SPECIALIST REGISTRAR DEVELOPMENT PROGRAMME

Shire Innovation Fund for Specialist Registrars in Gastroenterology Newsletter

ISSUE 1 / SPRING 2011

Welcome to the first issue of the Shire Innovation Fund for Specialist Registrars (SpRs) in Gastroenterology Newsletter.

The Shire Innovation Fund, launched in May 2010, is an ongoing initiative organised and funded by Shire Pharmaceuticals as part of its continued commitment to supporting initiatives that improve the outcomes of patients with inflammatory bowel disease (IBD).

Two funds are available twice a year. In the first round of funding, grants were awarded to 12 applicants to support their oral or poster presentations at the UEGW 2010 Congress, and to 3 applicants for funding towards research projects that will ultimately benefit the care of IBD patients in the UK. Included in this newsletter are reviews of the successful applications.

On page 2 of this newsletter you will find details of how to apply for the next round of grants, which will open for applications on Friday 17 June 2011 and close on 12 August 2011.

UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.

ORGANISED AND FUNDED BY Shire

What is the aim of the initiative?

The aim of the Shire Innovation Fund is to support SpRs working in gastroenterology and IBD who want to conduct research or develop projects to benefit patient care in the UK. Two funds are made available twice a year.

What do the Funds consist of?

The first fund of £7,500 is made available twice a year (total amount £15,000 per year) **for projects that will benefit patient care in the UK.**

A second travel bursary fund of £8,000 is made available twice a year (total amount £16,000 per year) and awarded to applicants whose abstracts have been accepted for presentation at European Crohn's and Colitis Organisation (ECCO) or United European Gastroenterology Week (UEGW) and which will benefit patient care in the UK.

No limit has been set on the number of applications that can be awarded nor on the value of an individual application, within the total fund amount.

Who can apply for funding?

Any SpR in year three or above who are physicians or surgeons, or in related specialties such as pathology or radiology, including research fellows, can apply. SpRs can apply to either or both of the funds.

What is the application process?

An application pack can be requested by email from **ShireInnovationSpR@synergymedical.co.uk.** All applications must be accompanied by a letter of support from the applicant's consultant/research supervisor, and a copy of your CV.

The deadlines for the next round of both funds is 5pm, 12 August 2011. Successful applicants will be notified by 23 September 2011.

The judging panel

All applications will be reviewed by an independent judging panel comprising:
Professor Alastair Forbes – University College Hospital, London.
Professor David Rampton – Barts and the London NHS Trust.
Professor Chris Probert – Bristol Royal Infirmary.

The applications are provided to the panel in an anonymised form by Synergy (a medical education company providing logistical support), so that an unbiased and fair decision can be reached. Shire does not receive any details of the applications or the applicants until after the judging process has been completed.

UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.

First grants from Shire Innovation Fund awarded to 15 specialist registrars in gastroenterology

In October 2010, the Shire Innovation Fund for SpRs in gastroenterology awarded its first 15 grants. The awards were presented to the successful applicants at the UEGW Congress in Barcelona by Professor David Rampton, Barts and London NHS Trust, one of the Fund's independent judges.

Grants were awarded to 12 applicants to support their oral or poster presentations at the UEGW Congress, and to 3 applicants for funding towards research projects that will ultimately benefit patient care for IBD patients in the UK.

The above picture was taken at the presentation of certificates to successful applicants at UEGW 2010.

Pictured from left to right is: Professor David Rampton, Barts and the London NHS Trust; Dr Jessica Dyson, Queen Elizabeth Hospital, Gateshead; Dr Paul Knight, Henry Wellcome Gastroenterology Lab, Liverpool; Dr James Goodhand, Barts and London NHS Trust; Dr Leo Alexandre, Norfolk and Norwich University Hospital; Dr Richard Felwick, Dorset County Hospital; Dr Venkat Subramanian, Nottingham Digestive Diseases Centre; Dr Nadeem Tehami, University Hospital of North Staffordshire.

The project grants were awarded to 3 specialist registrars in gastroenterology (see pages 4-5):

Dr Elizabeth Harrison
University Hospital Coventry and Warwickshire NHS Trust.

Dr James Goodhand
Barts and London NHS Trust.

Dr Paul Henderson
University of Edinburgh.

The grants for the UEGW travel bursary (see pages 6-8) were awarded to:

Dr Iftikhar Ahmed,
Bristol Royal Infirmary.

Dr Richard Felwick,
Dorset County Hospital, for research carried out at Royal Hampshire County Hospital, Winchester.

Dr Venkat Subramanian,
University of Nottingham.

Dr Sarmed Sami,
Scarborough General Hospital.

Dr Leo Alexandre,
Norfolk and Norwich University Hospital.

Dr Gayatri Chakrabarty,
St Georges Hospital, London, for research carried out at St Helier Hospital, Surrey.

Dr James Goodhand,
Barts and London NHS Trust.

Dr Jessica Dyson,
Queen Elizabeth Hospital, Gateshead.

Dr Nadeem Tehami,
University Hospital of North Staffordshire.

Dr Lyn Smith,
Glasgow Royal Infirmary, for research carried out at Stirling Royal Infirmary.

Dr Maria Jaboli,
Royal Free Hospital, London.

Dr Paul Knight,
University of Liverpool.

Round 1, Shire Innovation Fund 2010: *successful projects*

We received many excellent applications to the projects arm of the first round of grants for the Shire Innovation Fund for SpRs, and the following three were awarded grants:

Dr James Goodhand
Barts and the London NHS Trust

EFFECT OF A NOVEL WEB-BASED COGNITIVE BEHAVIOURAL THERAPY PROGRAMME ON QUALITY OF LIFE, MOOD AND DISEASE ACTIVITY IN CROHN'S DISEASE: A PILOT TRIAL

Dr James Goodhand is currently studying for his PhD at Barts and the London School of Medicine and Dentistry, Queen Mary's University London, where he is a Clinical Research Fellow and Honorary Registrar in Gastroenterology.

James applied to the Shire Innovation Fund for a grant to begin a pilot study designed to test the hypothesis that cognitive behavioural therapy (CBT) could improve patients' quality of life (QoL), mood and coping with stress, while at the same time improving gut inflammation, and thereby reduce circulating pro-inflammatory cytokines implicated in depression. There is increasing evidence to show that psychological stress, depression and an inability to cope with life events predisposes patients with IBD to relapse. CBT is known to improve mood and QoL scores and some studies have shown this approach may improve the course of IBD itself.

He has devised a web-based CBT called BUDI ('body understanding, dialogue and intervention'), which is designed to improve how patients identify and deal with stressful episodes and events which may be triggering their IBD flares. He will measure the effects of this treatment in 12 patients with slightly active Crohn's disease reporting mood affective symptoms by asking them to complete a range of psychological questionnaires. In addition he will test their blood and stool for evidence of gut activity and the cytokines linked to depression, before and after the 6-week course of BUDI.

Since Crohn's disease activity can fluctuate spontaneously or return to normality, he will also recruit a negative control group of 12 patients who will not have the web-based therapy, and a positive control group who will complete a NICE-recommended graded exercise programme for the treatment of mild-moderate depression.

If this pilot study suggests that BUDI improves disease activity as well as improving QoL, it could conceivably reduce drug costs and emergency and outpatient attendances, as well as providing a convenient and inexpensive platform whereby patients from across the UK could access psychological support.
James has made an ethics application for his project and hopes to enrol the first patients in January 2011. He is hoping that the study will be completed in time to submit the results to the ECCO congress in 2012, and if his abstract is accepted he plans to apply to the Shire Innovation Fund for SpRs to pay for his attendance.

Dr Goodhand believes that the Shire Innovation Fund for SpRs will provide enough money to enable SpRs to fund pilot projects. Funding for these smaller projects is almost impossible to find and they could yield sufficient data to apply for funding for larger projects.

Dr Goodhand believes that the Shire Innovation Fund for SpRs will provide enough money to enable SpRs to fund pilot projects. Funding for these smaller projects is almost impossible to find and they could yield sufficient data to apply for funding for larger projects.

Dr Elizabeth Harrison
University Hospitals Coventry and Warwickshire NHS Trust

REAL TIME IDENTIFICATION OF VOLATILE ORGANIC COMPOUNDS (VOCS) AS BIOMARKERS TO PREDICT RELAPSE IN ULCERATIVE COLITIS (UC)

Dr Elizabeth Harrison has been a clinical registrar in gastroenterology for two and a half years and spends her working day attending clinics and ward rounds, performing endoscopies and being on call. However she is now hoping to move into research as she believes it will help her to think better, as well as understand and learn more.

As yet there are no non-invasive clinical tests to accurately predict relapse or detect the first signs of relapse in UC. Elizabeth applied to the Shire Innovation Fund for SpRs for funding for a project designed to test the hypothesis that detecting VOCs emanating from urine will aid prediction of relapse in UC.

Elizabeth will study 100 UC patients in remission and 25 with active disease, following them into remission, for a year. She will perform 3-monthly urine analyses using the 'Electronic Nose' and correlate these with disease activity scores. Urine analysis was chosen because it is easy for patients to give urine samples.

If this study shows that VOCS can predict relapse or remission in UC it will make it easier for clinicians to stage patients and determine whether they are going into remission and need to have their medications reduced, or if they are not responding to treatment and intervention is required. It could also reduce the need for some endoscopies.

Dr Arasaradnam, Elizabeth's supervisor, believes the Shire Innovation Fund for SpRs is a great idea as it gives support to young registrars keen to carry out research. Elizabeth felt encouraged to apply to the Fund since it was unique to SpRs and she felt she would have a better chance of obtaining funding than if she applied to a scheme that was open to all researchers.

Dr Arasaradnam, Elizabeth's supervisor, believes the Shire Innovation Fund for SpRs is a great idea as it gives support to young registrars keen to carry out research.

UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.

Dr Paul Henderson
University of Edinburgh

C-REACTIVE PROTEIN – MENDELIAN RANDOMISATION: A PILOT STUDY

Dr Paul Henderson is a registrar in paediatric gastroenterology. Following his basic training in paediatric medicine, he has taken some time out of his clinical studies to undertake a PhD in IBD as has always enjoyed research and discovering new things and thought this would be something different to enhance his CV.

The opportunity arose for Paul to become involved in a large study called The Paediatric-Onset Inflammatory Bowel Disease Cohort and Treatment Study (PICTS) which aims to look at the characteristics of IBD through in depth genetics in addition to epidemiological work. In order to do so, DNA is collected from paediatric IBD patients and their parents in order to undertake genetic analysis. PICTS has been running for the past 6-7 years and is part of international research looking at which genes might be dysregulated in IBD and also to find out more about genes such as NOD2, which is known to be linked with IBD. Part of Paul's work is to analyse how these genes interact and how their cellular products affect IBD.

Through his work with PICTS, Paul is undertaking a project looking at C-reactive protein (CRP) and its association with IBD. In the UK, CRP levels are commonly used in clinical practice to monitor disease activity. However, there is evidence that some patients may never demonstrate raised CRP levels regardless of their disease severity and also that CRP may have a causative role in inflammation. Paul therefore decided to undertake a project to analyse the relationship between genotype, CRP levels and IBD phenotypes.

The genotyping has already been completed and, as a result of this, Paul and his colleagues have already submitted an abstract showing that patients with Crohn's disease have a different CRP genotype. The abstract has been submitted to the annual meeting of the British Society of Paediatric Gastroenterology Hepatology and Nutrition (BSPGHAN) in January 2011; and they also hope to submit it to Digestive Diseases Week (DDW).

The next step of the research is to collate the serum CRP levels from the patient notes in order to correlate this with the genotypic information and run statistical analysis. This will hopefully provide insight into the relationship between the CRP genotype and IBD. Paul is positive that the project will be complete in July 2011.

In the future, he hopes that patients could undergo genotyping at diagnosis to identify whether CRP levels are an appropriate test to be used given the inter-person variability. This will allow for more tailored treatment of IBD patients.

Paul will use the Shire Innovation Fund to help cover the costs for genotyping 450-500 patients and their parents. He feels that the Fund can make a difference to research, allowing projects to get off the ground. He thinks that this is particularly the case for SpRs who are not doing full time research as the money could be used to employ help with data analysis and statistics.

'I would apply every year... Gastroenterology is a close knit community, especially in Scotland, and we try and support one another so I would definitely encourage others to apply.'

 UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.

Round 1, Shire Innovation Fund 2010:
successful UEGW abstracts

SpRs in gastroenterology who had abstracts accepted at UEGW 2010 were encouraged to apply to the Shire Innovation Award to support their attendance at the Congress. The following 12 SpRs were awarded grants to enable them to present their posters and abstracts at UEGW:

Dr Iftikhar Ahmed
Bristol Royal Infirmary

PREDICTING THE CLINICAL COURSE AND BEHAVIOUR OF INFLAMMATORY BOWEL DISEASE BY FAECAL VOLATILE ANALYSIS

Iftikhar is a clinical research fellow at Bristol Royal Infirmary and feels it's important for SpRs to undertake research as it gives in-depth knowledge.

Diagnosis of IBD remains challenging, requiring an invasive and complex procedure. Iftikhar's research was designed to test the hypothesis that since faeces emit volatile organic compounds (VOCs) it might be possible to distinguish the stools of UC and Crohn's disease (CD) patients from non-IBD patients by smell and predict the clinical course and activity of IBD. His preliminary findings suggest that this could be true.

Iftikhar believes volatile analysis presents an exciting opportunity to develop a fast, convenient and non-invasive way of diagnosing and monitoring IBD and other bowel conditions. It could be particularly valuable in patients in whom more invasive procedures may be hazardous.

Iftikhar felt it was important to present his abstract at UEGW as he learnt a great deal from the critical analysis of his research. He believes that the availability of the Shire Innovation Fund will motivate and encourage more SpRs in gastroenterology to undertake research. He would now like to extend his studies to look at the VOCs emitted from the stool samples of people with bowel cancer.

Dr Leo Alexandre
Norfolk and Norwich University Hospitals NHS Foundation Trust

RISK OF OESOPHAGEAL ADENOCARCINOMA WITH MEDICATIONS WHICH RELAX THE LOWER OESOPHAGEAL SPHINCTER: A META-ANALYSIS

Dr Leo Alexandre applied to the Shire Innovation Fund for SpRs to attend UEGW to present his abstract on the risk of oesophageal adenocarcinoma (OAC) with medications which relax the lower oesophageal sphincter (LOS). Previous observational studies had suggested that certain drugs known to relax the LOS may increase the risk of OAC. Therefore Leo and co-authors searched PubMed for studies reporting the risk of OAC, oesophageal squamous cell carcinoma (OSCC) and gastric cardia adenocarcinoma (GCA) with the use of certain LOS relaxing drugs.

The meta-analysis showed that OAC was significantly associated with theophyllines and anticholinergics, although other drug groups including calcium channel modulators and nitrates did not increase the risk of OAC. An inverse relationship was observed between OSCC and nitrates and between GCA and benzodiazepines. Nitrates and benzodiazepines therefore appear to confer a protective effect on the development of OSCC and GCA. Dr Alexandre believes it may be useful for clinicians to be aware of the potential risk of OAC when prescribing theophyllines and anticholinergics.

Without his bursary from the Shire Innovation Fund, Leo would not have been able to attend UEGW. He found the Congress a valuable experience and received constructive feedback.

Leo would definitely recommend the Shire Innovation Fund for SpRs to others since it offers an excellent opportunity to discuss research findings with a larger audience.

Leo would definitely recommend the Shire Innovation Fund for SpRs to others since it offers an excellent opportunity to discuss research findings with a larger audience.

ORGANISED AND FUNDED BY Shire

Dr Gayatri Chakrabarty
St George's Hospital, London

RELIABILITY OF SEROLOGY IN COELIAC DISEASE SCREENING?

Following her graduation from medical school in India, Dr Gayatri Chakrabarty continued her medical career in the UK and has been an SpR in gastroenterology since 2006. She has been based at St George's Hospital in south London since October 2009.

Gayatri applied to the Shire Innovation Fund for SpRs to attend UEGW to present her abstract on the reliability of serology in coeliac disease screening. NICE guidance recommends use of tissue transglutaminase (tTG-IgA) as a cheap and non-invasive screening tool for coeliac disease. Gayatri had previously noticed reports in the literature showing negative tTG-IgA results of between 10-38% in patients with coeliac disease. She therefore decided with her supervisor to retrospectively analyse test results for patients in the local population of St Helier Hospital who had biopsy positive coeliac disease.

Of the 139 cases analysed, 88 had a tTG-IgA result and of these 69 (78%) were positive and 19 (22%) were negative. This is of some concern since tTG-IgA is routinely used as a coeliac disease screening tool in both primary and secondary care, and doctors may be missing out on a proportion of coeliac cases by relying solely on tTG-IgA.

Gayatri would now like to undertake a larger, prospective analysis of coeliac serology and its correlation with biopsy. If her current finding was confirmed through this larger study, this could have a great impact on how doctors screen for coeliac disease.

Jessica Dyson
Queen Elizabeth Hospital, Gateshead

SAFETY AND EFFICACY OF A NURSE-LED PEG SERVICE IN A DISTRICT GENERAL HOSPITAL: A 5 YEAR EXPERIENCE

As a SpR at Queen Elizabeth Hospital in Gateshead, Dr Jessica Dyson enjoys undertaking audits and assessments to supplement her clinical work.

During her previous rotation at the University Hospital of Hartlepool, Jessica became interested in the role of a percutaneous endoscopic gastrostomy (PEG) nurse within a gastroenterology clinic and worked with one to retrospectively analyse audits carried out over the five year period.

The analysis clearly demonstrated the beneficial impact that a PEG nurse has: there was a marked decrease in the incidence of complications over the time period. Jessica believes that it creates a more streamlined system and ensures patient outcomes in terms of quality and quantity of life are clear before PEGs are inserted. Ensuring that one person is knowledgeable in the field and up to date with the latest developments can reduce the risk of patients being incorrectly assessed and selected.

In addition to reducing workload within the gastroenterology unit, the benefits of a PEG nurse reach out into the community. The PEG nurse travels to patients in order to troubleshoot problems with their PEG, a scheme which helps reduce patient admissions into hospital. Furthermore, the PEG nurse acts as a point of contact for primary care, providing advice to how to care for patients with PEG insertions.

'There is a huge pressure for us to attend courses and conferences, which is expensive, so it's nice to have some support. This is the first major European conference I have attended and I learnt a great deal from the experience.'

'There is a huge pressure for us to attend courses and conferences, which is expensive, so it's nice to have some support. This is the first major European conference I have attended and I learnt a great deal from the experience.'

UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.

Dr Richard Felwick,
Royal Hampshire County Hospital, Winchester

A COMPARISON OF SMALL BOWEL MRI WITH SMALL BOWEL FOLLOW-THROUGH AND ILEO-COLONOSCOPY IN PATIENTS WITH CROHN'S DISEASE IN A DISTRICT HOSPITAL SETTING

Dr Richard Felwick is based at the Royal Hampshire County Hospital in Winchester. Richard applied to the Shire Innovation Fund for SpRs to attend UEGW to present his abstract on comparing small bowel magnetic resonance imaging (MRI) with small bowel follow-through and ileo-colonoscopy in patients with Crohn's disease in a district general hospital (DGH) setting.

Although small bowel follow-through is the current standard for investigating small bowel Crohn's disease in the UK, advances in MRI mean that it could be a potential alternative investigation. MRI has the advantage of non ionising radiation and the ability to differentiate active from inactive disease and identify extra-intestinal pathology. Richard collected retrospective data on 52 patients with small bowel disease who had undergone MRI; 30 of these patients had also undergone small bowel follow-through and 28 patients had ileo-colonoscopy. Comparing the patients' results showed that MRI and small bowel follow-through were equally effective in identifying stricturing but MRI identified more strictures and allowed more precise localisation of these strictures. In addition, MRI estimation of disease activity was shown to correlate well with endoscopic and histological findings.

Richard believes that MRI can now replace small bowel follow-through as the initial investigation of small bowel Crohn's disease in a DGH setting.

Dr James Goodhand
Barts and the London NHS Trust

EFFICACY AND TOLERABILITY OF INTRAVENOUS DEXTRAN COMPARED WITH ORAL IRON IN INFLAMMATORY BOWEL DISEASE

Dr James Goodhand is currently studying for his PhD at Barts and the London School of Medicine and Dentistry, Queen Mary's University London where he is a Clinical Research Fellow and Honorary Registrar in Gastroenterology.

James applied to the Shire Innovation Fund for SpRs to attend UEGW to present his abstract on the efficacy and tolerability of intravenous dextran compared with oral iron in IBD. Iron deficiency anaemia (IDA) as a consequence of intestinal blood loss is common in IBD. Iron replacement therapy is used to correct IDA but it is not known which route of administration, oral or intravenous (IV), is best.

James' study tested the hypothesis that IV iron would be more effective than oral iron in patients with active IBD. He reviewed case notes to identify patients who had received IV Cosmofer and matched these to a group of patients who had received oral iron. Patients in the IV group were more anaemic at baseline than those given oral iron and the mean increase haemoglobin levels was greater in the IV group. Response to oral or IV iron was unrelated to age, gender, ethnicity, baseline C-reactive protein, platelet count or disease duration, extent or activity. James therefore concluded than IV iron is more efficacious than oral iron in IDA associated with IBD and that IV iron should be used first-line in patients with severe anaemia.

James would now like to undertake a larger study to find out if the presence of anaemia in IBD patients predicts psychological symptoms and whether IV iron can improve these symptoms.

James applied to the Shire Innovation Fund for SpRs to attend UEGW to present his abstract on the efficacy and tolerability of intravenous dextran compared with oral iron in IBD.

Dr Maria Francesca Jaboli
Royal Free Hospital, London

COULD PRIMARY 3D VIRTUAL COLONOSCOPY REPLACE OPTICAL COLONOSCOPY AS THE INITIAL INVESTIGATION OF COLONIC SYMPTOMS?

Following her graduation from medical school in Italy, Dr Maria Jaboli has built a wealth of experience in gastroenterology. She has been working at the Royal Free Hospital, London for the past two years, and her day-to-day activities involve running outpatient clinics, endoscopies and abdominal ultrasound.

Maria fits her research around her clinical duties, and enjoys the new challenges and learnings presented by research. Her research on 3D colonoscopies found that half of patients presenting with symptoms suggestive of colonic disease do not require optical colonoscopy. This excludes patients with iron deficiency and IBD.

Since conducting the research, Maria and her colleagues have been able to implement more virtual colonoscopies in their clinical practice as they now have the data available to allow them to be more confident in the procedure.

Virtual colonoscopies have improved benefits for patients; they are safer, require less radiation and are also less invasive than optical colonoscopies. In addition they are more cost effective.

Aside from her presentation at UEGW, Maria enjoyed attending sessions to develop her knowledge of IBD and anaemia in preparation for her next piece of research looking to understand why patients with IBD develop iron deficiency anaemia.

Dr Paul Knight
Royal Liverpool University Hospital

AZATHIOPRINE AND HYDROCORTISONE BUT NOT METRONIDAZOLE INHIBIT INTRA-MACROPHAGE REPLICATION OF CROHN'S DISEASE ESCHERICHIA COLI

Dr Paul Knight is a clinical research fellow and SpR in gastroenterology. He is studying for his PhD researching bacteria in Crohn's disease. Paul believes research is important for SpRs as it allows them to develop new skills and critical thinking.

Crohn's disease is associated with colonisation of the mucosa by Escherichia coli bacteria that replicate within cells known as macrophages. Azathioprine, the corticosteroid hydrocortisone, and the antibiotic metronidazole are clinically useful treatments for Crohn's disease but it not known how they impact on E coli.

Paul's study looked at the impact of these treatments on E coli replication in vitro within macrophages. Both azathioprine and hydrocortisone reduced E coli replication whereas metronidazole did not.

Understanding the precise mechanism of action of these treatments could mean that eventually clinicians will be able to produce individualised treatment for Crohn's patients with relapse/remission and fistulous disease.

Paul is very grateful to the Shire Innovation Fund for the chance to attend UEGW and meet key collaborators and see other international research on bacteria in Crohn's disease. Studying full time for a PhD means that, without financial support from the Fund, attending UEGW was an opportunity he would otherwise not have had.

Studying full time for a PhD means that, without financial support from the Fund, attending UEGW was an opportunity he would otherwise not have had.

Dr Sarmed S Sami
Scarborough General Hospital

THE DIAGNOSTIC YIELD OF DUODENAL BIOPSIES IN PATIENTS WITH ANAEMIA. IS IT WORTH THE COST?

Iron deficiency anaemia (IDA) accounts for up to 10% of referrals to gastroenterology outpatients. The BSG Guidelines for the management of patients with IDA suggest performing coeliac serology first. If serology is negative, then duodenal (D2) biopsies are not required unless there is a strong clinical suspicion of coeliac disease.

Dr Sarmed Sami and colleagues studied 343 adult patients with IDA who had D2 biopsies taken. He found that serology was done in 96 (28%) patients out of whom four (4%) tested positive. In the remaining 92 (96%) patients with negative serology, only one (1%) has positive biopsy and that patient was IgA deficient. The cost from unnecessary biopsies which were done despite negative or absent serology testing was £29,707.

Dr Sami concludes that there is minimal benefit in taking D2 biopsies from patients with IDA and negative coeliac serology. If coeliac serology testing is done prior to endoscopy, the diagnostic yield and management in patients with IDA could be improved. Moreover, this approach will cut costs and therefore allow more investment in improving quality of care for patients.

Lyn Smith
Glasgow Royal Infirmary

A NORMAL SMALL BOWEL MRI IN SUSPECTED ILEAL CROHN'S DISEASE DOES NOT EXCLUDE THE DIAGNOSIS

Dr Lyn Smith started her rotation at Glasgow Royal Infirmary in August 2010. Previously she spent a year as the sole gastroenterology registrar at Stirling Royal Infirmary. While in Stirling, Lyn worked on a study evaluating outcomes of patients undergoing magnetic resonance imaging (MRI) of the small bowel. She attended UEGW to present her abstract that provided further information on the value of this diagnostic investigation for patients with suspected small bowel Crohn's disease. Her research showed that MRI is highly specific with a reasonable high sensitivity. For patients this means they could avoid the exposure to ionising radiation from a CT scan.

Dr Venkat Subramanian
Queen's Medical Centre, Nottingham

COMPARISON OF HIGH DEFINITION WITH STANDARD WHITE LIGHT ENDOSCOPY FOR DETECTION OF DYSPLASTIC LESIONS IN PATIENTS WITH IBD

HIGH DEFINITION COLONOSCOPY VERSUS STANDARD DEFINITION FOR DETECTION OF COLONIC POLYPS: A META-ANALYSIS

Dr Venkat Subramanian is Walport Clinical Lecturer at the University of Nottingham where he is involved in IBD research. Venkat had two abstracts accepted by UEGW. The first abstract shows, for the first time, that high definition colonoscopy significantly improves the detection of dysplasia (cancer) compared to standard white light colonoscopy in patients with IBD. This is important since early detection of dysplasia has the potential for improving survival in IBD patients and Venkat believe his research redefines the standard of care for surveillance colonoscopy for patients with long standing IBD.

The second abstract analyses all available evidence in the literature to determine the value of high definition colonoscopy in detecting polyps compared to standard white light endoscopy. The meta-analysis shows that this technology does improve polyp detection and suggests that high definition colonoscopy perhaps should be the standard of care for all patients.

UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.

Dr Nadeem Tehami

University Hospital of North Staffordshire

EXPERIENCE OF CICLOSPORIN USE IN STEROID-REFRACTORY SEVERE ULCERATIVE COLITIS CASES IN TWO DISTRICT HOSPITALS OF THE UK

ERCP SERVICE AND OUTCOME IN TWO DISTRICT GENERAL HOSPITALS OF THE UK

In addition to running both outpatient and inpatient clinics, Dr Nadeem Tehami undertakes research as part of his own personal development and because of its long-term patient benefits.

Nadeem was interested in looking at patient outcomes and disease progression with infliximab or ciclosporin in treating steroid-refractory severe UC after identifying differences in practice when working between two hospitals.

His research showed that ciclosporin does have a benefit for steroid-refractory UC patients, with 71% responding and 57% retaining their colon after one year. The research could lead to changes in future clinical practice since few trusts use ciclosporin. However, Nadeem finds it reassuring to know that there is now data to support the use of ciclosporin and his poster has been displayed in the outpatient clinic at Epsom and St Helier, where the research was conducted, to educate colleagues on the data.

Nadeem plans to take this research one step further and run a direct comparison between ciclosporin and infliximab.

Nadeem also presented a second abstract at UEGW: Endoscopic Retrograde Cholangiopancreatography (ERCP) is an important procedure for investigating and managing pancreaticobiliary disease. This study assessed the outcomes of ERCP in a district general hospital and compared them with the BSG audit. The results were comparable to the BSG audit and national standards.

Nadeem feels that the Shire Innovation Fund is a valuable initiative as it is important for pharmaceutical companies to help SpRs for the sake of patients. He will certainly recommend his colleagues apply for the fund, and found the application process simple and easy.

Nadeem feels that the Shire Innovation Fund is a valuable initiative as it is important for pharmaceutical companies to help SpRs for the sake of patients. He will certainly recommend his colleagues apply for the fund, and found the application process simple and easy.

UK/CORP/10/0393a. DATE OF PREPARATION: MAY 2011.