier than 6 months in Crohn’s disease patients started on anti-TNF therapy is associated with loss of response and the need for anti-TNF dose escalation

90.* Stool and plasma elafin and alpha defensins but not cathelicidin may be a useful clinical marker in differential diagnosis of inflammatory bowel diseases in children
A. Wedrychowicz, P. Tomasik, S. Pieczarkowski, K. Kowalska-Duplaga, K. Fyderek (Krakow, PL)

91.* Serum hepcidin levels predict intestinal iron absorption in IBD patients
M.L. Wiesenthal, F. Hartmann, T. Iqbal, A. Dignass, J.M. Stein (Frankfurt, DE; Birmingham, GB)

92. Diagnostic accuracy of zinc protoporphyrin/heme ratio for screening in iron deficiency anaemia in IBD patients
M.L. Wiesenthal, F. Hartmann, A. Dignass, J.M. Stein (Frankfurt, DE)

93. Serum beta 2-microglobulin as a biomarker in inflammatory bowel disease
B. Yilmaz, S. Köklü, O. Yüksel, S. Arslan (Ankara, TR)

94.* Loss of response to anti-TNF treatments in IBD: The importance of drug level monitoring
E. Zöhrer, F. Kelz, W. Petritsch, C. Högenauer, H. Wenzl, J. Jahnel (Graz, AT)

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

Prof. Dr. Matthieu Allez
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Dr. Filip Baert
Heilig Hart Ziekenhuis
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Mount Sinai School of Medicine
Gastroenterology & Hepatology
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During the Falk Symposium 196

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Opening Hours:
Thursday, March 5, 2015  16.00 – 21.00 h
Friday, March 6, 2015    8.00 – 17.40 h
Saturday, March 7, 2015  8.30 – 16.30 h

Congress Fees

Scientific program of the Falk Symposium 196  € 200.00
Students and residents                   € 100.00

* * *OR* **

Day ticket                      € 120.00
Students and residents           €  60.00

Employees of pharmaceutical companies and their guests
Falk Symposium 196                      € 600.00

The congress fees include:
- Welcome Evening on March 5, 2015
- Refreshments during coffee breaks
- Lunch on March 6 and 7, 2015
- A copy of the abstract volume
Admission to Scientific Events
For admission to scientific events your name badge should be clearly visible.

Congress Report
The official congress report of the Falk Symposium 196 “Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD” will be published in English in the second half of 2015 by Karger, Switzerland. Orders for this book at a reduced subscription price of € 35.00 can be placed at the Congress Office during the congress in Frankfurt.

Congress Short Report
The congress short report of the Falk Symposium 196 “Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD” will be published by the Falk Foundation e.V. with number FSR 196 in the second half of 2015.
Critical Evaluation of Current Concepts and Moving to New Horizons in the Management of IBD

March 6 – 7, 2015
Kap Europa
Frankfurt, Germany

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