

## PROGRAMME

# 5<sup>th</sup> INTERNATIONAL SYMPOSIUM ON **PAEDIATRIC INFLAMMATORY BOWEL DISEASE**

11–14 September 2019



**Budapest Congress Center** · Hungary  
[www.pibdcongress.org](http://www.pibdcongress.org)



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## Welcome to Budapest

### Industry

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Dear Colleagues, IBD Experts and Pre-experts,

On behalf of the Organizing Committee of the **5<sup>th</sup> International Symposium on Paediatric Inflammatory Bowel Disease** in Budapest, it is my pleasure to invite you to come, enjoy and contribute with your participation to the largest and most exciting global PIBD conference.

This Meeting is unique due to the facts that this is the first P-IBD symposium officially organized by ESPGHAN and the Paediatric IBD Porto group of ESPGHAN. In addition, this is the first time that the meeting “**goes to the East**”. Unfortunately, the incidence of paediatric IBD is increasing in this part of Europe, as well. We established the Hungarian Paediatric IBD registry (HUPIR) in 2007. According to the data of HUPIR there is a 6%/year increment of the incidence of paediatric IBD in our country. Similar tendencies have been reported in other countries of Eastern Europe. However, diagnostic and therapeutic opportunities are not as high level in many countries of this part of Europe compared to the Western world. Fecal calprotectin, abdominal MRI, formula for exclusive enteral nutrition, or trough level of biologics are not so easily available. Knowing this gap, recently, the Paediatric IBD Porto group of ESPGHAN has launched to construct a special guideline for low resource countries.

Our motto is: **Still Young and Attractive.**

Crohn's disease is a **young disease** affecting young individuals; although it was described almost 90 years ago by Crohn, Ginzburg and Oppenheimer in 1932, the development of paediatric knowledge of the disease is even younger. At the same time, paediatric IBD incidence is increasing worldwide at an alarming rate, with up to 20% of cases diagnosed during childhood and adolescence.

**Attractive**...well, unfortunately, in contrast to celiac disease or peptic ulcer, the “Holy grail” has not been found to cure IBD. This is one of the reasons why IBD attract significant attention on everyday practice or scientific activity in the field of paediatric gastroenterology.

The vibrant city of Budapest plays host to our conference with its open atmosphere, lively surroundings and ideal climate during September. We invite you to enjoy four days of intense, high quality science, while also interacting with colleagues from all over the globe. Together we will reach our goal of improving IBD patient care.

See you in Budapest!

A handwritten signature in blue ink, appearing to read 'G. Veres', with a stylized flourish at the end.

**Professor Gábor Veres**

President of P-IBD in Budapest 2019

Dear Colleagues,

On behalf of the Porto and the interest groups of ESPGHAN, I am delighted and honored to welcome you to the 5<sup>th</sup> PIBD conference, the largest paediatric IBD meeting in the world.

PIBD was instigated as an individual initiative of Salvatore Cucchiara in Rome 2006, with the participation of 350 delegates and then the 2<sup>nd</sup> meeting in Paris, under the leadership of Frank Ruemmele (2009), with 425 delegates. At that stage, the meeting was consolidated into a formal Porto group conference, that nominated Hankje Escher to organize the 3<sup>rd</sup> meeting in Rotterdam 2014 (450 delegates). It has been then agreed that the meeting will be held every two years starting at 2017. The Barcelona 2017 PIBD meeting, organized by Javier Martín de Carpi was a huge success with 528 delegates from 57 countries.

Following the Barcelona congress, a memorandum has been signed – assigning the meeting formally to ESPGHAN with the continuous organization by the Porto group. The current meeting in beautiful Budapest is the first meeting officially organized by ESPGHAN and the Pediatric IBD Porto group of ESPGHAN.

The Porto group has grown into a prolific network of PIBD specialists involved in multiple collaborative research projects including a Porto group bio-bank, annual educational events across Europe and position papers addressing all aspects of the disease. I invite everyone to contribute and participate in all Porto activities through the open IBD Interest group, currently composed of over 100 PIBD centers in Europe and beyond. Just send us a short note and start exploring endless opportunities to facilitate PIBD through the group.

Recently the Porto group has been reaching out to low resource countries and established a peer-to-peer tele-medicine platform for PIBD consultation (TELE-Porto).

The PIBD congress is a celebration of the most important contemporary knowledge on paediatric IBD in the aim of improving the care children receive worldwide. Let the fun begin!



**Professor Dan Turner**

Chair, The Paediatric IBD Porto group of ESPGHAN



## Welcome



Dear Colleagues, dear Friends,

IBD affects 1 in 250 individuals in Europe and in North America, consequently presenting a huge medical, social and financial burden. Every fourth patient is diagnosed during childhood and adolescence, and their early management will influence further disease course, complication rates and the ultimate disease prognosis. Moreover, recent scientific developments into IBD pathogenesis trace the origins into the early childhood stage, which may be considered as a window of opportunity for disease prevention. Therefore, to hold an international meeting, devoted to paediatric IBD, is not only justified – its necessity has already been proven by the huge successes of the four previous PIBD meetings organized by the ESPGHAN Porto Group, starting with Rome in 2006, followed by Paris, Rotterdam, and most recently Barcelona, in 2017.

The 5<sup>th</sup> International Symposium on PIBD, 11<sup>th</sup> – 14<sup>th</sup> September in Budapest, is organized by ESPGHAN and the IBD Porto Group of ESPGHAN, the latter being recognized as a world-renowned group of experts highly motivated to elevate the level of care for children with IBD. It was established in the year 2003 by ten ESPGHAN members in the city of Porto, while today, together with the members of the Special Interest Group, consists of 108 members from 28 countries.

As for ESPGHAN, it is a multi-professional organization, aiming to reduce the burden of digestive diseases, and to improve and promote the digestive and nutritional health in paediatric age groups. For decades ESPGHAN has held the largest scientific meeting on PGHN; the most recent one in Glasgow attracted 4.548 delegates from 97 countries. 1180 abstracts were submitted, with 168 focused on IBD. Moreover, the pre-congress IBD course attracted 250 delegates, while the IBD symposiums were the best attended among all parallel sessions.

This congress aims to summarize all important developments in PIBD and to attract world renowned experts in the field. In addition to offering a wide range of topics in research and education, the congress provides an excellent opportunity to network with dedicated colleagues and peers. It is, therefore, my great pleasure as ESPGHAN President and one of the 10 founding members of the IBD Porto Group of ESPGHAN, to welcome you all to the 5<sup>th</sup> International Symposium on Paediatric Inflammatory Bowel Disease in Budapest.

**Professor Sanja Kolaček**

ESPGHAN President

# Council & Committees

## Paediatric IBD Porto Group

CHAIR Dan Turner, Israel

FINANCIAL AND RESEARCH LIAISON Eytan Wine, Canada

ACADEMIC LIAISON AND MEMBER LISTS Javier Martín de Carpi, Spain

## Scientific Programme Committee

CHAIR Gábor Veres

### FURTHER SC MEMBER

Dan Turner  
Arie Levine  
Frank Ruemmele  
Hankje Escher  
Lissy de Ridder  
Javier Martín de Carpi  
Gigi Veereman  
Sanja Kolaček  
Richard Russell  
Jaroslaw Kierkus  
Amit Assa  
Eytan Wine  
Anne Griffith  
Peter Mamula  
Robert Baldassano

## Local Organising Committee: Hungary

CHAIR Gábor Veres

### FURTHER LOC MEMBER

Éva Nemes  
András Tárnok  
Dániel Szücs  
Antal Dezsöfi  
András Arató  
Katalin Müller  
Áron Cseh  
Anna Karoliny  
László Gárdos  
Éva Kosaras  
Márta Kovács  
Orsolya Kadenczky



## Society & Membership



### Become a Member

By becoming a member of ESPGHAN, you will experience and gain access to a range of benefits including an international network of specialists who promote and encourage collaboration and exchange of information within GI-, Hepatology-, Nutrition Committees, working groups and their outcomes.

Subscription to JPGN, the Journal of Pediatric Gastroenterology and Nutrition, receipt of ESPGHAN news-

letters, accesses to the member's area of the ESPGHAN website and discounted registration fees for the ESPGHAN Annual Meeting are among the benefits of ESPGHAN members.

According to your professional status you can choose between full, corresponding, trainee, allied-health professional and emeritus membership.

Members must have an active interest in paediatric gastroenterology and/or hepatology or nutrition (PGHN).



### Key Activities

ESPGHAN has three standing committees focusing on Gastroenterology, Hepatology and Nutrition. All aim to promote child health and increase understanding and treatment of disease states. ESPGHAN members are further involved in various working groups that concentrate on particular aspects of child care and / or disease states. The Allied Health Professional Committee aims to enhance the multidisciplinary approach in Gastroenterology, Hepatology & Nutrition in Europe, while the Young ESPGHAN Committee promotes and supports specialist training and guides trainees towards full membership of ESPGHAN.

ESPGHAN also promotes scientific exchange amongst research groups in Europe and amongst trainees, young doctors and scientists through Young Investigator Forums, Monothematic Meetings, International Schools and Eastern European Schools.



#### ESPGHAN Office

European Society for  
Paediatric Gastroenterology,  
Hepatology and Nutrition  
[office@espghan.org](mailto:office@espghan.org)  
[www.espghan.org](http://www.espghan.org)



#### Educational Events

**ESPGHAN Mentorship Training**  
**March 22–23, 2019**  
Porto, Portugal

**ESPGHAN Monothematic Conference  
on the Gastrointestinal, Hepatologic  
and Nutritional Aspects of Cystic  
Fibrosis**  
**April 04–05, 2019**  
Valencia, Spain

**ESPGHAN Endoscopy Course**  
**June 19–23, 2019**  
Athens, Greece

**ESPGHAN GI Summer School**  
**June 26–29, 2019**  
Montecatini, Italy

**ESPGHAN Nutrition Summer School**  
**July 01–05, 2019**  
Lago Maggiore, Italy

**ESPGHAN AHP Summer School**  
**September 12–15, 2019**  
Oxford or Cambridge, UK

**ESPGHAN Young Investigator Forum**  
**September 18–21, 2019**  
Bergen, The Netherlands

**ESPGHAN Eastern European Summer  
School: A glance of paediatric  
gastroenterology, hepatology and  
nutrition in Eastern Europe**  
**September 20–23, 2019**  
Varna, Bulgaria

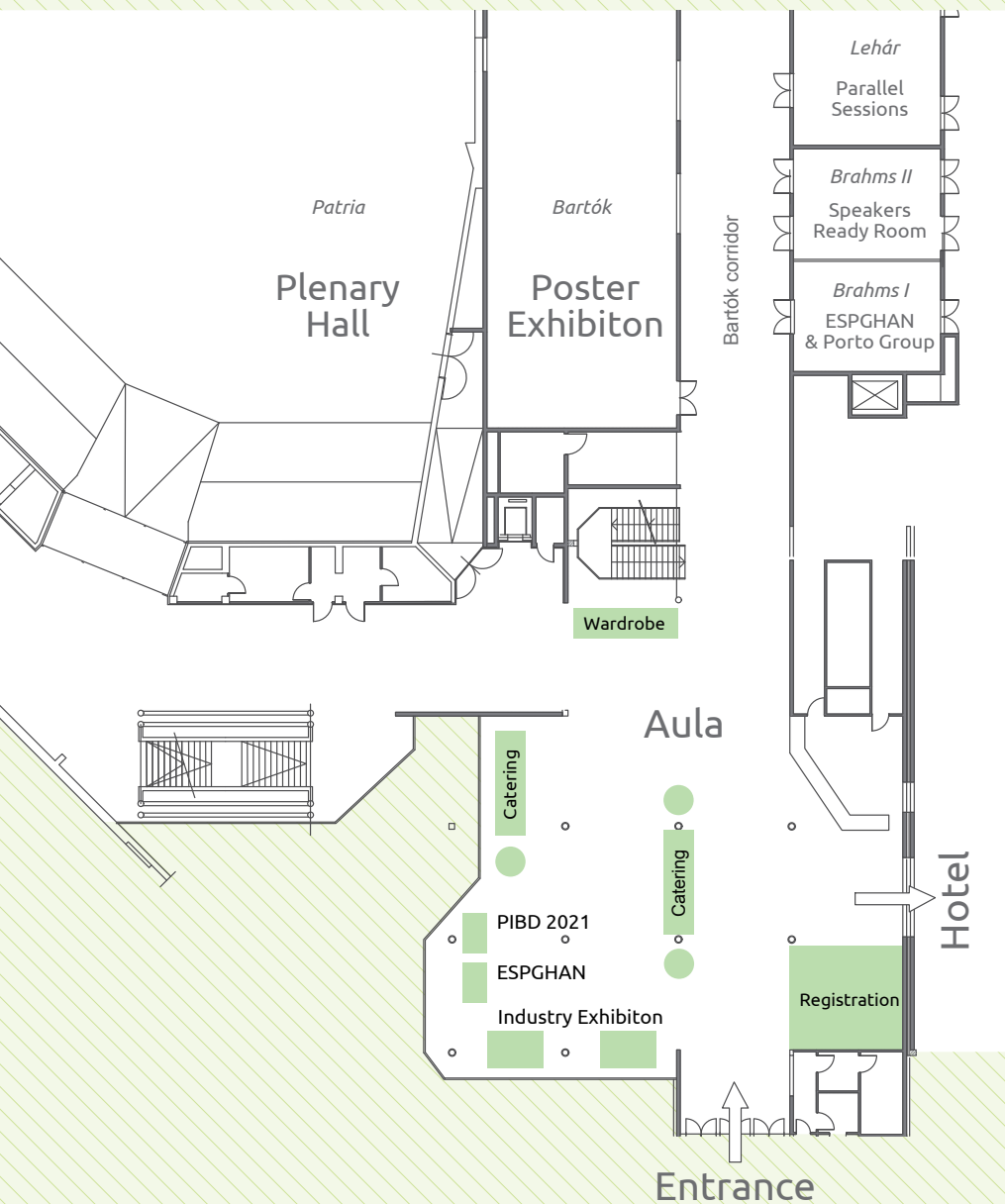
**ESPGHAN 5<sup>th</sup> IBD Masterclass**  
**November 28–30, 2019**  
Malaga, Spain

**ESPGHAN Monothematic  
Conference: Acute Liver Failure**  
**Jan. 30–Feb. 01, 2020**  
Athens, Greece

# Venue map

## Budapest Congress Center & Novotel Budapest City

Jagelló út 1-3 · H-1123 Budapest · Hungary



# PIBD2019

## Scientific Programme



# Programme Overview

| Wednesday 11 September |  |   | Thursday 12 September  |   |  |  |  |
|------------------------|--|---|--|---|--|--|--|
| Room                   | Patria                                     | Lehar   | Patria   | Lehar   |  |  |  |
| 08:00                  |  |   |  |   |  |  |  |
| 09:00                  |  |   | IBD across the globe: what can we learn from epidemiology, genetics, and environment | Nutrition and dietitian's role in the management of therapy |  |  |  |
| 10:00                  |  |   |  |   |  |  |  |
| 10:30                  |  |   | Coffee Break   |   |  |  |  |
| 11:00                  |  |   | Immunology and Microbiome in IBD: how will this help my patients?                    | Role of IBD nurse in patients' quality of life              |  |  |  |
| 11:15                  |  |   |  |   |  |  |  |
| 11:45                  |  |   |  |   |  |  |  |
| 12:15                  |  |   | Lunch and Poster Viewing Session 1   |   |  |  |  |
| 12:30                  |  |   |  |   |  |  |  |
| 13:15                  |  |   |  |   |  |  |  |
| 13:30                  |  | PG Course<br>Basic and up-to-date knowledge of Pediatric IBD – Part 1 | Global collaboration in PIBD   |   |  |  |  |
| 14:00                  |  |   |  |   |  |  |  |
| 15:00                  | Coffee break                               |   | Coffee break   |   |  |  |  |
| 15:30                  |  | PG Course<br>Basic and up-to-date knowledge of Pediatric IBD – Part 2 |  |   |  |  |  |
| 16:00                  |  | Ulcerative Colitis – time for a change?                               |  |   |  |  |  |
| 16:30                  |  |   |  |   |  |  |  |
| 17:00                  | Opening Ceremony                           |   |  |   |  |  |  |
| 17:35                  |  |   |  |   |  |  |  |
| 17:45                  | Are we successful in treating IBD in 2019? |   |  |   |  |  |  |
| 18:30                  |  |   |  |   |  |  |  |
| 18:45                  | Welcome Reception (Aula)                   |   |  |   |  |  |  |

# Programme Overview

|       | Friday 13 September   |  | Saturday 14 September                           |
|-------|---|--|---|
| Room  | Patria  | Lehar                                  | Patria  |
| 07:45 |   | Industry-sponsored Satellite Symposium |   |
| 08:45 |   |  |   |
| 09:00 | Crohn's disease: beyond the tube                                |  | Case presentations                              |
| 10:00 |   |  | Personalizing therapy and risks in our patients |
| 10:45 | Coffee Break  |  |   |
| 11:15 |   |  | Coffee Break                                    |
| 11:45 | Imaging and Endoscopy   |  | Wrap-up   |
| 12:25 |   |  |   |
| 12:45 | Lunch and Poster Viewing Session 2                              |  | Closing Ceremony                                |
| 13:15 |   |  |   |
| 14:00 | New directions in treating IBD or revisiting the old approaches |  |   |
| 15:00 |   |  |   |
| 15:10 | Targets and Transition  |  |   |
| 16:00 |   |  |   |
| 16:20 | Coffee break  |  |   |
| 16:50 | Biologics, small molecules and more                             |  |   |
| 17:45 |   |  |   |
| 18:20 |   |  |   |

## Wednesday, 11 September 2019

**13:30 – 16:30    Lehar**

### *Postgraduate Course:* **Basic and up-to-date knowledge of Pediatric IBD**

Chairs   Anne Griffiths (Canada) · Salvatore Oliva (Italy)

|       |   |                             |
|-------|---|-----------------------------|
| 13:30 | <b>Symptoms and signs</b>                       | Dániel Szűcs (Hungary)      |
| 14:00 | <b>Lab, feces/FCP and US/MRI</b>                | Kaija-Leena Kolho (Finland) |
| 14:30 | <b>Upper- and lower endoscopy</b>               | Sibylle Koletzko (Germany)  |
| 15:00 | Coffee break                                    |                             |
| 15:30 | <b>Exclusive- and partial enteral nutrition</b> | Sanja Kolaček (Croatia)     |
| 16:00 | <b>Biologics: old and new drugs</b>             | Stephan Buderus (Germany)   |

**17:00 – 17:45    Patria**

### **Opening ceremony**

Chair   Gábor Veres (Hungary)

**Sanja Kolaček** · President of ESPGHAN (Croatia)

**Dan Turner** · Head of Porto Group (Israel)

**Raanan Shamir** · Past President of ESPGHAN (Israel)

**Gábor Veres** · President of PIBD 2019 (Hungary)

**17:45 – 18:30    Patria**

### **Are we successful in treating IBD in 2019 – Tandem Talk**

Chair   Dan Turner (Israel)

|       |   |                         |
|-------|---|-------------------------|
| 17:45 | <b>How successful are we in treating IBD in 2019?</b> | Anne Griffiths (Canada) |
| 18:05 | <b>Where do we fail and how can we improve?</b>       | Michael Rosen (USA)     |
| 18:25 | <b>Discussion</b>                                     |                         |

**18:45 – 20:45**

### **Welcome reception**

## Thursday, 12 September 2019

**09:00 – 10:30**    **Patria**

### **IBD across the globe: what can we learn from epidemiology, genetics and environment**

Chairs   Johan van Limbergen (The Netherlands) · Katalin Müller (Hungary)

|       |  |                                    |
|-------|--|------------------------------------|
| 09:00 | <b>How does PIBD epidemiology differ in the world?</b>   | Eric Benchimol<br>(Canada)         |
| 09:20 | <b>Using genetic/epigenetic research to understand the etiology of IBD</b>   | David Wilson<br>(United Kingdom)   |
| 09:40 | <b>Environmental Causes of IBD – learning from both the developing and developed worlds</b>  | Eytan Wine<br>(Canada)             |
| 10:00 | <b>Discussion</b>  |                                    |
| 10:10 | <b>O-003    Clinical characteristics of Asian children with inflammatory bowel disease at diagnosis: data from a multi-centre Asian PIBD research network</b>    | James Guoxian<br>Huang (Singapore) |
| 10:20 | <b>O-004    The phenotypic spectrum of IBD in Canadian-born children of South Asian ethnicity: a prospective multi-centre comparative inception cohort study</b> | Mathew Carroll<br>(Canada)         |

**10:30 – 11:00**    Coffee break



**11:00 – 12:30    Patria**

### **Immunology and Microbiome in IBD: how will this help my patients?**

Chairs   Richard Kellermayer (USA) · András Arató (Hungary)

|                |   |                                       |
|----------------|---|---------------------------------------|
| 11:00          | <b>Immune pathways in IBD and how they relate to current and future treatments</b>  | Yael Haberman (Israel)                |
| 11:20          | <b>The immune-genetic basis of VEO-IBD</b>  | Daniel Kotlarz (Germany)              |
| 11.40          | <b>Bugs are also biologics: can we change our microbes to treat IBD?</b>  | Johan van Limbergen (The Netherlands) |
| 12:00          | <b>Discussion</b>   |                                       |
| 12.10    O-005 | <b>Pro-inflammatory role of dietary fibers in IBD: defining how microbes shape the path to diet-associated inflammation, and guide diet-based therapies</b> | Heather Armstrong (Canada)            |
| 12.20    O-006 | <b>Fecal Short Chain Fatty Acids (SCFA) measurement and microbiome metabotype shifts in nutritional therapy of paediatric Crohn's disease</b>               | Johan van Limbergen (The Netherlands) |

**12:30 – 14:00    Lunch and Poster Viewing Session 1**

## Nurses and Dietitians Course

**09:00 – 10:30 Lehar**

### Nutrition and dietitian's role in the management of therapy

Chairs Áron Cseh (Hungary) · Orsolya Kadenczki (Hungary)

|             |  |                                    |
|-------------|--|------------------------------------|
| 09:00       | <b>Nutritional assessment and role of body composition in children with Crohn's disease</b>  | Kriszta Boros (Hungary)            |
| 09:20       | <b>Practical advice for nutrition in patients with Crohn's disease. Tube or not tube?</b>  | Tena Niseteo (Croatia)             |
| 09:40       | <b>Partial enteral nutrition for induction of remission in patients with Crohn's disease?</b>                                      | Rotem Sigall Boneh (Israel)        |
| 10:00       | <b>Discussion</b>  |                                    |
| 10:10 O-001 | <b>Effects of introduction of an inflammatory bowel disease nurse position on healthcare utilisation</b>                           | Christine Martinez-Vinson (France) |
| 10:20 O-002 | <b>Dietary intake and adherence to mediterranean diet in a cohort of pediatric patients with inflammatory Bowel diseases (IBD)</b> | Caterina Strisciuglio (Italy)      |

**10:30 – 11:00 Coffee Break**

**11:00 – 12:30 Lehar**

### Role of IBD nurse in patients' quality of life

Chairs Tena Niseteo (Croatia) · Rotem Sigall Boneh (Israel)

|       |  |                                     |
|-------|--|-------------------------------------|
| 11:00 | <b>Cornerstones of the training of IBD nurse</b>                             | Key Crook (United Kingdom)          |
| 11:20 | <b>Practical advices: how to help patients to the better quality of life</b> | Anat Horesh (Israel)                |
| 11:40 | <b>Transition of IBD patients from children to adult care</b>                | Martha van Gaalen (The Netherlands) |
| 12:00 | <b>Discussion</b>  |                                     |

**14:00 – 15:30**    **Patria**

### Global collaboration in PIBD

Chairs   Gigi Veereman (Belgium) · Petar Mamula (USA)

|       |   |                                   |
|-------|---|-----------------------------------|
| 14:00 | <b>Think big: International research and biobanks in PIBD</b>         | Frank Rümmele (France)            |
| 14:20 | <b>How can we adapt current guidelines to low-resource countries?</b> | Almuthe Christina Hauer (Austria) |

### Lessons to learn from beyond Europe and North America

|       |   |                              |
|-------|---|------------------------------|
| 14:40 | <b>Treating PIBD in Asia</b>                            | Ben Kang (Korea)             |
| 15:00 | <b>Challenges of IBD management in TB endemic areas</b> | David Epstein (South-Africa) |
| 15:20 | <b>Discussion</b>                                       |                              |

15:30 – 16:00    Coffee break

**16:00 – 17:35**    **Patria**

### Ulcerative Colitis – time for a Change?

Chairs   Amit Assa (Israel) · Annamaria Staiano (Italy)

|                |   |   |
|----------------|---|---|
| 16:00          | <b>Should we revise our treatment paradigm in Ulcerative Colitis?</b>   | Javier Martín de Carpi (Spain)          |
| 16:20          | <b>Implications of coexisting PSC and UC in children</b>  | Peter Lewindon (Australia)              |
| 16:40          | <b>Practical management of post-colectomy complications</b>   | Seamus Hussey (Ireland)                 |
| 17:00          | <b>Discussion</b>   |   |
| 17:15    O-007 | <b>Severe pediatric Ulcerative colitis is associated with decreased Infliximab post-induction trough levels and poor disease outcomes</b> | Massimo Martinelli (Italy)              |
| 17:25    O-008 | <b>Paediatric ulcerative colitis patients account for only 2% of total colectomy cases within a defined Scottish health board</b>         | Christopher J. Burgess (United Kingdom) |

# Friday, 13 September 2019

07:45 – 08:45    Lehar

## Industry-sponsored Satellite Symposium

09:00 – 10:45    Patria

## Crohn's disease: beyond the tube

Chairs   Frank Rümmele (France) · Sanja Kolaček (Croatia)

|       |   |                                       |
|-------|---|---------------------------------------|
| 09:00 | <b>OMG, how can we treat OFG?</b>   | Kaija-Leena Kolho (Finland)           |
| 09:20 | <b>Building a strong future: Bone health in IBD</b>   | Francisco Sylvester (USA)             |
| 09:40 | <b>Growth impairment; prevention and management</b>   | Richard Russell (United Kingdom)      |
| 10:00 | <b>Discussion</b>   |                                       |
| 10:15 | <b>O-009    Patient-parents trio exome sequencing in early-onset primary sclerosing cholangitis identifies candidate genes involved in bile salt homeostasis and immunity</b> | Patrick van Rheenen (The Netherlands) |
| 10:25 | <b>O-010    Validation of a new score for paediatric Crohn's disease on a paediatric tertiary Hospital: The MINI-Index (Mucosal Inflammation Non-Invasive Index)</b>          | Gemma Pujol Muncunill (Spain)         |
| 10:35 | <b>O-011    The effect of Adalimumab treatment on linear growth in children with Crohn's disease: a post-hoc analysis of the PAILOT randomized control trial</b>              | Manar Matar (Israel)                  |

10:45 – 11:15    Coffee break

**11:15 – 12:45**    **Patria**

### Imaging and Endoscopy

Chairs   Marina Aloï (Italy) · Javier Martín de Carpi (Spain)

|                    |  |                                   |
|--------------------|--|-----------------------------------|
| 11:15              | <b>Endoscopic and radiographic indices for P-IBD</b>   | Gábor Veres (Hungary)             |
| 11:35              | <b>Endoscopic therapy in IBD</b>   | Petar Mamula (United States)      |
| 11:55              | <b>Role of video capsule endoscopy in P-IBD</b>  | Salvatore Oliva (Italy)           |
| 12:15              | <b>Discussion</b>  |                                   |
| 12:25 <b>O-012</b> | <b>Development of the PICMI – the paediatric inflammatory Crohn's MRE Index: the ImageKids prospective study</b>   | Gili Focht (Israel)               |
| 12:35 <b>O-013</b> | <b>Quantified terminal ileal motility during MR enterography as a biomarker of Crohn's Disease endoscopic activity in a paediatric population: A retrospective study</b> | Lucia Cococcioni (United Kingdom) |

**12:45 – 14:00**    Lunch and Poster Viewing Session 2

**14:00 – 15:10**    **Patria**

### New directions in treating IBD or revisiting the old approaches

Chairs   David Wilson (United Kingdom) · András Tárnok (Hungary)

|       |   |                                     |
|-------|---|-------------------------------------|
| 14:00 | <b>New implications of dietary therapy in IBD</b> | Arie Levine (Israel)                |
| 14:20 | <b>Fecal transplantation in IBD</b>               | Richard Kellermayer (United States) |
| 14:40 | <b>Real efficacy of antibiotics in PIBD</b>       | Victor Navas (Spain)                |
| 15:00 | <b>Discussion</b>                                 |                                     |

**15:10 – 16:20 Patria**

## Targets and Transition

Chairs Lissy de Ridder (The Netherlands) · Áron Cseh (Hungary)

|       |  |                                    |
|-------|--|------------------------------------|
| 15:10 | <b>Treating to what target?</b>                          | Marina Aloï (Italy)                |
| 15:30 | <b>Transition management: how, when, where?</b>          | Hankje Escher<br>(The Netherlands) |
| 15:50 | <b>Discussion</b>  |                                    |
| 16:00 | <b>It is all about them: Patient and Parent with IBD</b> | Rosie Campbell<br>(United Kingdom) |

16:20 – 16:50 Coffee break

**16:50 – 18:20 Patria**

## Biologics, small molecules and more

Chairs Nicholas Croft (United Kingdom) · Éva Nemes (Hungary)

|       |   |   |
|-------|---|---|
| 16:50 | <b>Towards a real proactive use of biologics in our patients</b>  | Amit Assa<br>(Israel)                               |
| 17:10 | <b>Small molecules on the horizon</b>   | Jiri Bronsky<br>(Czech Republic)                    |
| 17:30 | <b>The role of thalidomide and sirolimus in PIBD</b>  | Holm Uhlig<br>(United Kingdom)                      |
| 17:50 | <b>Discussion</b>   |   |
| 18:00 | <b>O-014 STEP-CD study: uSTeKinumab use in paediatric Crohn's disease. A multicentre retrospective study from paediatric IBD Porto group of ESPGHAN</b> | Gemma Pujol-Muncunill<br>(Spain)                    |
| 18:10 | <b>O-015 Top-down infliximab superior to step-up in children with moderate-to-severe Crohn's disease – a multicenter randomized controlled trial</b>    | Maria Myrthe Elisabeth Jongsma<br>(The Netherlands) |

## Saturday, 14 September 2019

**09:00 – 10:00**    **Patria**

### Case presentations

Chair    Jorge Amil Dias (Portugal)

Speakers: Jaroslaw Kierkus (Poland) · Katalin Müller (Hungary)

**10:00 – 11:15**

### Personalizing therapy and risks in our patients

Chairs    Hankje Escher (The Netherlands) · Jiri Bronsky (Czech Republic)

|       |   |                                      |
|-------|---|--------------------------------------|
| 10:00 | <b>Personalized treatment strategy in pediatric IBD</b> | Nicholas Croft<br>(United Kingdom)   |
| 10:20 | <b>Cancer risk in pediatric patients with IBD</b>       | Lissy de Ridder<br>(The Netherlands) |
| 10:40 | <b>Vaccination: "In-land and Ex-land"</b>               | Gigi Veereman<br>(Belgium)           |
| 11:00 | <b>Discussion</b>                                       |                                      |

**11:15 – 11:45**    Coffee break

**11:45 – 12:25**    **Patria**

### Wrap-Up

Chairs    Gábor Veres (Hungary) · Dan Turner (Israel)

|       |   |                                      |
|-------|---|--------------------------------------|
| 11:45 | <b>Quality of care in inflammatory bowel diseases: What is the best way to better outcomes?</b> | Michael Kappelman<br>(United States) |
| 12:05 | <b>How to translate PIBD 2019 key messages into practice</b>                                    | Dan Turner<br>(Israel)               |



**12:25 – 13:15    Patria**

### **Closing Ceremony**

Chair    David Wilson (United Kingdom)

|       |   |
|-------|---|
| 12:25 | <b>Poster prizes</b>                    |
| 12:45 | <b>PIBD 2021 Edinburg, David Wilson</b> |
| 13:00 | <b>Closing remarks</b>                  |

# List of Invited Speakers and Chairpersons

## A

Marina **Aloi**, Italy

Jorge **Amil Dias**, Portugal

András **Arató**, Hungary

Amit **Assa**, Israel

## B

Eric **Benchimol**, Canada

Kriszta **Boros**, Hungary

Jiri **Bronsky**, Czech Republic

Stephan **Buderus**, Germany

## C

Rosie **Campbell**, United Kingdom

Nicholas **Croft**, United Kingdom

Kay **Crook**, United Kingdom

Áron **Cseh**, Hungary

## D

Lissy **de Ridder**, The Netherlands

## E

David **Epstein**, South Africa

Hankje **Escher**, The Netherlands

## G

Anne **Griffiths**, Canada

## H

Yael **Haberman**, Israel

Almuthe Christina **Hauer**, Austria

Anat **Horesh**, Israel

Seamus **Hussey**, Ireland

## K

Ben **Kang**, Republic of Korea

Orsolya **Kadenczki**, Hungary

Michael **Kappelman**, United States

Richard **Kellermayer**, United States

Jaroslav **Kierkus**, Poland

Sanja **Kolaček**, Croatia

Sibylle **Koletzko**, Germany

Kaija-Leena **Kolho**, Finland

Daniel **Kotlarz**, Germany

## L

Arie **Levine**, Israel

Peter **Lewindon**, Australia

Paolo **Lionetti**, Italy

**M**


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 Petar **Mamula**, United States
 

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 Javier **Martín de Carpi**, Spain
 

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 Katalin **Müller**, Hungary
 

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**N**


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 Victor **Navas**, Spain
 

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**O**


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**P**


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 Holm **Uhlig**, United Kingdom
 

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 Gigi **Veereman**, Belgium
 

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 Gábor **Veres**, Hungary
 

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**W**


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 David **Wilson**, United Kingdom
 

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 Eytan **Wine**, Canada
 

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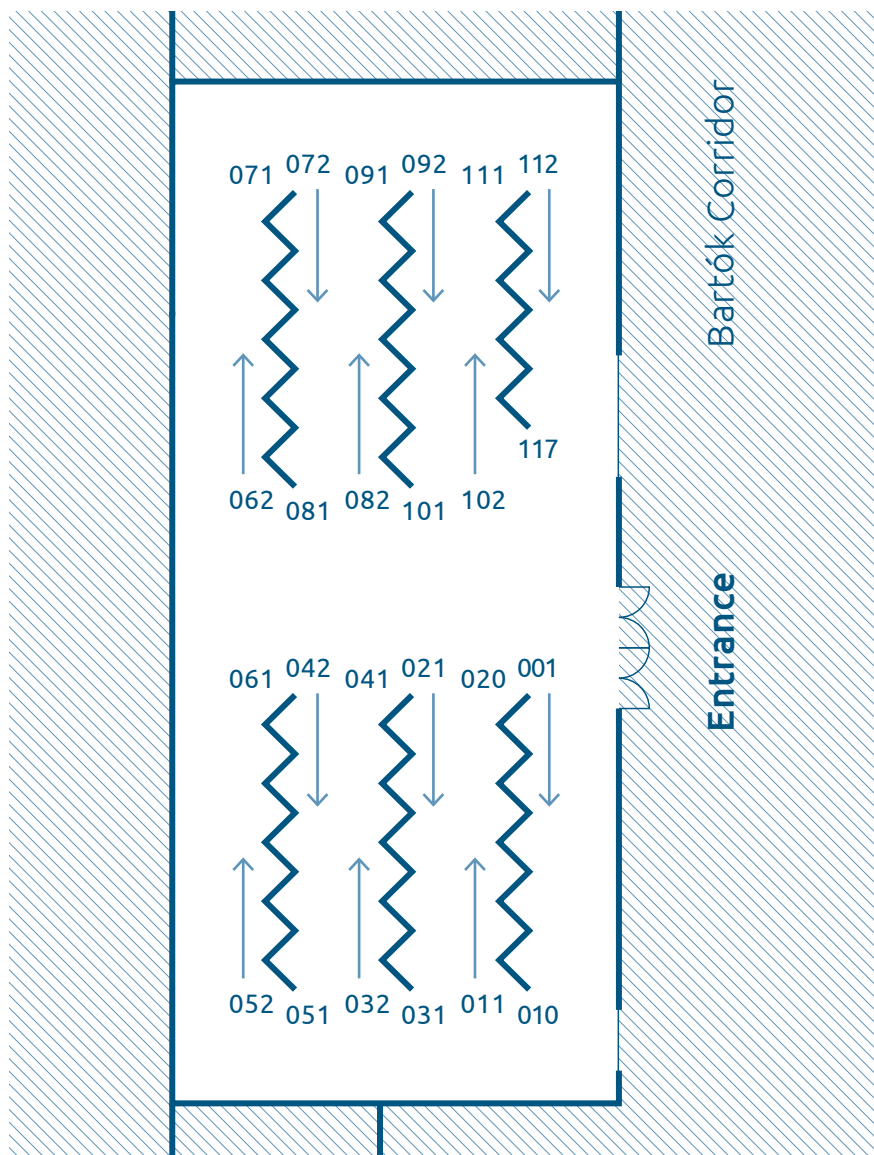
# PIBD2019

## Poster Exhibition



# Poster Exhibition Plan

## Bartók



# Poster of Distinction

## Poster Viewing Session 1

Thursday, 12.09.2019 · 12:50 – 13:50 h

Chairs: Raanan Shamir (Israel) · Kaija-Leena Kolho (Finland)

|              |   |
|--------------|---|
| <b>P-001</b> | <i>Ju Whi Kim, Republic of Korea</i>  |
|              | GM-CSF producing NCR- ILC3s directly activate neutrophils in the intestinal mucosa of inflammatory bowel disease  |
| <b>P-002</b> | <i>Johan Van Limbergen, The Netherlands</i>   |
|              | Shifts in bacterial community function are associated with Short Chain Fatty Acid (SCFA) pathways during nutritional therapy in paediatric Crohn´s disease patients       |
| <b>P-004</b> | <i>Sara Sila, Croatia</i>   |
|              | Altered intestinal microbiota is present in newly diagnosed IBD patients and significantly differs from that of healthy siblings and healthy controls                     |
| <b>P-006</b> | <i>Eytan Wine, Canada</i>   |
|              | Increased faecal short chain fatty acid content with Infliximab therapy in paediatric crohn disease   |
| <b>P-009</b> | <i>Corentin Babakissa, Canada</i>   |
|              | IL-17-related signature genes are linked to human necrotizing enterocolitis   |
| <b>P-014</b> | <i>Ola Olén, Sweden</i>   |
|              | Paediatric inflammatory bowel diseases and risk of serious infections: A nationwide register-based cohort study   |
| <b>P-017</b> | <i>Ilona Csizmadia, Ireland</i>   |
|              | Risk factors for developing paediatric inflammatory bowel disease in an Irish prospective cohort  |
| <b>P-020</b> | <i>Tatsuki Mizuochi, Japan</i>  |
|              | Diagnostic accuracy of serum proteinase 3 antineutrophil cytoplasmic antibodies for paediatric patients with ulcerative colitis: a prospective multicenter study in Japan |
| <b>P-025</b> | <i>Gili Focht, Israel</i>   |
|              | The newly simplified MaRIA score (MaRIAs) is as accurate as the original MaRIA in paediatric Crohn´s Disease: a study from the ImageKids cohort                           |
| <b>P-033</b> | <i>Valeria Dipasquale, Italy</i>  |
|              | Pouchitis in pediatric ulcerative colitis: a multicenter study on behalf of Italian society of pediatric gastroenterology, hepatology and nutrition                       |

## Poster Viewing Session 2

### Friday, 13.09.2019 · 13:00 – 13:50 h

Chairs: Sanja Kolaček (Croatia) · Sibylle Koletzko (Germany)

|              |   |
|--------------|---|
| <b>P-047</b> | <i>Lucia Cococcioni, United Kingdom</i>   |
|              | Safety and efficacy of ferric carboxymaltose [FCM] for the treatment of iron deficiency anaemia in paediatric patients affected by inflammatory bowel disease (pIBD)                                  |
| <b>P-052</b> | <i>Thomas Walters, Canada</i>   |
|              | Exclusive enteral nutrition versus corticosteroid induction therapy for new onset paediatric Crohn's disease: comparison of 18 month outcomes in a Canadian prospective multi-centre inception cohort |
| <b>P-066</b> | <i>Ryma Iratni, Canada</i>  |
|              | Trends in TNF-alpha inhibitor utilization in children with IBD during the last 10 years: 2009–2018  |
| <b>P-068</b> | <i>Maria Myrthe Elisabeth Jongsma, The Netherlands</i>  |
|              | Infliximab in young pediatric IBD patients: it is all about the dosing – a multicenter study from the pediatric IBD Porto group of ESPGHAN  |
| <b>P-071</b> | <i>Ben Kang, Republic of Korea</i>  |
|              | Infliximab trough levels are not associated with transmural healing at 1 year treatment in paediatric Crohn's disease patients  |
| <b>P-076</b> | <i>Alexandra Petrova, Canada</i>  |
|              | Infliximab clearance at and post induction predicts clinical and endoscopic outcomes at 1 year in children with Crohn's disease treated with Infliximab   |
| <b>P-103</b> | <i>Patrick van Rheenen, The Netherlands</i>   |
|              | Time-to-reach target calprotectin level and relation with first relapse in newly diagnosed patients with IBD: first results of the Fast Forward Care Prospective Registry                             |
| <b>P-110</b> | <i>Martha. A.C van Gaalen, The Netherlands</i>  |
|              | Transition test is a valid tool to monitor disease knowledge in adolescents with IBD transitioning to adult care  |



# Posters

## P-003

*Eytan Wine, Canada*

Distinct metabolite profiles of patients with paediatric Crohn disease

## P-005

*Yael Haberman, Israel*

Fecal calprotectin is inferior to mucosal calprotectin mRNA expression in its association with disease severity and effectiveness of week 4 corticosteroid-induced remission in treatment naïve pediatric ulcerative colitis

## P-007

*Valentina Shakhnovich, USA*

The relationship between villous length and duodenal protein expression of CYP3A4 in children with Crohn's disease

## P-008

*Caterina Strisciuglio, Italy*

Increased frequency of regulatory T cells in pediatric inflammatory bowel disease at diagnosis: a compensative role?

## P-010

*Andrew Day, New Zealand*

Exploring the effects of enteral nutrition and curcumin upon intestinal microbiota using an in vitro model

## P-011

*Hirota Shimizu, Japan*

Stool preparation under anaerobic conditions contributes to retaining obligate anaerobes for faecal microbiota transplantation

## P-012

*Choy Chen Kam, Malaysia*

Environmental risk factors predisposing to Inflammatory Bowel Disease (IBD) in Asian children – a multicentre study in Malaysia

## P-013

*Yael Weintraub, Israel*

Circadian clock gene disruption may be a causative event in inflammatory bowel disease flares and a target for treatment

## P-015

*Massimo Martinelli, Italy*

Predictors of outcome in children with Crohn's Disease

## P-016

*Anat Yerushalmy-Feler, Israel*

Predictors for poor outcome of hospitalizations in children with inflammatory bowel disease

## P-018

*Zsófia Bodnár, Hungary*

Increasing incidence of pediatric inflammatory bowel disease based on the prospective nation-wide Hungarian Pediatric IBD Registry (HUPIR)

## P-019

*Brigitta Tóth, Hungary*

Diagnostic work-up of paediatric IBD in a nation-wide Hungarian paediatric inflammatory bowel disease registry (HUPIR)

## P-021

*Sofia el Manouni el Hassani, The Netherlands*

Discrimination of de novo paediatric IBD from controls based on urinary and faecal volatile organic compounds analysis: Which bodily excrement is best to sniff?

## P-022

*David Devadason, United Kingdom*

Performance of unrestricted faecal calprotectin in paediatric inflammatory bowel disease

## P-023

*Katsuhiro Arai, Japan*

Impaired plasmacytosis as a characteristic histological finding of very early-onset inflammatory bowel disease

## P-024

*Jane Oba, Brazil*

Double balloon enteroscopy in paediatric Crohn's disease for decision therapy and 10 years follow up

**P-026***Kee Seang Chew, Malaysia*

Very early onset inflammatory bowel disease in Asian children

**P-027***Takuya Nishizawa, Japan*

Clinical features of very early-onset inflammatory bowel disease in Japan, a single centre pilot study

**P-028***Yunkoo Kang, Republic of Korea*

HLA-B51 in inflammatory bowel disease; Are there clinical implications?

**P-029***Ivana Trivić, Croatia*

Nutritional status and food intake in paediatric IBD patients at diagnosis significantly differs from healthy controls

**P-031***Evelyn Tran, Canada*

Regional fat distribution in children with inflammatory bowel disease: association with disease activity and phenotype

**P-032***Martine Aardoom, The Netherlands*

A global prospective observational study in paediatric-onset IBD: the PIBD-SETQuality inception cohort

**P-034***Wael El-Matary, Canada*

Inflammatory bowel disease in children with elevated gamma glutamyltransferase

**P-035***Marcin Osiecki, Poland*

The risk of cardiovascular complications in paediatric inflammatory bowel disease

**P-036***Eva Karaskova, Czech Republic*

Serum hepcidin levels in children with inflammatory bowel disease during anti-inflammatory treatment

**P-037***Erzsebet Szakos, Hungary*

Skin symptoms in pediatric patients with inflammatory bowel diseases

**P-038***Gemma Pujol Muncunill, Spain*

Oral and periodontal manifestations in Paediatric Inflammatory Bowel Disease

**P-039***Beatriz Mínguez Rodríguez, Spain*

Epstein-Barr virus serological status in paediatric patients with inflammatory bowel disease

**P-040***Jennifer Bachmann, Germany*

EBV status and seroconversion rate in children with IBD

**P-041***Rachel Harris, United Kingdom*

A decade of Varicella and EBV screening within a paediatric inflammatory bowel disease population: good rates of detection but room for improvement in post varicella vaccination immunity status

**P-042***Seamus Hussey, Ireland*

Prevalence of food allergy in children with inflammatory bowel disease in Ireland

**P-043***Els Van de Vijver, Belgium*

Fatigue in paediatric IBD: a multicenter case-control study

**P-044***Martine Aardoom, The Netherlands*

Incidence and characteristics of rare and severe complications in children with paediatric-onset IBD; the international PIBD SETQuality safety registry by PIBDnet

**P-045***Bálint Tél, Hungary*

Increased chance of acute pancreatitis in patients with inflammatory bowel disease – a meta-analysis

**P-046**

*Mikkel Malham, Denmark*

The risk of cancer and mortality in paediatric onset inflammatory bowel disease in Denmark and Finland during a 23-year period: a population-based study

**P-048**

*Istvan Danko, USA*

Improvement of health related quality of life in children with inflammatory bowel disease receiving routine intravenous iron supplementation

**P-049**

*Takashi Ishige, Japan*

Use and efficacy of enteral nutritional therapy as maintenance of paediatric Crohn's disease; analysis of Japanese nationwide registry

**P-050**

*Caterina Strisciuglio, Italy*

Nutritional and bone mineralization status in paediatric Crohn's disease patients: does exclusive enteral nutrition help?

**P-051**

*Gemma Pujol Muncunill, Spain*

Maintenance of remission after treatment with exclusive enteral nutrition and Azathioprine in patients with Crohn's Disease

**P-053**

*Veronika Kovács, Hungary*

Outcome of pediatric Crohn disease patients after steroid or exclusive enteral nutrition induction – preliminary data based on Hungarian Pediatric IBD Registry (HUPIR)

**P-055**

*Malgorzata Sladek, Poland*

The excess steroids use in paediatric inflammatory bowel disease in Poland: results from a multicentre audit using a web based steroid assessment tool

**P-056**

*Wendy Komocsar, USA*

Comparing oral corticosteroid  $\geq 30$  mg/day use among pediatric and adult patients with newly diagnosed ulcerative colitis

**P-057**

*Wendy Komocsar, USA*

Comparing oral corticosteroids  $\geq 30$ mg/day use among pediatric and adult patients with newly diagnosed Crohn's disease

**P-058**

*Christos Tzivinikos, United Kingdom*

Steroid treatment for longer than two weeks leading to admission predicts higher colectomy rates in ulcerative colitis

**P-059**

*Dan Turner, Israel*

Thiopurines effectiveness in TDM-based clinical practice - a real life prospective cohort of pediatric IBD

**P-060**

*Rebecca Walker, United Kingdom*

Thiopurine metabolites based dosing for azathioprine treatment in children with IBD

**P-061**

*Marta Velasco Rodríguez-Belvis, Spain*

Cost-effectiveness of the use of HLA-DQA1-HLA-DRB1 polymorphism to identify pediatric patients with inflammatory bowel disease at risk for azathioprine-induced acute pancreatitis

**P-062**

*Elena Genova, Italy*

Differentiation of patient-specific induced pluripotent stem cells in pancreatic exocrine cells to model thiopurine induced pancreatitis in pediatric patients with Crohn's disease

**P-063**

*Yeoun Joo Lee, Republic of Korea*

Clinical experience of pre-treatment pharmacogenetic test of TPMT and NUDT15 gene in Korean pediatric patients with Crohn's disease

**P-064***Zsuzsanna Gaál, Hungary*

Characteristics of biological therapy in paediatric patients with Crohn's disease based on data of a nation-wide incident cohort of HUPIR

**P-065***Wael El-Matary, Canada*

Trends of utilization of tumor necrosis factor antagonists in children with inflammatory bowel disease: a canadian population-based study

**P-067***Rachel Harris, United Kingdom*

Standard IFX dosing is ineffective in the majority of PIBD patients, with baseline albumin identified and replicated as a key determinant of post induction IFX level in two diverse PIBD cohorts

**P-069***Nastasia Hadjichristou, United Kingdom*

Therapeutic Infliximab levels and sustained clinical remission can be achieved with lower Azathioprine doses in patients on dual therapy.

**P-070***Lucia Cococcioni, United Kingdom*

Experience with therapeutic drug monitoring (TDM) on Infliximab (IFX) in paediatric inflammatory bowel disease (PIBD)

**P-072***Sally Lawrence, Canada*

High dose maintenance infliximab therapy in paediatric inflammatory bowel disease: clinical experience, safety and efficacy

**P-073***Gemma Pujol Muncunill, Spain*

Effect of accelerated Infliximab induction on short term outcomes of paediatric acute severe ulcerative colitis

**P-074***Gemma Pujol-Muncunill, Spain*

Is the Rapid Infliximab infusion a safe and cost saving strategy in paediatric Inflammatory Bowel Disease?

**P-075***Giulia D'Arcangelo, Italy*

Predicting the outcome of infliximab optimization after loss of response in pediatric IBD: a retrospective analysis of a reactive approach

**P-077***Beatriz Mínguez Rodríguez, Spain*

Secondary loss of response to TNF antagonist after stepping to monotherapy in paediatric inflammatory bowel disease

**P-078***Micol Sonnino, United Kingdom*

Outcome of treat to target strategy in paediatric patients with Crohn's disease and ulcerative colitis on Infliximab

**P-079***Alicia Rebelo, Portugal*

Switching original infliximab to biosimilar seems safe in paediatric inflammatory bowel disease

**P-080***Manar Matar, Israel*

Combination therapy of Adalimumab with an immunomodulator is not more effective than Adalimumab monotherapy in children with Crohn's disease: a post-hoc analysis of the PAILOT randomized control trial

**P-081***Micol Sonnino, United Kingdom*

Outcome of treat to target strategy in paediatric patients with Crohn's disease and ulcerative colitis on Adalimumab

**P-082***Dror Weiner, Israel*

Reinduction for paediatric patients with loss of response to Adalimumab despite weekly interval dosing is only successful with concomitant immunomodulators

**P-083***Theonymfi Doudouliaki, United Kingdom*

Experience and outcomes in paediatric Inflammatory Bowel Disease (PIBD) on Vedolizumab with biomarker and Therapeutic Drug Monitoring (TDM)

**P-084**

*Dror Weiner, Israel*

Dose interval intensification of Ustekinumab is effective in paediatric Crohn's disease with post-operative recurrence refractory to Ustekinumab every 8 weeks

**P-085**

*David Devadason, United Kingdom*

The surgical management of paediatric inflammatory bowel disease - a review over 5 years

**P-086**

*Mikihiro Inoue, Japan*

Risk factors for stoma-related obstruction after ileal pouch-anal anastomosis in pediatric patients with ulcerative colitis

**P-087**

*László Sasi Szabó, Hungary*

Surgical care of paediatric inflammatory bowel disease patients based on a prospective, nation-wide inception cohort registry (HUPIR)

**P-088**

*Laura María Palomino Pérez, Spain*

Use of Leukocytapheresis in inflammatory bowel disease in paediatric patients. A serie of 7 cases

**P-089**

*Orsolya Kadenczki, Hungary*

Follow-up of body height and weight changing in paediatric inflammatory bowel disease – monocentric retrospective study

**P-090**

*Christos Tzivinikos, United Kingdom*

From Paris to Montreal: evolution of Crohn's disease from childhood to adult life-a long-term cohort study from the biologic era

**P-092**

*Dror Weiner, Israel*

Predicting severity and complications in pediatric Crohn's disease patients using vitamin D levels

**P-093**

*Zubin Grover, Australia*

A prospective study examining non-invasive proxies in predicting endoscopic disease activity in paediatric Crohn's disease

**P-094**

*Kriszta Katinka Boros, Hungary*

Characteristics of body composition, improving physical activity and social functioning in patients with paediatric Crohn's disease, while patients with ulcerative colitis are balanced from the beginning

**P-095**

*Anat Yerushalmy-Feler, Israel*

Longitudinal follow up of body mass index as a predictor for severe disease course in children with inflammatory bowel disease

**P-096**

*Ryusuke Nambu, Japan*

Disease course of pediatric ulcerative colitis during follow-up; a prospective registry study of Japanese pediatric IBD patients

**P-097**

*Andrew Day, New Zealand*

The development and validation of a self-management skills assessment tool for children with Inflammatory Bowel Disease: the IBD-Skills Tasks and Abilities Record (IBD-STAR).

**P-098**

*André Henriques, Portugal*

Latent tuberculosis testing in paediatric patients with inflammatory bowel disease treated with anti-tumour necrosis factor agents: do we need new testing recommendations?

**P-099**

*Si Yuan Geng, Canada*

Physical activity and sedentary time in adolescents with inflammatory bowel disease: prevalence and risk factors

**P-100***Andrew Day, New Zealand*

An audit of adherence to the New Zealand guideline for the assessment and diagnosis of paediatric inflammatory bowel disease at two New Zealand centres

**P-101***Veena Logarajah, Singapore*

Prevalence, management and outcome of mycobacterium tuberculosis infections in paediatric patients with inflammatory bowel disease in Singapore

**P-102***Hirota Sakaguchi, Japan*

Serum zinc and selenium status in paediatric patients with Inflammatory bowel disease: a retrospective multicenter study in Japan

**P-104***Oren Ledder, Israel*

Residence in rural jurisdictions with reduced medical accessibility is associated with more corticosteroid treatment for Israeli children with Inflammatory Bowel Disease

**P-105***Anthony Otley, Canada*

Health-related quality of life impact of steroids versus exclusive enteral nutrition for induction in a large Canadian pediatric IBD inception cohort

**P-106***Yeoun Joo Lee, Republic of Korea*

Knowledge of medication and adherence to medication in patients with pediatric inflammatory disease

**P-107***Jane Oba, Brazil*

Health-related quality of life in Brazilian adolescents and young adults (AYA) with inflammatory bowel disease

**P-108***Andrew Day, New Zealand*

The impact of inflammatory bowel disease on the psychosocial functioning of children and teenagers in New Zealand

**P-109***Lucia Cococcioni, United Kingdom*

Evaluation of a screening process for the psychological wellbeing in a paediatric inflammatory bowel disease (PIBD) clinical population – a 4-week pilot study

**P-111***Choy Chen Kam, Malaysia*

Lupus enteritis, an uncommon initial presentation of systemic lupus erythematosus: a case series

**P-112***Simon Welsch, Germany*

Two patients with inflammatory bowel disease and glycogen storage disease type 1 – differences and similarities of type 1a and type 1b

**P-113***Jane Oba, Brazil*

Autologous hematopoietic stem cell transplantation in refractory Crohn's disease - case report

**P-114***Nabil El-Lababidi, Czech Republic*

Growth retardation as the 'only' presenting symptom of Crohn's disease – a case series

**P-115***Valeria Dipasquale, Italy*

De novo Crohn's disease after ileal pouch-anal anastomosis: A report of two cases

**P-116***Mikihiro Inoue, Japan*

Long-term maintenance of remission without treatment in an infant with ulcerative colitis after chemotherapy for colonic lymphoma associated with ulcerative colitis

**P-117***Elisabeth de Greef, Belgium*

Use of ustekinumab in an infant with very early onset inflammatory bowel disease: 9 months follow-up

## Abstract Reviewers

Paediatric IBD Porto Group of ESPGHAN would like to thank all Abstract Reviewers for their contribution to a successful PIBD Congress:

Amit **Assa**, Israel

---

Robert N. **Baldassano**, United States

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Lissy **de Ridder**, The Netherlands

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Antal **Dezsőfi**, Hungary

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Hankje **Escher**, The Netherlands

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Anne **Griffiths**, Canada

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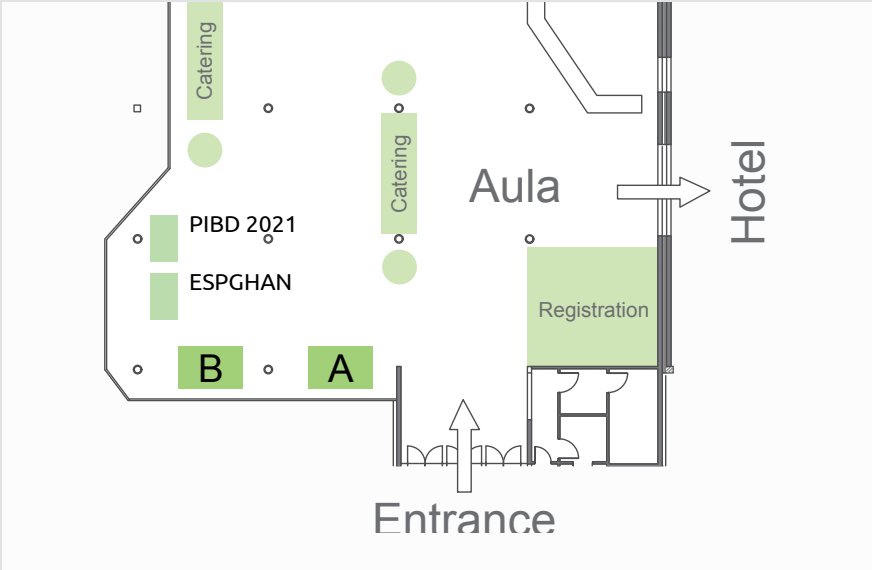
# PIBD2019

## Industry



# **Exhibition Plan**

Budapest Congress Center (BCC)



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| 1 DR. FALK PHARMA GMBH                                  | 1.000 €           | Promotional Activities |
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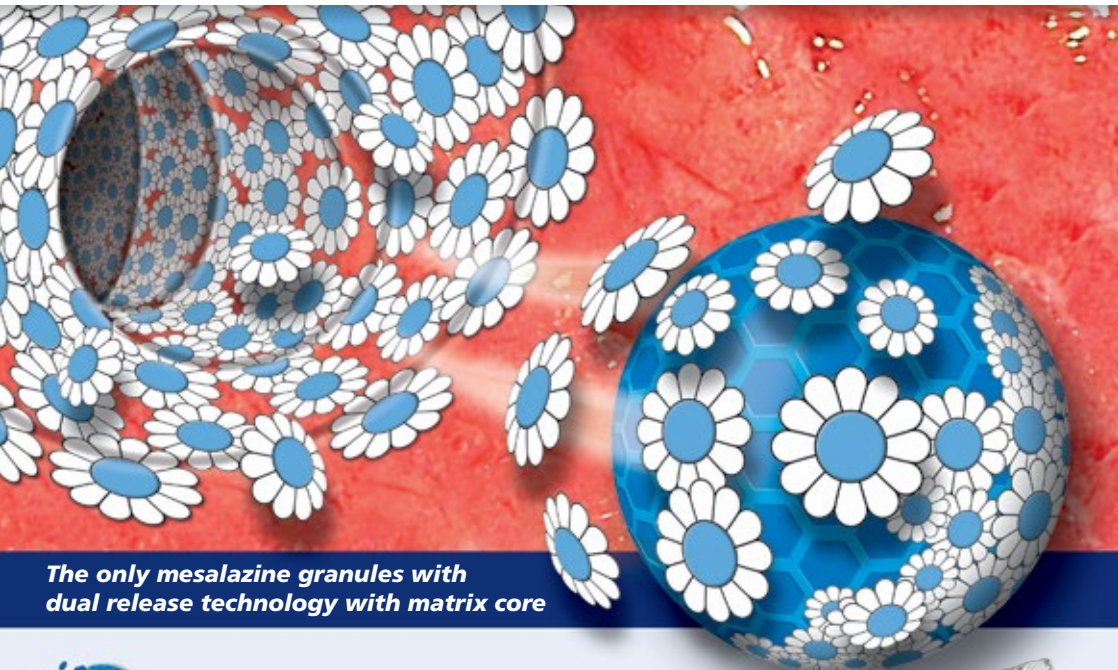


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# Salofalk® Granules

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**The only mesalazine granules with  
dual release technology with matrix core**



**4 dosage strengths for individualized treatment:**  
500mg | 1000mg | 1500mg | 3g



Salofalk® granules 500mg/1000mg/1.5g/3g; Salofalk® 250mg/500mg/1g gastro-resistant tablets, Salofalk® 250mg/500mg/1g suppositories, Salofalk® 2g/30ml and 4g/60ml enemas; Salofalk® 1g rectal foam. Active ingredient: mesalazine (5-aminosalicylic acid). **Composition:** 1 sachet of Salofalk® granules 500mg/1000mg/1.5g/3g contains: active ingredient: 500 mg/ 1000 mg/1.5 g/3 g mesalazine. Other ingredients: aspartame (E951), carmellose sodium, citric acid, silica colloidal anhydrous, hypromellose, magnesium stearate (herbal), methacrylic acid-methyl methacrylate copolymer (1:1) (Eudragit L 100), methylcellulose, cellulose microcrystalline, polyacrylate dispersion 40% (Eudragit NE40D containing 2% Nonoxynol 100), povidone K25, simeticone, sorbic acid, talc, titanium dioxide (E171), triethyl citrate, vanilla custard flavouring (containing sucrose). 1 tablet of Salofalk® 250mg/500mg/1g contains: active ingredient: 250 mg/500 mg/1 g mesalazine. Other ingredients: calcium stearate (herbal), hydrated iron (III) oxide (E172), silica colloidal anhydrous, hypromellose, macrogol 6000, methacrylic acid methyl methacrylate copolymer (1:1) (= Eudragit L), cellulose microcrystalline, povidone K25, talc, titanium dioxide (E171); additionally Salofalk® 250mg/500mg tablets: basic butylated methacrylate copolymer (= Eudragit E), glycine, sodium carbonate; additionally Salofalk® 500mg/1g tablets: croscarmellose sodium; additionally Salofalk® 1g tablets: methacrylic acid methyl methacrylate copolymer (1:2). 1 Salofalk® 250mg/500mg/1g suppository contains: active ingredient: 250 mg/500 mg/1 g mesalazine. Other ingredients: hard fat; additionally Salofalk® 500mg suppositories: cetyl alcohol, docusate sodium. 1 enema of Salofalk® 2g/30ml or 4g/60ml contains: active ingredient: 2 g or 4 g mesalazine. Other ingredients: carbomer 35000, potassium acetate, potassium metabisulphite (E224), sodium benzoate (E211), sodium edetate, purified water, xanthan gum. 1 actuation of Salofalk® rectal foam contains: active ingredient: 1 g mesalazine. Other ingredients: cetostearyl alcohol, disodium edetate, sodium metabisulphite (E223), polysorbate 60, propylene glycol, propellants: propane, n-butane, isobutane. **Indications:** Salofalk® granules 500mg/1000mg/1.5g/3g: acute treatment and prevention of recurrence of ulcerative colitis. Salofalk® 250mg/500mg tablets: acute treatment and prevention of recurrence of ulcerative colitis. Acute treatment of Crohn's disease. Salofalk® 1g tablets: acute treatment of mild to moderate ulcerative colitis. Salofalk® 250mg/500mg/1g suppositories: acute treatment of (1g: mild to moderate) ulcerative colitis confined to the rectum. Additionally Salofalk® 250mg suppositories: prevention of recurrence of ulcerative colitis. Salofalk® 2g/30ml enemas: acute treatment of mild to moderate ulcerative colitis, localised in the rectum and sigmoid colon. Salofalk® 4g/60ml enemas: treatment of acute ulcerative colitis. Salofalk® 1g rectal foam: treatment of active, mild ulcerative colitis of the sigmoid colon and rectum. **Contraindications:** known hypersensitivity to the active ingredient, to salicylates or any of the excipients, severe impairment of hepatic or renal function. **Pregnancy and lactation:** risk-benefit evaluation. Additionally for Salofalk® enemas and rectal foam: not to be used in sensitive patients (especially patients with a history of asthma or allergies) due to the content of salphites, sodium benzoate. **Side effects:** headache, abdominal pain, diarrhea, dyspepsia, flatulence, nausea, vomiting, acute pancreatitis, changes in liver function parameters (increase in transaminases and parameters of cholestasis), changes in pancreatic enzymes (lipase and amylase increased), eosinophil count increased. Dizziness, myo- and pericarditis, cholestatic hepatitis, photosensitivity, arthralgia, asthenia, fatigue. Altered blood counts (aplastic anemia, agranulocytosis, pancytopenia, neutropenia, leucopenia, thrombocytopenia), hypersensitivity reactions such as allergic exanthema, drug fever, lupus erythematosus syndrome, pancolitis, peripheral neuropathy, allergic and fibrotic lung reactions (including dyspnoea, cough, bronchospasm, alveolitis, pulmonary eosinophilia, lung infiltration, pneumonitis), hepatitis, alopecia, myalgia, impairment of renal function including acute and chronic interstitial nephritis and renal insufficiency, oligospermia (reversible). Additionally for Salofalk® 1g rectal foam: abdominal distension. Anal discomfort, application site irritation, painful rectal tenesmus. Salofalk® 1g suppositories: constipation. **Interactions and dosage:** see patient information leaflet. Available on prescription only. Date of information: 10/2018

DR. FALK PHARMA GmbH



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79108 Freiburg  
Germany

[www.dr.falkpharma.com](http://www.dr.falkpharma.com)



Country  
Germany

More information  
[www.dr-falk-pharma.de](http://www.dr-falk-pharma.de)

Dr. Falk Pharma GmbH is a family-owned enterprise based in Freiburg/Germany with affiliates in UK and Ireland, the BeNeLux countries, Spain, Portugal, Russia and Austria. Dr. Falk Pharma and its over 200 employees are specialised in the development and distribution of pharmaceuticals for hepatological and gastroenterological diseases. These, mainly prescription drugs, are marketed in Germany and more than 60 countries worldwide.

The Falk Foundation e.V. is a medical education organisation associated with Dr. Falk Pharma, offering a wide variety of congresses and media to support product independent postgraduate education for doctors on a national and international level.



Country  
Belgium

More information  
[www.janssen.com/emea](http://www.janssen.com/emea)

At Janssen, we're creating a future where disease is a thing of the past. We're the Pharmaceutical Companies of Johnson & Johnson, working tirelessly to make that future a reality for patients everywhere by fighting sickness with science, improving access with ingenuity, and healing hopelessness with heart. We focus on areas of medicine where we can make the biggest difference: Cardiovascular & Metabolism, Immunology, Infectious Diseases & Vaccines, Neuroscience, Oncology, and Pulmonary Hypertension.

Twitter: @JanssenEMEA.

Janssen Research & Development, LLC is one of the Janssen Pharmaceutical Companies of Johnson & Johnson.

Booth

B



Country  
USA

More information  
[www.lilly.com](http://www.lilly.com)

Lilly is a global healthcare leader that unites caring with discovery to create medicines that make life better for people around the world. We were founded more than a century ago by a man committed to creating high-quality medicines that meet real needs, and today we remain true to that mission in all our work. Across the globe, Lilly employees work to discover and bring life-changing medicines to those who need them, improve the understanding and management of disease, and give back to communities through philanthropy and volunteerism.



Country  
Switzerland

More information  
[www.nestlehealthscience.com](http://www.nestlehealthscience.com)

Nestlé Health Science (NHSc) is a globally recognized leader in the field of nutritional science. It offers an extensive consumer health portfolio of science-based consumer health, medical nutrition and supplement brands, and is committed to redefining the management of health.

NHSc currently produces over a billion nutritional health solutions for consumers, patients and their healthcare providers. It also distributes industry-leading Vitamins, Minerals and Supplements brands in both the healthcare practitioner and consumer channels.

NHSc invests heavily in nutrition research, as well as devotes considerable resources to transformational technology platforms in order to pioneer the exciting field of Novel Nutrition.



## Satellite Symposium

Friday September 13, 2019

### How do we manage diet successfully in pediatric Crohn's disease?

Time 07:45 – 08:45  
 Room Lehar  
 Chair Javier Martín de Carpi, Spain



#### Topics & Speakers:

- 1. Do we need nutrition therapy in an era of biologics?**  
Anne Griffiths, Canada
- 2. What are the barriers critical for success? How do you make it work?**  
Konstantinos Gerasimidis, United Kingdom
- 3. The Crohn's Disease Exclusion Diet for induction of remission**  
Rotem Sigall Boneh, Israel
- 4. What can be achieved through diet? Real world cases**  
Arie Levine, Israel



**COMMITTED TO TRANSFORMING  
THE FUTURE OF IMMUNOLOGY**

**FOR THE  
PEACE  
WITHIN**

# PIBD2019

## General Information



## Congress Venue

Budapest Congress Center (BCC)  
Jagelló út 1-3  
1123 Budapest, Hungary

## Congress Language

The complete scientific programme including all courses will be held in English.  
A simultaneous translation will not be available.

## Congress Office

The congress office and registration desk are located in the Aula.  
Phone: +49 1511 830 51 02

## Abstracts

All abstracts accepted for presentation (oral or poster) for the 5<sup>th</sup> International Symposium on Paediatric Inflammatory Bowel Disease will be published in the Journal of Paediatric Gastroenterology and Nutrition (JPGN).

## Certificate of Attendance

Delegates who have been onsite will receive their Certificate of Attendance one week after the end of the symposium via e-mail.

## Name Badge

Upon registration onsite, all participants will receive a name badge, which must be worn visibly for the entire duration of the congress. The name badge acts as entrance ticket for the congress. Name badges will not be reprinted. For lost badges, a fee of 25% of the original registration fee applies.

## CME-CPD Credits (EACCME)

The 5<sup>th</sup> International Symposium on Paediatric Inflammatory Bowel Disease, Budapest, Hungary, 11/09/2019–14/09/2019 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 18 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. →

### Opening Hours

|                            |           |                   |               |
|----------------------------|-----------|-------------------|---------------|
| <b>Congress</b>            | Wednesday | 11 September 2019 | 13:30 – 21:45 |
|                            | Thursday  | 12 September 2019 | 09:00 – 17:35 |
|                            | Friday    | 13 September 2019 | 07:45 – 18:20 |
|                            | Saturday  | 14 September 2019 | 09:00 – 13:20 |
| <b>Registration Desk</b>   | Wednesday | 11 September 2019 | 12:30 – 20:00 |
|                            | Thursday  | 12 September 2019 | 08:00 – 17:45 |
|                            | Friday    | 13 September 2019 | 07:15 – 18:30 |
|                            | Saturday  | 14 September 2019 | 08:30 – 13:30 |
| <b>Speakers Ready Room</b> | Wednesday | 11 September 2019 | 12:30 – 18:45 |
|                            | Thursday  | 12 September 2019 | 08:00 – 17:30 |
|                            | Friday    | 13 September 2019 | 07:15 – 18:15 |
|                            | Saturday  | 14 September 2019 | 08:00 – 13:00 |
| <b>Poster Exhibition</b>   | Wednesday | 11 September 2019 | 18:45 – 21:45 |
|                            | Thursday  | 12 September 2019 | 09:00 – 17:35 |
|                            | Friday    | 13 September 2019 | 09:00 – 18:20 |
|                            | Saturday  | 14 September 2019 | 09:00 – 13:20 |
| <b>Industry Exhibition</b> | Wednesday | 11 September 2019 | 18:45 – 21:45 |
|                            | Thursday  | 12 September 2019 | 09:00 – 17:35 |
|                            | Friday    | 13 September 2019 | 09:00 – 18:20 |
|                            | Saturday  | 14 September 2019 | 09:00 – 13:20 |

- Each participant can only receive the number of credits he/she is entitled to according to his/her actual participation at the event once he/she has completed the feedback form. Cf. criteria 9 and 23 of UEMS 2016.20.

The credits are granted as follows:

11 September 2019: 3 European CME credits  
 12 September 2019: 6 European CME credits  
 13 September 2019: 7 European CME credits  
 14 September 2019: 2 European CME credits

### **CME-CPD Certificate**

The evaluation of the conference is obligatory to obtain your CME-CPD credits. The link to the online feedback form will be sent to your e-mail address at the end of the congress.

Please complete it and submit it before 4<sup>th</sup> of October 2019 at the latest. As soon as you have completed the feedback form you can create your CME-CPD Certificate and send it to your e-mail address.

### **Coffee & Lunch Breaks**

Snacks and refreshments during the official break times are included in the registration fee. The catering areas are located in the Aula.

Kindly note that gluten- and lactose-free coffee and lunch breaks will also be served at this catering area.

### **Wardrobe**

A wardrobe is provided for all delegates during the official opening hours. The wardrobe will close 30 minutes after the end of the last session and is located in the Aula. There you can also drop off your luggage.

Any items left here are the responsibility of the individual and ESPGHAN cannot be held accountable for any loss of personal items.

### **Mobile Phones**

Delegates are kindly requested to keep their mobile phones on silent mode in all rooms where scientific and educational sessions are being held, as well as in and around the poster and exhibition area.

## **Welcome Reception**

The Welcome Reception will take place at the BCC in the Industry Exhibition on Wednesday, 11 September 2019 starting 18:45 (free of charge for congress participants). Please note that your badge serves as your entrance ticket.

## **ESPGHAN Office**

European Society for Paediatric  
 Gastroenterology, Hepatology and Nutrition

Rue Pellegrino Rossi 16  
 1201 Genève, Switzerland  
[office@espghan.org](mailto:office@espghan.org)  
[www.espghan.org](http://www.espghan.org)

## **Congress & Industry Organisation**

### **EUROKONGRESS**

Congress + Event + Exhibition Management

EUROKONGRESS GmbH  
 Schleissheimer Str. 2  
 80333 Munich, Germany  
 Phone +49 89 210 98 60  
[pibd@eurokongress.de](mailto:pibd@eurokongress.de)  
[www.eurokongress.de](http://www.eurokongress.de)

## **Programme Changes**

Should last minute changes due to functional, private or organisational needs be necessary, they will be announced – when possible – on the congress website. The event organiser accepts no liability for any additional costs caused by a change of programme.

## **Disclaimer**

Neither ESPGHAN nor EUROKONGRESS GmbH shall be liable for accidents, bodily injury, and theft as well as for additional costs due to the change of event date, location, and programme or similar. Liability for additional costs due to delays, changes or cancellations of flights, trains or other means of transport as well as due to strike action, illness, weather or environmental disasters is also excluded. It is the responsibility of each participant to arrange appropriate theft-, accident-, health- as well as travel-cancellation insurance. Participants take part at their own responsibility and risk.

## Registration Fees

| PIBD Congress 2019   | Congress Ticket | Day Ticket<br>Thu or Fr | Day Ticket<br>Sat |
|--|-----------------|-------------------------|-------------------|
| ESPGHAN Member <sup>1</sup>  | 600 €           | 280 €                   | 190 €             |
| ESPGHAN Non-Member   | 680 €           | 320 €                   | 230 €             |
| Nurses & Dietitians & AHP ESPGHAN Member <sup>1,2</sup>            | 420 €           | 190 €                   | 130 €             |
| Nurses & Dietitians & AHP Non Member <sup>1</sup>                  | 460 €           | 220 €                   | 160 €             |
| Trainee <sup>3</sup> / Student <sup>4</sup> / Low income countries | 260 €           | 120 €                   | 80 €              |

| Postgraduate Course               |      |     |     |
|-----------------------------------|------|-----|-----|
| 11 September 2019, 13.30 – 16.30h | 50 € | N/A | N/A |

| Social Programme                     |                |
|--------------------------------------|----------------|
| Welcome Reception, 11 September 2019 | Free of charge |
| Conference Dinner, 13 September 2019 | 55 €           |

All registration fees include 27% Hungarian VAT.

### The congress registration fees include:

- a name badge
- access to all sessions
- access to the poster and exhibition area
- all personal congress documents
- the coffee breaks and lunches
- invitation to the Welcome Reception (subject of availability)

### Cancellation Policy

Cancellations must be submitted in writing to [pibd@eurokongress.de](mailto:pibd@eurokongress.de).

Congress: Cancellations received in writing up until 05 July 2019 incur a cancellation fee of EUR 50.00. From this date onwards or in case of a no-show, registration fee reimbursements are no longer possible unless the organisers are provided with a named replacement who will take on the registration.

PG Course: Course cancellations received up until 05 July 2019 incur a cancellation fee of EUR 25.00. From this date onwards or in case of a no-show a registration fee reimbursement is no longer possible.

The Conference Dinner registration fee is non refundable.

1 Please note that in order to qualify for the member rate all members need an active membership status at the time of registering. The organisers reserve the right to change the registration status if membership fees are not paid.

2 Allied Health Professionals, Nurses and Dieticians must provide proof of their AHP certification in order to qualify at the stated rate.

3 Trainees need to provide a statement of their institute proving their traineeship.

4 The student discount is limited to students until the age of 35 and a copy valid student ID must be provided.

# 6<sup>th</sup> WORLD CONGRESS

of Pediatric Gastroenterology  
Hepatology and Nutrition

**03–06 June 2020**  
Copenhagen · Denmark



jointly with



ESPGHAN

*See you in  
Copenhagen 2020!*

[www.wcpghan2020.org](http://www.wcpghan2020.org)





[illegible]

See you 2021  
in Edinburgh

*The Paediatric IBD Porto Group*



# 6<sup>th</sup> INTERNATIONAL SYMPOSIUM ON **PAEDIATRIC INFLAMMATORY BOWEL DISEASE**

September 2021 · **Edinburgh**



**Edinburgh International Conference Centre**  
[www.pibdcongress.org](http://www.pibdcongress.org)



Nestlé Health Science Satellite Symposium

# How do we Manage Diet Successfully in Pediatric Crohn's Disease?

PIBD 2019 | Budapest - Hungary

**Friday September 13, 2019** | 7:45 – 8:45 | Room LEHAR

Chair: Prof. Javier Martin de Carpi | Barcelona, Spain

**Do we need nutrition therapy in an era of biologics?**

**Prof. Anne M. Griffiths**

Hospital for Sick Children  
Toronto, Canada

**What are the barriers critical for success?  
How do you make it work?**

**Dr. Konstantinos Gerasimidis**

University of Glasgow  
Glasgow, United Kingdom

**The Crohn's Disease Exclusion Diet for  
induction of remission**

**Rotem Sigall-Boneh**

Wolfson Medical Center  
Tel Aviv, Israel

**What can be achieved through diet?  
Real world cases**

**Prof. Arie Levine**

Wolfson Medical Center  
Tel Aviv, Israel



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#### Scientific Organisation

*The Paediatric IBD Porto Group*



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[www.espghan.org](http://www.espghan.org)

#### Congress & Industry Organisation

**EUROKONGRESS**

Congress + Event + Exhibition Management

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