GASTROENTEROLOGY
Tbilisi, Georgia 2026

14th International Symposium of GASTROENTEROLOGY

Tbilisi, Georgia
03–06/06/2026

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14th International Symposium of GASTROENTEROLOGY

Tbilisi, Georgia 03–06/06/2026

Programme Thursday: June 4, 2026

09:00–09:10	**OPENING by the President of Czech Society of Gastroenterology and Vice-President of Georgian Society of Gastroenterology and Hepatology** Ilja TACHECI, *CZ* / Premysl FALT, *CZ;* Gocha BARBAKADZE, *GE*
09:10–10:00	**KEYNOTE LECTURE: The Future of Hepatology and Metabolic Health** Arun SANYAL, *US*
10:00–10:45	**Coffee break**
Session I	**Screening, Surveillance and Early Cancer Treatment – Current Challenges** **Chairman:** Helmut MESSMANN, *DE* / **Co-chairman:** Ondrej URBAN, *CZ*
10:45–11:00	**Pancreatic Cancer Screening: An Unattainable Goal?** Ondrej URBAN, *CZ*
11:00–11:15	**Lessons from the Czech National Colorectal Cancer Screening Program** Stepan SUCHANEK, *CZ*
11:15–11:30	**Barrett's Oesophagus: Still a Relevant Topic?** Helmut MESSMANN, *DE*
11:30–11:45	**The Quiet Killer in Cirrhosis: When and How to Screen for Hepatocellular Carcinoma** Tomas HUCL, *CZ*
11:45–12:00	**Discussion**
12:00–13:00	**Lunch**
Session II	**Fat in Focus: Cutting-Edge Approaches in the Diagnostics and Treatment of Liver Disorders and Complications** **Chairman:** Libor VITEK, *CZ* / **Co-chairman:** Ali CANBAY, *DE*
13:00–13:15	**Mechanisms of Diet-Induced Hepatotoxicity and Fibrosis: Bridging Basic Research and Clinical Practice** Martin ROSSMEISL, *CZ*
13:15–13:30	**Liver Enzymes in MASLD: What Do They Really Tell Us?** Libor VITEK, *CZ*
13:30–13:45	**Steatosis of the Liver and Pancreas: Clinical and Pathogenetic Parallels** Alexander NERSESOV, *KZ*

Programme Thursday: June 4, 2026

13:45–14:00	**The Liver as a Key Organ in Metabolic Health: Chronic Kidney Disease (CKD) and Cardiovascular Disease (CVD)** Ali CANBAY, *DE*
14:00–14:15	**Discussion**
14:15–15:15	**Interdisciplinary Panel Discussion on the Management of Metabolic Patients in the Era of GLP-1 RAs** (*audience interaction*) **Moderator:** Reinhold KREUTZ, *DE* **Panel:** Radan BRUHA, *CZ*; Ali CANBAY, *DE*; Martin BORTLIK, *CZ*; Libor VITEK, *CZ*; Arun SANYAL, *US*
15:15–15:35	**Coffee break**
Session III	**Common Mistakes in Gastroenterology – Lessons from Practice** **Chairman:** Martin BORTLIK, *CZ* / **Co-chairman:** Jan TACK, *BE*
15:35–15:50	**Current Challenges in Gastroesophageal Reflux Disease (GERD)** Edoardo SAVARINO, *IT*
15:50–16:05	**Challenges in Inflammatory Bowel Disease (IBD) Management** Martin BORTLIK, *CZ*
16:05–16:20	**Challenges and Pitfalls in the Diagnosis and Treatment of Functional Gastro-Intestinal Disorders** Jamilya KAIBULLAYEVA, *KZ*
16:20–16:35	**Common Errors in Antisecretory Management** Jan TACK, *BE*
16:35–16:50	**Gastroesophageal Reflux Disease (GERD) Treatment New Paradigm – Polish Experience** Dorota WASKO-CZOPNIK, *PL*
16:50–17:00	**Discussion**
19:15–00:00	**Dr. Bares Award Evening**

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09:00–09:05	**OPENING by the President of Czech Society of Gastroenterology** Ilja TACHECI, *CZ* / Premysl FALT, *CZ*
09:05–09:45	**KEYNOTE LECTURE: Metabolic Health as an Emerging Burden** Reinhold KREUTZ, *DE*
09:45–09:50	**Introduction of the Polish Society of Gastroenterology** Premysl FALT, *CZ* and Grazyna RYDZEWSKA-WYSZKOWSKA, *PL*
Session IV	**The Upper Gastrointestinal Tract (GIT): Winds of Change** **Chairman:** Grazyna RYDZEWSKA-WYSZKOWSKA, *PL* / **Co-chairman:** Jan TACK, *BE*; Jaroslaw REGULA, *PL*
09:50–10:05	**Pros and Cons of Treatment with PPIs** Barbara SKRZYDLO-RADOMANSKA, *PL*
10:05–10:20	**Gastrointestinal Complications of Treatment with GLP-1 RA Drugs** Anita GASIOROWSKA, *PL*
10:20–10:35	**Functional Dyspepsia (FD): Practical Aspect of Diagnostic Procedures and Treatment Patterns in Clinical Practice** Konrad LEWANDOWSKI, *PL*
10:35–10:50	**The Brain-Gut-Microbiota Axis: Current Concepts and Future Directions** Agata MULAK, *PL*
10:50–11:05	**Discussion**
11:05–11:30	**Coffee break**
Session V	**Unmet Clinical Needs in Upper and Lower Gastrointestinal Disorders** **Chairman:** Grazyna RYDZEWSKA-WYSZKOWSKA, *PL*
11:30–11:45	**Managing Low-Grade Dysplasia – How Early is too Early?** Hiroto MIWA, *JP*
11:45–12:00	**New Strategies for Acid Suppression, Ulcers Therapy and Gastric Muscosal Protection** Jose REMES-TROCHE, *MX*
12:00–12:15	**Unmasking Bile Acid Diarrhea: A Common yet Overlooked Cause of Chronic Diarrhea** Piotr EDER, *PL*

Programme

Friday: June 5, 2026

12:15–12:30	**The Bile Acid Trap: How Cholestyramine Can Change the Game** Jaroslaw DANILUK, *PL*
12:30–12:45	**The Influence of Intestinal Microbiota on Liver Function** Marek HARTLEB, *PL*
12:45–13:00	**Discussion**
13:00–14:00	**Lunch**
14:00–15:00	**EXPERTS DEBATE: Trends and Future Directions in GIT Diagnosis and Treatment – Highlights and Recommendations** **Moderator:** Grazyna RYDZEWSKA-WYSZKOWSKA, *PL* **Panel:** Jan TACK, *BE*; Maura CORSETTI, *UK*; Premysl FALT, *CZ*; Jaroslaw REGULA, *PL*
15:00–15:20	**Coffee break**
Session VI	**The Rise of Pancreatobiliary Endoscopy** **Chairman:** Manuel PEREZ-MIRANDA, *ES* / **Co-chairman:** Premysl FALT, *CZ*
15:20–15:35	**Endoscopic Treatment of Acute Cholecystitis – A Game Changer?** Premysl FALT, *CZ*
15:35–15:50	**Distal Biliary Obstruction – Comparison of Extra-Anatomical Approaches** Manuel PEREZ-MIRANDA, *ES*
15:50–16:05	**Difficult Choledocholithiasis and Pancreaticolithiasis – What's New?** Robert PROCHAZKA, *CZ*
16:05–16:20	**Discussion**
19:00–00:00	**Networking Event**

KEYNOTE SPEAKER & PANEL EXPERT

Arun **Sanyal**

Stravitz-Sanyal Institute for Liver Disease and Metabolic Health
Virginia Commonwealth University (VCU) Medical Center in Richmond, Virginia, USA

Arun J. Sanyal, MBBS, MD, graduated from Maulana Azad Medical College in New Delhi, India, in 1981. He completed his residency in internal medicine at the Texas Tech University Health Sciences Center at Amarillo, Texas, USA, in 1987. Between 1987 and 1989, he continued with a fellowship in gastroenterology at the Virginia Commonwealth University Medical Center in Richmond, Virginia, USA.
At the same institution, he now serves as Professor of Medicine, Physiology, and Molecular Pathology in the Division of Gastroenterology. At VCU, he is currently the Director of the Stravitz–Sanyal Institute for Liver Disease and Metabolic Health.
His research interests include all aspects of nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH), as well as complications of end-stage liver disease.
He has authored more than 450 articles in publications such as Cell Metabolism, Nature Medicine, New England Journal of Medicine, Lancet, Gastroenterology, Hepatology, *and the* Journal of Infectious Diseases *and holds an H-index of 154. He has been continuously funded by the NIH since 1995 and is the principal investigator of four active NIH grants.*
He was a founding member of the Hepatology Committee of the American Board of Internal Medicine. Formerly, he also served as Secretary as well as President of the American Association for the Study of Liver Diseases.
At present, he serves as Chairman of the National Institutes of Health (NIH) NASH Clinical Research Network, the Noninvasive Biomarkers of Metabolic Liver Disease (NIMBLE) consortium, and the Liver Forum for NASH and fibrosis.
He is the recipient of the Distinguished Mentorship Award from the American Gastroenterological Association and the Distinguished Scientific Achievement Award from the American Liver Foundation in 2017, as well as the Distinguished Achievement Award from the American Association for the Study of Liver Diseases (AASLD) in 2018.

EVOLVING TRENDS IN THE DIAGNOSIS AND TREATMENT OF MASLD

Metabolic dysfunction associated steatotic liver disease (MASLD) is a leading cause of chronic liver disease and hepatocellular cancer. It is a key non-communicable disease (NCD) and often co-exists with obesity, type 2 diabetes mellitus (T2DM), dyslipidemia and hypertension. Conversely the likelihood of having MASLD increases with the severity of obesity and also the number of these disorders that are present in a given individual. Having MASLD increases the risk of cardiovascular, metabolic and kidney outcomes. Also, the greater the fibrosis severity of MASLD, the greater is the incidence of these outcomes. These disorders often co-exist and are competing threats to life in patients with MASLD. It is therefore important to consider the diagnosis and treatment of MASLD not just from the perspective of liver disease but from a patient-centered perspective of metabolic health which integrates assessment and care of all of the metabolic threats to life. In those with clinical comorbidities associated with MASLD, it is important to evaluate the presence of MASLD as a screening step. There are also others who present with features of chronic liver disease who require assessment of not only MASLD but also alternate causes of liver disease that could account for their chronic liver disease e.g. viral hepatitis and alcohol related liver disease. In those who are otherwise asymptomatic and are being screened for MASLD, the pre-test probability of having MASLD is related to the severity of obesity and the number of comorbid metabolic risk factors. In obese diabetic individuals this risk approaches over 75%. In this setting a key evaluation step is to assess the severity of fibrosis particularly those with advanced stage 3 or 4 fibrosis which can be clinically silent. A first step is to use the FIB-4 test which provides important prognostic information and is broadly associated with fibrosis severity especially cirrhosis. In those with FIB-4 < 1.3, the risk of liver related events are very low and the principal risk is cardiovascular and cancer related. Those with a FIB-4 > 2.6 have a high risk of advanced fibrosis and have the greatest liver risk; these should be referred to hepatology and in the liver clinic the risk of outcomes can be further evaluated by the ELF test which is particularly associated with a high risk of outcomes when greater than 11.3. Other tests such as the Agile 3+, Agile4, ADAPT, MASEF, MAST and MeFIB have also been associated with advanced fibrosis but are largely in the realm of hepatology practice and research at this time. Some innovations include AI based algorithms to identify those with advanced fibrosis. In those with intermediate FIB4 (1.31–2.6), secondary testing with measurement of liver stiffness by VCTE or MRE or with ELF test is recommended. Based on these, the patients can be categorized to have high risk, intermediate risk or low risk for liver outcomes. It is also essential to use cardiac risk score e.g. AHA PREVENT and measures for glycemic control (A1C) and eGFR and urine albumin to creatinine ratio to assess competing risks in the patient. The management hinges on optimization of body weight with lifestyle, exercise and other activities. Many patients also have underlying depression and anxiety requiring specific management to optimize outcomes of lifestyle management. In those who are low risk for liver outcomes, the focus is weight optimization and reduction of cardio-metabolic risk. Statins are safe in this population and can be used even in compensated cirrhosis. Those with LSM 10–20 Kpa or ELF > 9 but < 10.5 may be considered for drug treatment. GLP-1 receptor agonists such as Semaglutide and Thyroxine beta receptor agonists (Resmetirom) are approved in the USA for MASH with F2–3 fibrosis. They are not yet approved for treatment of MASH cirrhosis. Second generation GLP-GIP, GLP-glucagon, GLP-GIP-glucagon agonists and oral GLP1 agonists are all under investigation for MASH. FGF21 analogs (Efruxifermin, Pegozafermin, and Efimosfermin) have all shown substantial benefit in phase 2 trials and are undergoing investigation. Those with cirrhosis require good glycemic control and assessment of cardiovascular disease and close monitoring of renal function. When MELD scores rise liver transplantation should be considered. Together, these provide individualized options for the treatment of MASLD.

CO-CHAIRMAN & SPEAKER

Ondrej **Urban**

Second Department of Internal Medicine, Gastroenterology and Geriatrics, University Hospital Olomouc, Czech Republic

Prof. Ondřej Urban, MD, PhD, received his MD from the Faculty of Medicine, Palacký University Olomouc, Czech Republic, in 1989, and his PhD in 2006. In 2018, he became Associate Professor at Charles University, Hradec Králové, and was appointed Full-Time Professor at Palacký University Olomouc, in 2023.

He has gained international experience in Germany at Inselspital Bern in 1992, and at Krankenhaus Hospital Hamburg in 1998; in the USA at Texas Medical Center in 1997 and Orlando Health Care in 2023; in South Korea at Soon Chun Hyang University Hospital, Seoul, in 2014, and in Spain at Hospital Valladolid in 2025.

Currently, he works as the Head of the Second Department of Internal Medicine, Gastroenterology and Geriatrics at University Hospital Olomouc, Czech Republic.

Prof. Urban specialises in therapeutic digestive endoscopy and has a particular interest in pancreatic diseases, including new concept of EURCP and pancreas fluid collections treatment, as well as screening of pancreatic cancer in high-risk individuals, cholangioscopy and endoscopic tissue resection.

He has authored and co-authored 142 articles including 67 in journals with IF, holding an H-index of 14.

Prof. Urban is a member of several scientific committees and professional organisations including the Scientific Committee of the Faculty of Medicine and Dentistry, Palacký University Olomouc, and the Scientific Committee of the Faculty of Medicine at Masaryk University Brno, Czech Republic.

He is also a member of the European Society of Gastrointestinal Endoscopy (ESGE), and Past-President of the Czech Society of Gastroenterology and of the Endoscopy Section of CSG. Between 2005 and 2026, he served as Director of the (Ostrava) Olomouc Live Endoscopy.

PANCREATIC CANCER SCREENING: AN UNATTAINABLE GOAL?

Pancreatic ductal adenocarcinoma (PDAC) is a disease with high mortality. Its incidence is rising in developed countries. In the USA, PDAC accounts for 3% of all carcinomas and contributes to 8% of cancer mortality. It is projected to become the second most common cause of tumor-related death around 2030. The five-year relative survival rate is 12.8% and critically depends on the disease stage: for carcinoma in situ, localized, regional, and generalized disease, it reaches 84%, 41.6%, 14.4%, and 3%, respectively. The only hope for cure lies in detecting the disease at a stage that allows radical surgical treatment.

Diagnosis of Symptomatic Patients

The late onset of PDAC symptoms is the main reason for unsatisfactory diagnostics. The primary diagnostic modality for symptomatic individuals is computed tomography (CT), or magnetic resonance (MR) in some cases. In certain instances, endoscopic ultrasonography (EUS) and EUS-guided biopsy are necessary. Currently, however, only 20% of patients reach surgery, and just 10% can undergo radical resection.

Screening for PDAC in the General Population

The population risk of PDAC is 1.6%. Screening, or diagnosing the disease in an asymptomatic population, is established for several tumors. For PDAC, however, it is not feasible at the current level of knowledge due to the lack of a suitable screening test. Expert authorities recommend against PDAC screening due to its low yield and potential harm to screened individuals. It can be assumed that advances in research on new biomarkers may change this view in the future.

Surveillance for PDAC in High-Risk Individuals (HRIs)

HRIs are consensually defined as those with a lifetime risk of PDAC ≥ 5%. Approximately 10–15% of PDACs arise in HRIs, of which 20% are associated with hereditary tumor syndromes, while no specific genetic locus has been defined for the remaining 80%. HRIs thus fall into one of two categories:

Familial pancreatic cancer is defined by an accumulation of PDAC in a family without a diagnosed hereditary cancer syndrome. Diagnosis requires at least two affected relatives on the same side of the family, with at least one being a first-degree relative. The risk of pancreatic cancer significantly increases with the number of affected relatives and can reach up to 12% in a 75-year-old with ≥ 3 affected first-degree relatives. The risk is further elevated in families where the youngest affected individual is under 50 years old.

Hereditary cancer syndromes are defined by the detection of a germline pathogenic mutation. The PDAC risk varies widely depending on the mutation type (Table 1).

Table 1. Hereditary syndroms related to high-risk of PDAC

Mutation	Syndrom	Life-time risk
ATM	Ataxia teleangiectasia	9.5%
BRCA1/BRCA2/PALB2	Hereditary cancer of ovary and breast	2.2–7%
CDKN2A	Hereditary melanoma	19–25%
STK/LKB1	Peutz-Jaghers	11–36%
MLH1/MSH2/MSH6	Lynch	3.7–6.2%
PRSS1/SPINK2	Hereditary pancreatitis	7.2–53.3%

In HRIs, some recent studies have demonstrated the positive impact of surveillance. The most significant of these, the Carcinoma of the Pancreas Screening Study (CAPS), showed that carcinomas diagnosed within surveillance were stage I in 58% of cases, with a five-year survival rate of 73% and a median overall survival of 9.8 years. Detecting the disease at an early stage with a favorable prognosis is the main benefit of surveillance. A limitation is the high rate of "low-yield surgeries", i.e., the absence of carcinoma or pre-cancerous lesions with high-grade dysplasia in the resection specimen. Currently, no suitable PDAC biomarker is available, and diagnosis in the asymptomatic stage relies on imaging methods such as endoscopic ultrasonography (EUS) and magnetic resonance (MR). CT imaging is unsuitable due to radiation exposure. The main advantage of EUS over MR is its reported higher detection rate for small solid lesions and the option for biopsy. Disadvantages include greater invasiveness and higher dependence on the examiner's experience. Most authorities recommend repeating both methods annually or alternating them every 6 months. The entry age into the program depends on the type of germline mutation and the age of onset in the youngest affected relative. Only individuals who are potential surgical candidates and are informed about the benefits and risks can benefit from surveillance. Although clinical surveillance is recommended by major expert institutions, it should preferentially occur within research protocols. Our group has developed interdisciplinary consensus indication criteria for surveillance in our country.

Our preliminary data were obtained from analyzing a pilot cohort of HRIs prospectively enrolled in the Hereditary Pancreas Cancer Surveillance (HEPACAS) project. We launched the project in 2023, and more than 400 asymptomatic HRIs have been registered across 9 leading Czech gastroenterology centers to date. In 2025, a cohort of 373 probands was analyzed, revealing 1 operable PDAC (stage pT2) and 3 pancreatic neuroendocrine tumors. Pathological pancreatic findings were detected in 34% of individuals, with pancreatic cysts in 22%. The preliminary data indicate that surveillance is feasible and leads to the detection of target lesions.

SPEAKER

Stepan **Suchanek**

GI Endoscopy Unit, Department of Medicine, First Faculty of Medicine,
Charles University and Military University Hospital Prague, Czech Republic

Štěpán Suchánek, MD, PhD, graduated from the First Faculty of Medicine, Charles University, Prague, receiving his MD in General Medicine in 2002. He completed his residency in gastroenterology in 2009 and obtained his PhD at the Faculty of Military Medicine, University of Defence, in 2014. In 2018, he was appointed Associate Professor at the First Faculty of Medicine of Charles University in Prague.
Dr. Suchánek currently leads the GI Endoscopy Unit at the Department of Medicine of the Military University Hospital Prague, and is an expert in the field of digestive endoscopy.
His current research interests include the study of Helicobacter pylori *infection and its relationship to gastric cancer, with a strong emphasis on integrating these findings into screening programmes for both gastric and colorectal malignancies.*

His clinical and research activities focus primarily on the endoscopic diagnosis and treatment of pre-neoplastic and neoplastic lesions of the gastrointestinal tract.
He is deeply committed to colorectal cancer screening, serving as Chairman of the Colorectal Cancer Screening Commission at the Ministry of Health of the Czech Republic. In his advanced endoscopic practice, he specialises in Endoscopic Submucosal Dissection (ESD) and Endoscopic Full-Thickness Resection (eFTR).
As a principal investigator, he manages several projects supported by the Czech Health Research Council (AZV) and remains actively involved in undergraduate and postgraduate medical education.

LESSONS FROM THE CZECH NATIONAL COLORECTAL CANCER SCREENING PROGRAM

The National Colorectal Cancer (CRC) Screening Program in the Czech Republic has undergone significant evolution since its inception and currently faces new challenges requiring the rationalization and modernization of the entire process. The primary goal remains the continuous reduction of CRC incidence and mortality. Over the past two decades, the program has achieved a **32% reduction in age-standardized incidence** and a **48% reduction in age-standardized mortality**.

The current screening model is based on a stable design utilizing either the **Fecal Immunochemical Test** (FIT), which has been the exclusive occult blood test since 2014, or **screening colonoscopy**. Recent data from 2023 show that total coverage of the target population aged 50+ reached 37.5%. In that year, over 55,000 screening and FIT-positive colonoscopies were performed, detecting adenomas in 41% and carcinomas in 2% of those examined.

A fundamental innovation of the program, implemented as of **January 1, 2026**, is the change in the screening age range to **45–74 years**. This adjustment responds to the global trend of increasing "early-onset CRC" among younger adults and follows international recommendations. Risk analysis confirmed that the 45–49 age group exhibits the highest proportion of advanced cancer stages (57.3%), likely due to the absence of prior screening. Conversely, for individuals aged 75 and older, risks arising from comorbidities and colonoscopy complications often outweigh the benefits of screening.

Cost-effectiveness modeling demonstrated that a **biennial FIT strategy for ages 45–74** is the most effective and least expensive long-term approach. Although the initial phase involves an increase in screening examinations by approximately 6.7%, the healthcare system can absorb this load due to capacity saved by capping the upper age limit at 74.

To ensure program quality, new standards have been introduced, including mandatory **External Quality Assessment** (EQA) for POCT analyzers in physician offices and the standardization of the FIT cut-off value at **15 µg Hb/g of stool**. Future steps are directed toward further rationalization, including the unification of FIT intervals and potential adjustments of cut-off values based on actual population positivity rates. The National CRC Screening Program remains a dynamic system that effectively integrates scientific evidence with clinical practice to maximize the prevention of colorectal neoplasia.

CHAIRMAN & SPEAKER

Helmut **Messmann**

Department of Internal Medicine III (Gastroenterology, Hepatology, GI-oncology, Infectiology, Rheumatology, Intensive Care medicine), University Hospital Augsburg, Germany

Prof. Helmut Messmann, MD, obtained his medical degree at University of Regensburg in 1987. After that, he was a research fellow at the Institute of Clinical Pharmacology of the same institution from 1987 to 1988, and at University College London in 1994.
He completed his residency at the Hospital of the Barmherzigen Brüder, Regensburg, in 1992, and at the Clinic and Policlinic of Internal Medicine I of the University of Regensburg, in 1998. He served as Assistant Medical Director of the same institution and Chief Medical Consultant of the Department of Endoscopy and Department of GI-Oncology.
Prof. Messmann is currently Director of the Department of Internal Medicine III, University Hospital Augsburg, Germany.
His main research interests include interventional endoscopy with focus on management of early GI-neoplasia, and GI-oncology. He is listed in FOCUS as TOP EXPERT for GI-Neoplasia and Endoscopy.
His clinical and scientific priorities also include intensive care medicine. He is a leading expert in Barrett's oesophagus and was the first to publish a deep learning system designed to detect Barrett's neoplasia using artificial intelligence.
In 2020, he received the German research award of DGVS (Artificial Intelligence in Barrett's Oesophagus).
He has published more than 300 original papers and reviews and has been editor of several books such as "Lehratlas der Koloskopie".
He has been a working group leader in many guidelines such as DGVS and ESGV, member of editorial board for several journals and reviewer of more than 20 journals and societies.
Prof. Messmann has been member of numerous medical and scientific societies, such as the American Gastroenterological Association (AGA), the American Society of Gastrointestinal Endoscopy (ASGE), the European Society of Gastrointestinal Endoscopy where he served as President from 2021 to 2023, the German Society of Endoscopy where he was President in 2008 and has been a Board member since 2008), the German Society of Digestive and Metabolic Disease (DGVS) (Secretary for the Section of Endoscopy), World Endoscopy Organisation (WEO), among others.
He is a fellow of the JGES and ASGE.

BARRETT'S ESOPHAGUS - STILL A RELEVANT TOPIC?

Barrett's esophagus (BE) remains the major recognized precursor of esophageal adenocarcinoma (EAC), a malignancy whose incidence has increased considerably over recent decades. Despite advances in endoscopic imaging and surveillance, a relevant proportion of Barrett-associated high-grade dysplasia and early cancers may still be missed during routine endoscopy. Small, flat or depressed lesions are particularly challenging, emphasizing that the quality of endoscopic examination remains crucial.

Current guidelines do not recommend population-based screening for BE. Instead, case finding should focus on selected patients with chronic gastroesophageal reflux disease and additional risk factors. Surveillance intervals should be adapted to Barrett length and individual risk. High-definition endoscopy, sufficient inspection time, careful documentation according to the Prague classification, targeted assessment of visible abnormalities and systematic biopsies remain cornerstones of high-quality surveillance.

The management of Barrett neoplasia has changed fundamentally. Careful reassessment in an expert center is important, since lesions initially considered non-visible may become detectable during expert endoscopy; in patients referred with confirmed low-grade dysplasia, expert restaging may even reveal high-grade dysplasia or cancer. Advanced imaging techniques and classification systems such as the BING criteria improve characterization of suspicious areas. In addition, artificial intelligence is emerging as a promising tool for detection and characterization of Barrett neoplasia and may help standardize diagnostic performance between experts and non-experts.

For confirmed neoplasia, endoscopic therapy has largely replaced surgery in appropriately selected patients. Visible lesions should undergo endoscopic resection by EMR or ESD, followed, when indicated, by eradication of the remaining Barrett mucosa using ablative techniques such as radiofrequency ablation. Even recurrent or previously treated Barrett neoplasia can frequently still be managed successfully by advanced endoscopic resection in experienced centers.

In conclusion, Barrett's esophagus is still a highly relevant topic. The major challenge today is no longer simply recognizing Barrett's esophagus, but identifying the patients at risk, detecting neoplasia at the earliest possible stage, and providing high-quality, organ-preserving endoscopic treatment. Improvements in endoscopic quality, expert-center management and artificial intelligence are likely to further improve outcomes in the future.

SPEAKER

Tomas **Hucl**

Department of Gastroenterology and Hepatology, Institute for Clinical and Experimental Medicine (IKEM), Prague, Czech Republic

Prof. Tomáš Hucl, MD, PhD, graduated from the First Faculty of Medicine of Charles University in Prague, Czech Republic, in 2000. He obtained his specialisation in internal medicine in 2003, and in gastroenterology and hepatology in 2008. He received his doctoral degree from Charles University in 2007.
He held the post of Associate Professor at Charles University from 2015 to 2021, when he was appointed Full Professor. Currently, he is Head of the Department of Gastroenterology and Hepatology at the Institute for Clinical and Experimental Medicine (IKEM) where he has been working since 2000. He has been a recipient of several international fellowships, notably at Keio University, Tokyo, Japan, in 2023; at the Asian Institute of Gastroenterology, Hyderabad, India, in 2012; at the Academic Medical Centre in Amsterdam, Netherlands, in 2008; at John Hopkins University School of Medicine, Baltimore, USA, in 2005–2007; at University of Heidelberg, Germany, in 2003–2004; and at Federal University of Porto Alegre, Brazil, in 1999. Among other achievements, he won the second place in the Dr. Bares Award in 2010 and again in 2012. He is the holder of three patents in the field of gene therapy.
Prof. Hucl is a member of the European Society of Gastrointestinal Endoscopy (ESGS), where he has also served as the Chair of the Scientific Committee since 2023. His other memberships include the United European Gastroenterology, the Czech Society of Hepatology, the Czech Society of Internal Medicine, and the Czech Society of Gastroenterology where he has been a member of the Governing Board since 2018, as well as the World Endoscopy Organization, where he was a member of the Education Committee from 2014 to 2019.

THE QUIET KILLER IN CIRRHOSIS: WHEN AND HOW TO SCREEN FOR HEPATOCELLULAR CARCINOMA

Hepatocellular carcinoma (HCC) remains one of the leading causes of cancer-related mortality worldwide, largely because many patients are diagnosed at an advanced stage. Surveillance of individuals at increased risk – particularly those with cirrhosis and selected patients with chronic hepatitis B – offers the opportunity to detect HCC at an early, potentially curable stage. Current guidelines recommend semiannual ultrasound, with or without alpha-fetoprotein (AFP), although the performance of surveillance is influenced by patient characteristics, liver disease etiology, and the quality of imaging. This presentation will review the evidence supporting HCC surveillance, discuss current guideline recommendations, highlight limitations of existing screening strategies, and explore emerging approaches, including risk-stratified surveillance, novel biomarkers, and artificial intelligence-assisted imaging. Optimizing surveillance programs and improving adherence remain essential to increasing early detection and improving survival outcomes in patients at risk of HCC.

SPEAKER

Martin **Rossmeisl**

Laboratory of Adipose Tissue Biology, Institute of Physiology, Czech Academy of Sciences, Prague, Czech Republic

Funding: Research relating to this abstract was funded by the Czech Science Foundation (23-04100L) and the Ministry of Health of the Czech Republic (NW26-01-00102); also, an output of project no. LX22NPO5104 "Funded by the European Union Next Generation EU".

Martin Rossmeisl, MD, PhD, obtained his medical degree at the First Faculty of Medicine, Charles University in Prague, in 1993. He completed his doctoral studies in biochemistry jointly at the same faculty and at the Institute of Physiology. Between 1999 and 2002, he continued with postdoctoral studies at the Pennington Biomedical Research Institute in Baton Rouge, Louisiana, USA, focusing on mouse genetics, QTL mapping, and UCP1-independent thermogenesis, as well as on disturbances in glucose homeostasis regulation in mice with diet-induced obesity.

Currently, he is Principal Senior Researcher and Head of the Laboratory of Adipose Tissue Biology at the Institute of Physiology of the Czech Academy of Sciences in Prague, Czech Republic.

During his career, he focused on studying the effects of n-3 *polyunsaturated fatty acids (omega-3 PUFA) and various pharmaceuticals on insulin sensitivity and glucose metabolism in obese mice. His long-standing interest in the metabolic effects of dietary omega-3 PUFA also focuses on metabolic dysfunction-associated steatotic liver disease (MASLD), and the interaction between adipose tissue and the liver.*

Recently, he has also been involved in preclinical and clinical studies investigating the effects of chronic or acute exercise on adipose tissue health and the synthesis and release of fatty acid esters of hydroxy fatty acids (FAHFA). He has authored more than 80 peer-reviewed publications in impacted journals and holds an H-index of 38.

He is a member of professional societies such as the Czech Society for Study of Obesity, Czech Diabetes Society, EASD, EASO, and ISSFAL. He is a member of the Scientific Council of the Third Faculty of Medicine, Charles University. Between 2013 and 2025, he served on several evaluation committees of the Czech Science Foundation, and he has been or is the PI or co-PI of projects funded by the Czech Science Foundation, Technology Agency of the Czech Republic, or Ministry of Health. He was a team member in EU-funded projects under FP6 and FP7 calls (2005–2015), or team leader in H2020-MSCA-ITN-2016 project (2017–2021). Current national collaborations include academia and clinics, while international collaborations include the Medical University of Graz (Austria), Nencki Institute of Experimental Biology (Poland), and Norwegian omega-3 PUFA manufacturers.

MECHANISMS OF DIET-INDUCED HEPATOTOXICITY AND FIBROSIS: BRIDGING BASIC RESEARCH AND CLINICAL PRACTICE

Metabolic dysfunction-associated steatotic liver disease (MASLD) represents a spectrum of disorders ranging from increased intrahepatic fat accumulation to metabolic dysfunction-associated steatohepatitis (MASH), which is associated with inflammatory changes and hepatocellular damage accompanied by fibrosis. To identify the mechanisms involved in MASLD progression, dietary animal models are needed that more closely resemble the human diet and thus better recapitulate the disease pathology in humans. Disease progression leading to MASH is influenced by both the total energy content of the diet and its macronutrient composition. The latter includes: (i) fats, with saturated fats having a greater ability to promote liver steatosis compared to polyunsaturated ones, (ii) carbohydrates, where dietary sucrose contributes to liver inflammation and sweetened beverages, as the main dietary source of fructose, can further promote hepatic steatosis, and (iii) cholesterol, whose dietary content of at least 0.5%, in combination with high fat and sugar intake, can promote inflammation and fibrosis. It is known that the Western-style diet (WD), which is particularly rich in sucrose, saturated fats, and cholesterol, promotes MASH even in rodents. Using two types of WD with similar macronutrient composition (21% milk fat, 40.5% sucrose, 1.25% cholesterol), which were administered for up to 20 weeks in combination with the consumption of a sweetened drink, we recently established two models of progressive MASLD in C57BL/6J mice. The first WD did not increase adiposity but rapidly induced liver steatosis, which was accompanied by the early onset of inflammation and fibrosis that persisted throughout the study; the second WD gradually increased body weight and hepatic fat accumulation, but with a delayed onset of inflammation. These results support the critical role of adipose tissue in both the development and progression of MASLD. Finally, we investigated the effects of dietary supplementation with *n*-3 polyunsaturated fatty acids (omega-3 PUFA) on WD-induced MASH, using the aforementioned mouse model associated with obesity and delayed liver inflammation. In WD-fed mice, liver weight, histopathological scores, and plasma injury markers increased significantly, while reduced mitochondrial oxidative capacity was observed in primary hepatocytes; proteomic analysis then revealed an important role for pathways such as autophagy and efferocytosis in the liver phenotype of these animals. Conversely, omega-3 PUFA supplementation via phospholipids reduced liver steatosis and suppressed inflammatory responses more effectively than other forms of supplementation (i.e., triacylglycerols, ethyl esters). All forms partially prevented the WD-induced decline in mitochondrial respiration. Regardless, in mice with progressive MASLD, phospholipids appear to have stronger antisteatotic and anti-inflammatory effects compared to other forms of omega-3 PUFA supplementation.

CHAIRMAN & SPEAKER & PANEL EXPERT

Libor Vitek

1st Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic

Prof. Libor Vítek, MD, PhD, MBA, graduated from the First Medical Faculty of Charles University in Prague, Czech Republic, in 1994. He received his specialist diploma in internal medicine and clinical biochemistry in 1997 and 2000, respectively. In 1993, he spent 3 months at Harvard Medical School, USA, participating in a clinical study, and had a 6-month research stay at the Catholic University in Leuwen, Belgium, in 1998. In 2001, he obtained a doctoral degree in biochemistry and pathobiochemistry from Charles University, Prague. Additionally, he studied at Prague International Business School, graduating with an MBA in 2005.
He was habilitated in 2005 and appointed Full Professor at Charles University in Prague in 2008.
Currently, his is Head of Hepatology Lab at the Institute of Medical Biochemistry and Laboratory Diagnostics, General University Hospital in Prague, Czech Republic.
Professor Vítek focuses his research on biological effects of heme oxygenase, carbon monoxide and bile pigments; intestinal metabolism of bile pigments; nutrition, nutritional biochemistry, oxidative stress, pathogenesis of liver diseases, atherosclerosis and carcinogenesis.
He has published extensively in domestic and international press, including New England Journal of Medicine and Medicinal Research Reviews, and holds an H-index of 48.
He serves as Associate Editor for the International Journal of Molecular Sciences and Annals of Hepatology.
He also holds a European, international and Czech patent.
Prof Vítek is a member of several Czech, European and American societies and associations, including the American Association for the Study of the Liver (AASLD), the American Gastroenterology Association, the European Association for the Study of the Liver (EASL), and the Czech Hepatology Society.
Professor Vítek has been distinguished with the Josef V. Koštíř Prize awarded by the Czech Society for Biochemistry and Molecular Biology in 2021, and an Award of the Minister of Health of the Czech Republic in 2022.

LIVER ENZYMES IN MASLD: WHAT DO THEY REALLY TELL US?

The main steatotic liver diseases (MASLD, MetALD, ALD) represent a global threat, affecting more than 35% of the world's population and, more importantly, contributing to cardiovascular morbidity and mortality. MASLD is often associated with an elevation of ALT and GGT, and less frequently also with AST and ALP. Interestingly, there is also a negative correlation with serum bilirubin concentrations. Elevated liver enzymes and lower serum bilirubin concentrations are strong predictors of cardiovascular morbidity and all-cause mortality. Notably, elevated liver enzymes are found in one third of men and one tenth of women in the general Czech population over the age of 40, and similar rates occur also in western Europe and the US population.

While ALP is only a surrogate marker of MASLD due to induced microscopic cholestasis, other liver enzymes appear to also play a causal role in the development and progression of MASLD.

1) ALT catalyzes the conversion of alanine to pyruvate, which is a key step in gluconeogenesis in the liver. People with (even congenital) higher ALT activity (it is indeed heritable!) may have a persistently increased tendency toward excessive glucose production in the liver. This leads to the development of insulin resistance and type 2 diabetes, and these individuals have a higher mortality rate!
2) AST (particularly the mitochondrial isoform) plays a crucial role in the malate-aspartate shuttle, which transports reducing equivalents into the mitochondrial matrix. Excessive AST activity leads to mitochondrial dysfunction and increased oxygen radical production, resulting in their accelerated aging and death, as well as increased mortality. Furthermore, both aminotransferases produce glutamate as a by-product of their reactions. When elevated, they contribute to an imbalance of amino acids (particularly glutamate), which negatively affects the metabolism of the brain (excitotoxicity) and also the vascular wall.
3) In MASLD, intracellular glutathione is depleted due to increased consumption and decreased production (physiologically up to 10 g per day!), and elevated GGT serves as a compensatory mechanism to increase its levels within the cell. However, the overproduction of cysteinylglycine (a product of GGT) in extracellular space in patients with elevated GGT activities leads to increased production of oxygen radicals and results, for example, in increased oxidation of LDL cholesterol.

Hence, elevated liver enzyme activities (even high-normal) represent an important predictor of health, but also a target for therapeutic intervention with lifestyle, nutraceutical, chemopreventive, and chemotherapeutic approaches having an important role.

SPEAKER

Alexander **Nersesov**

S.D. Asfendiyarov Kazakh National Medical University, Institute of Gastroenterology, Hepatology and Metabolism "Interna Clinic", Kazakh Association for the Study of the Liver, Almaty, Kazakhstan

Prof. Alexander V. Nersesov, MD, ScD, studied medicine at the Kazakh State Medical University and completed his residency in internal medicine. After that, he went on to specialise in gastroenterology and immunology, receiving his academic degrees of PhD in 1992, ScD in 1999, and academic ranks of Associate Professor and Full Professor in 2003.

Throughout his career, Prof. Nersesov has held various senior roles including Head of the Clinical Department at the Research Center of Nutrition, Almaty, Kazakhstan in 2000, Professor of Internal Medicine at the Kazakh State Medical Academy, Astana, Kazakhstan in 2001–2008, Head of the Department of Gastroenterology and Hepatology at the National Research Institute of Cardiology and Internal Medicine in 2009–2012, and Chair of Gastroenterology, Hepatology and Endoscopy in 2012–2019.

Between 2001 and 2008, he combined his academic career with state service at the Ministry of Health of the Republic of Kazakhstan as Director of Medical Care and Prevention and Counsellor for the Minister. In 2009, he became a Visiting Fellow in Hepatology at the National Health Organization Nagasaki Medical Center in Japan.

Currently, he is Head of the Department of Gastroenterology at the S.D. Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan, Invited Professor of the Department of Propaedeutics, Gastroenterology and Dietetics at the North-Western State Medical University named after I.I. Mechnikov, St Petersburg, Russia, and Consultant for the Medical Center of the Administration of the President of the Republic of Kazakhstan.

Prof. Nersesov's main clinical and research interests are chronic viral hepatitis, autoimmune liver disease and liver cirrhosis complications. He has authored and co-authored 178 publications in local and international journals, and has been affiliated with several professional organisations including European Association for the Study of the Liver (EASL), American Association for the Study of Liver Diseases (AASLD), and Asian Pacific Association for the Study of the Liver (APASL). Since 2007, he has served as President of the Kazakh Association for the Study of the Liver (KASL).

Professor Nersesov provides clinical supervision, serves as a principal investigator in clinical trials and is the main organiser of local and international conferences on gastroenterology and hepatology in Kazakhstan.

FATTY PANCREAS DISEASE: FROM AN INCIDENTAL IMAGING FINDING TO A CLINICALLY RELEVANT METABOLIC DISORDER

Background: Fatty pancreas disease (FPD) is increasingly recognized as a manifestation of ectopic fat accumulation associated with obesity, insulin resistance, and metabolic dysfunction. Although frequently detected by abdominal imaging, its clinical significance, diagnostic criteria, and therapeutic implications remain incompletely defined. Growing evidence suggests that FPD extends beyond an incidental radiological finding and may contribute to both pancreatic and systemic metabolic disorders.

Objective: To summarize current evidence on the epidemiology, pathophysiology, diagnosis, clinical associations, and management of FPD, with emphasis on its relationship with metabolic dysfunction-associated steatotic liver disease (MASLD) and its implications for clinical practice.

Results: FPD develops through metabolic fat infiltration and fatty replacement following acinar cell loss. Experimental data implicate lipotoxicity, chronic low-grade inflammation, mitochondrial dysfunction, oxidative stress, stellate cell activation, and acinar-to-adipocyte transdifferentiation in disease pathogenesis. MRI proton density fat fraction (MRI-PDFF) currently represents the most accurate noninvasive technique for quantitative assessment of pancreatic fat, although validated diagnostic thresholds remain unavailable. Meta-analyses demonstrate a strong bidirectional association between FPD and MASLD, supporting the concept that both conditions represent complementary manifestations of systemic metabolic dysfunction. FPD has been independently associated with insulin resistance, type 2 diabetes mellitus, metabolic syndrome, acute pancreatitis, and pancreatic cancer risk. However, causal relationships remain to be established, particularly regarding pancreatic malignancy and exocrine pancreatic insufficiency. At present, no disease-specific pharmacotherapy has been approved. Lifestyle modification and sustained weight reduction remain the cornerstone of management, while optimization of associated metabolic disorders (including MASLD, type 2 diabetes, obesity, and dyslipidemia) is recommended. Pancreatic enzyme replacement therapy should be reserved for patients with documented exocrine pancreatic insufficiency rather than pancreatic steatosis itself.

Conclusions: FPD is emerging as a clinically relevant metabolic disorder rather than a simple imaging finding. Current evidence supports its close association with MASLD and adverse pancreatic and metabolic outcomes. Standardized MRI-based diagnostic criteria, prospective longitudinal studies, and therapeutic trials are needed to clarify its natural history and determine its role in risk stratification and precision metabolic medicine.

CO-CHAIRMAN & SPEAKER & PANEL EXPERT

Ali Canbay

Department of Internal Medicine, Universitätsklinikum Knappschafts-krankenhaus and Medical Faculty, Ruhr-University, Bochum, Germany

Prof. Ali Canbay, MD, received his MD in 1997, and licence to practise medicine in 1999. He completed his residency at the Centre for Internal Medicine, Department of Gastroenterology and Hepatology at University Hospital Essen, Germany, in 2001 and 2007, respectively, and was board-certified as consultant in internal medicine. Between 2001 and 2003, he made a research stay at Mayo Clinic, Rochester, Minnesota, USA. In 2007, he obtained his post-doctoral lecture qualification, and in 2008, he received additional qualification in intensive care medicine. In 2010, he was appointed Extraordinary Professor. In the same year, he specialised in gastroenterology. In 2018, he obtained qualification in transplantation medicine and pharmacological tumour therapy. He currently serves as Head of the Department of Internal Medicine at University Hospital Knappschaftskrankenhaus Bochum in Germany, and Professor of Gastroenterology at Medical Faculty of Ruhr-University in Bochum, Germany. He specialises in gastroenterology and hepatology and intensive care medicine, focusing mainly on endoscopy, endocrinology, hepatobiliary carcinogenesis and transplantation hepatology.

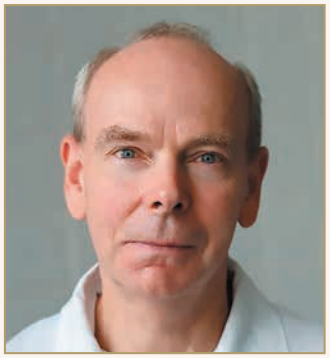
Throughout his professional career, he has held various senior roles, such as Deputy Director of the Department of Gastroenterology and Hepatology or Head of the Intermediate Care Ward at University Hospital Essen, Germany, or W-3 Professor of Gastroenterology and Head of the Department of Gastroenterology, Hepatology and Infectious Diseases at Otto-von Guericke University in Magdeburg, Germany. He has been active in various associations including the German Association for the Study of the Liver, serving as President in 2022–2023. He is a member of the guideline commission on liver transplantation (DGVS) and a Panel member of the European Guideline Commission for EASL-EASD-EASO Clinical Practice Guidelines for the management of non-alcoholic fatty liver disease.

Prof. Canbay has received several awards including Edward Kendall Award (Mayo Clinic Rochester, MN, USA), and the Hiromasa Ishi Memorial Award of the International Society for Biomedical Research on Alcoholism (ISBRA, Japan).

He acts as Associate Editor and member of editorial boards of various scientific journals, and has been editor of several textbooks and book chapters. He co-authored numerous articles in international peer-reviewed journals such as the Journal of Hepatology, Clinical Gastroenterology & Hepatology, *and* Journal of Clinical Investigation.

THE LIVER AS A KEY ORGAN IN METABOLIC HEALTH: CHRONIC KIDNEY DISEASE (CKD) AND CARDIOVASCULAR DISEASE (CVD)

Metabolic dysfunction-associated steatotic liver disease (MASLD), formerly known as non-alcoholic fatty liver disease (NAFLD), has emerged as one of the most prevalent chronic liver conditions worldwide, affecting approximately 25% of adults. It is primarily driven by metabolic dysfunction, including insulin resistance, obesity, and dyslipidemia, and is characterized by hepatic steatosis that may progress to steatohepatitis (MASH), fibrosis, cirrhosis, and hepatocellular carcinoma. Increasing evidence highlights MASLD as a multisystem disease with important extrahepatic manifestations, particularly cardiovascular disease (CVD) and chronic kidney disease (CKD), which significantly contribute to morbidity and mortality. The progression of MASLD is influenced by a complex interplay of genetic predisposition (e.g., PNPLA3, TM6SF2, LAL-D-related variants), environmental factors such as diet and gut microbiota, and metabolic comorbidities including type 2 diabetes mellitus (T2DM), obesity, and CVD. Importantly, MASLD is no longer considered an isolated hepatic condition but rather part of a broader cardio-reno-hepato-metabolic continuum. Shared pathophysiological mechanisms – including insulin resistance, chronic low-grade inflammation, endothelial dysfunction, and dysbiosis of the intestinal microbiota – contribute simultaneously to hepatic injury, atherogenesis, and renal impairment. CVD represents the leading cause of death in patients with MASLD. The disease is strongly associated with coronary artery disease, peripheral arterial disease, and carotid atherosclerosis. Clinical and epidemiological studies have demonstrated that MASLD independently predicts cardiovascular events and correlates with the severity of coronary atherosclerosis and liver fibrosis. Similarly, overlapping metabolic and inflammatory pathways link MASLD with CKD, where renal lipid accumulation, renin-angiotensin-aldosterone system (RAAS) activation, and uremic toxin-mediated inflammation further exacerbate disease progression. From a mechanistic perspective, insulin resistance in adipose tissue, liver, and muscle drives systemic metabolic dysregulation, promoting increased free fatty acid flux, hepatic triglyceride accumulation, atherogenic dyslipidemia, and endothelial dysfunction. These processes establish a vicious cycle linking hepatic steatosis with cardiovascular and renal pathology. In addition, genetic factors and lipid handling disorders further contribute to organ-specific and systemic disease manifestations. Given its systemic nature, MASLD requires an interdisciplinary management approach. Cardiologists, hepatologists, and nephrologists play a central role in early identification of high-risk patients, particularly those with obesity, diabetes, and dyslipidaemia. Therapeutic strategies include lifestyle modification (weight loss, dietary optimization, and physical activity) as well as pharmacological interventions such as statins, SGLT2 inhibitors, GLP-1 receptor agonists, and emerging dual incretin therapies, which demonstrate beneficial effects across metabolic, cardiovascular, and renal domains. In conclusion, MASLD represents a central node in the interconnected network of metabolic, cardiovascular, and renal disease. Early detection and integrated treatment strategies targeting shared pathophysiological mechanisms are essential to improving outcomes and reducing the global burden of CVD and CKD.



PANEL EXPERT

Radan **Bruha**

Fourth Internal Clinic, General University Hospital, First Faculty of Medicine, Charles University, Prague, Czech Republic

Prof. Radan Brůha, MD, PhD, received his MD degree in 1998, and completed his certification in gastroenterology and hepatology in 1999. Since 2016, he has been Professor at Charles University in Prague (Internal medicine, First Faculty of Medicine). Since 2019, Professor Brůha has served as Head of the Fourth Internal Clinic of the General University Hospital and the First Faculty of Medicine, Charles University in Prague, Czech Republic.

His main areas of interest are metabolic liver diseases, including MASLD/SLD, rare inherited disorders, liver cirrhosis, portal hypertension and diseases of the biliary tract.

Prof. Brůha has contributed to the organisation of several multicentre studies in portal hypertension, MASLD/SLD and rare diseases. He has also been involved in international collaborations in the field of MASLD, portal hypertension and Wilson disease.

Prof. Brůha is very active in scientific field, serving as Chairman of the Czech Society of Hepatology, and being a member of the European Association for the Study of the Liver. He holds an H-index (WOS) of 23, and has 1,937 citations (WOS). He has also heavily published in IF journals.

Prof. Brůha has been recipient of several awards, including Dr. Bares Award in 2018, Prof. Hořejší Award in 2008 and 2018, Herfort Award in 2001, and Charles University Silver Medal in 2024.

SPEAKER

Edoardo **Savarino**

Inflammatory Bowel Disease Centre, Clinical Trial IBD Centre, Motility Laboratory, Department of Surgery, Oncology and Gastroenterology, University of Padua, Padua, Italy

Prof. Edoardo Vincenzo Savarino, MD, PhD, received his MD (in 2004) and PhD (in 2009) degrees from the University of Genoa, Italy. From 2004 to 2011, he completed his residency training in internal medicine and fellowship training in gastroenterology, hepatology and endoscopy at the Department of Internal Medicine, Gastroenterology Unit, University Hospital San Martino of Genoa, Italy. From 2006 to 2007, he was also a Research Fellow at the University Hospital of Zurich, Switzerland. In 2011, he became Assistant Professor and in 2015, Adjunct Professor of Gastroenterology at the University of Padua. Since 2018, he has been Associate Professor of Gastroenterology. Currently, he holds a position of Head of The Inflammatory Bowel Disease Centre, Head of the Clinical Trial IBD Centre and Head of the Motility Laboratory, Department of Surgery, Oncology and Gastroenterology, University of Padua, Italy.

His main research focus is on inflammatory bowel disease, eosinophilic disorders of the GI tract, microbiota in health and disease, achalasia and oesophageal motility disorders, gastro-oesophageal reflux disease, Barrett's oesophagus and oesophageal adenocarcinoma, functional gastrointestinal diseases, and neurogastroenterology.

Prof. Savarino has authored and co-authored 20 textbooks on gastroenterology and 741 articles in peer-reviewed journals, including the American Journal Respiratory and Critical Care Medicine, New England Journal of Medicine, Lancet Gastroenterology and Hepatology, *and holds an H-index of 79.*

Prof. Savarino has held various leadership roles in academic organisations in the past, being a Steering Committee Member of the Italian Society of Gastroenterology (SIGE) and of the European Society of Diseases of the Oesophagus (ESDE), or a Reviewer Committee member of the Italian Group of Inflammatory Bowel Disease (IG-IBD). Currently, he is a member of SIED, ESDO, GISMAD/SIGEM, and IG-IBD, among others.

He has been repeatedly invited to give lectures at international conferences, including Digestive Disease Week in the USA, the United European Gastroenterology Week in Europe, Wingate Institute of Neurogastroenterology, London, UK, or the Annual Congress of the British Society of Gastroenterology, Liverpool, UK.

Prof. Savarino has received numerous awards, including the United European Gastroenterology Rising Star Award in 2016, Young SINGEM Award in 2019, or STARS Seal of Excellence in 2021.

CURRENT CHALLENGES IN GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Gastroesophageal reflux disease (GERD) remains one of the most prevalent gastrointestinal disorders worldwide, yet its diagnosis and management continue to present significant clinical challenges. Advances in our understanding of GERD pathophysiology have revealed that the disease extends beyond acid-mediated mucosal injury, encompassing impaired epithelial barrier function, immune activation, visceral hypersensitivity, alterations of the esophagogastric junction, and, potentially, changes in the esophageal microbiome. These insights support a shift from the traditional "one-size-fits-all" approach toward a precision medicine model based on disease phenotyping and objective physiological assessment.

This presentation reviews the evolving concept of actionable GERD according to the updated Lyon Consensus 2.0 and discusses the importance of individualized diagnostic strategies incorporating endoscopy, high-resolution manometry, and ambulatory pH-impedance monitoring. Particular attention is devoted to the complexity of extraesophageal reflux disease, the diagnostic uncertainty surrounding laryngopharyngeal symptoms, and the need to distinguish reflux-mediated disease from functional esophageal and laryngeal disorders.

The management of patients with persistent symptoms despite proton pump inhibitor therapy is explored, highlighting the heterogeneous mechanisms underlying refractory symptoms, including persistent reflux, reflux hypersensitivity, functional disorders, supragastric belching, and rumination syndrome. Emerging therapeutic approaches targeting non-acid reflux, mucosal protection, potassium-competitive acid blockers, lifestyle and dietary interventions, and minimally invasive antireflux procedures are critically discussed. Finally, strategies for preventing long-term complications, including Barrett's esophagus and esophageal adenocarcinoma, are reviewed together with future directions emphasizing personalized treatment algorithms and integrated multidisciplinary care.

Collectively, these developments are reshaping the clinical management of GERD, moving from empiric acid suppression toward objective diagnosis, mechanistic phenotyping, and individualized therapeutic strategies aimed at improving patient outcomes.

CHAIRMAN & SPEAKER & PANEL EXPERT

Martin **Bortlik**

**Gastroenterology department in Hospital České Budějovice;
First Faculty of Medicine, Charles University, Prague, Czech Republic**

Assoc. Prof. Martin Bortlík, MD, PhD, graduated from the First Medical Faculty of Charles University in Prague, Czech Republic, in 1994. He received his first-degree specialist diploma in internal medicine in 1997 and his second-degree specialist diploma in gastroenterology in 2000. He defended his doctoral dissertation in 2009 and was habilitated in 2019. He gained international experience at the Digestive Disease and Surgery Institute, Cleveland Clinic, Ohio, USA; at the Texas Medical Center in Houston, Texas, USA; and at the European Postgraduate Gastro-surgical School at the Academic Medical Center, Amsterdam, the Netherlands.
Between 2007 and 2020, Assoc. Prof. Bortlík worked at the ISCARE Clinical Center in Prague as a specialist physician and Deputy Head. Since 2020 he is employed at the Department of Gastroenterology of the Hospital České Budějovice, where he serves as the Head of the department. He also works part-time at the Internal Clinic of the First Medical Faculty of Charles University and Military University Hospital Prague, as well as at the Institute of Pharmacology of the same hospital.
Assoc. Prof. Bortlík's main research interests include inflammatory bowel disease and digestive endoscopy. He has published about 110 peer-reviewed papers, 58 impacted papers, and 10 monograph chapters. He serves as the Head of the Czech IBD Working Group and a Board Member of the Czech Society of Gastroenterology. Additionally, he is a member of several professional associations, including the European Crohn's and Colitis Organisation, the European Society of Gastrointestinal Endoscopy, and the American Society for Gastrointestinal Endoscopy. Assoc. Prof. Bortlík acts as a reviewer for international journals such as the World Journal of Gastroenterology, Journal of Crohn's and Colitis, *and* Expert Review of Gastroenterology & Hepatology.

CHALLENGES IN INFLAMMATORY BOWEL DISEASE (IBD) MANAGEMENT

Inflammatory Bowel Diseases (IBD) represent a chronic inflammatory conditions that affect primarily the gut, but have also several extraintestinal manifestations. Number of IBD patients worldwide still increases with highest prevalence in the industrialized countries. Both ulcerative colitis (UC) and Crohn's disease (CD) have substantial potential to cause patients' disability; the treatment goals have thus evolved towards achieving deep remission and normal quality of life. To reach such goals we have to: 1. diagnose IBD as early as possible; 2. treat patients effectively and safely immediately after the diagnosis, and 3. employ a comprehensive management that is comprised not only of medical therapy, but also timely surgery, nutritional and psychological support and, last, but not least, support from several other specialties (dermatology, rheumatology, ophthalmology, infectology, etc.).

The greatest attention is paid to medical therapy, namely new advanced molecules and also therapeutic strategies. Although new biologics and small molecules are still extremely welcome, none of them has broken so called "therapeutic ceiling" that fluctuates between 30–40% of patients achieving long-term, deep remission. It seems therefore that therapeutic strategy, rather than one single molecule, may increase therapeutic success. The landmark study PROFILE has shown that the earliest possible start of biologic therapy with infliximab may not only double the proportion of patients with CD in deep remission at one year, but is also safer and cheaper compared to conventional step-up approach. Besides this, several countries in the world limit the use of new drugs only for patients in the second or even higher line of advanced therapy, which also makes the selection of drug more challenging.

SPEAKER

Jamilya **Kaibullayeva**

JSC Research Institute of Cardiology and Internal Diseases
Asfendiyarov Kazakh National Medical University, Department of Gastroenterology
Kazakh Scientific Society for Intestinal Disease, Almaty, Kazakhstan

Jamilya Kaibullayeva, MD, PhD, received her MD degree from the State Medical Academy, Aktobe, Kazakhstan, in 1999. She obtained her specialist diploma from the same institution in 2000, and completed her residency in cardiology at the Research Institute of Cardiology and Internal Diseases in Almaty, Kazakhstan, in 2002. She went on to attend primary courses on gastroenterology and endoscopy in gastroenterology at the same institution, obtaining her certificates in 2011 and 2013, respectively. She was also awarded the Certificates of the Highest Category Gastroenterologist and Internist in 2020. Dr. Kaibullayeva obtained her PhD at the Research Institute of Cardiology and Internal Diseases, Almaty, Kazakhstan, in 2009, writing a dissertation on the role of cytokines disbalance in pathogenesis of ulcerative colitis and ways of its correction.

Currently, she holds a position of Assistant Professor and lecturer at the Department of Gastroenterology of the Asfendiyarov Kazakh National Medical University, and serves as Deputy Chairman of the Board of JSC Research Institute of Cardiology and Internal Diseases, Almaty, Kazachstan. She is also President of the Kazakh Scientific Society for Intestinal Disease. Her primary clinical and research focus centers on gastroenterology and internal medicine, with a heavy emphasis on Inflammatory Bowel Disease (IBD). In addition to her extensive work in digestive diseases, her expanding research portfolio significantly features clinical immunology, in particular chronic spontaneous urticaria (CSU).

Since 2019, she has been consultant gastroenterologist at the Centre of Gastroenterology and Hepatology, Almaty, Kazakhstan.

She has participated in numerous clinical trials in gastroenterology, focusing on IBD, chronic pancreatitis, and non-alcoholic steatohepatitis, including as principal investigator. Since 2017, she has been Head of the Working Group on Non-Interventional IR, and is a regular advisory board member of Kazakh Gastroenterology Week and IBD Forum, Almaty, Kazakhstan.

She has authored and co-authored more than 40 papers and posters, as well as textbooks, methodical guidance and guidelines on IBD, chronic pancreatitis, ulcerative colitis, Chron's disease, primary sclerosing cholangitis, and others. She contributes to various peer-reviewed journals including PLoS One, World Journal of Gastroenterology *and* Clinical Gastroenterology.

She has been recipient of several grants, such as ECCO Travel Award to stay at the Liverpool Royal Hospital, Great Britain. Since 2012, she has been a regular ECCO member. Currently, she serves as Head of the Kazakh Scientific Association Study of Intestine, Almaty, Kazakhstan.

CHALLENGES AND PITFALLS IN THE DIAGNOSIS AND TREATMENT OF FUNCTIONAL GASTROINTESTINAL DISORDERS

Background and Objective

Functional Gastrointestinal Disorders (FGIDs) represent a significant clinical burden worldwide, characterized by altered gut–brain interactions. In primary healthcare, diagnosing and managing FGIDs remains highly challenging due to the lack of "gold standard" biological markers and a substantial overlap of overlapping clinical symptoms. This abstract synthesizes key epidemiological data, primary care diagnostic pitfalls, and therapeutic outcomes from real-world clinical studies presented regarding FGIDs.

Primary Diagnostic Pitfalls and Primary Care Realities

Clinicians frequently fall into primary diagnostic traps: 1) *Hyperdiagnosis* ("*The Zebra Hunt*"), where endless invasive tests are ordered to find rare organic causes, inducing iatrogenic harm; 2) *The "Exclusion" Trap*, which erroneously treats FGID as a diagnosis of exclusion rather than a positive clinical entity defined by Rome IV criteria, delaying treatment for years; and 3) *Hidden Masks*, where conditions like Celiac disease, microscopic colitis, or SIBO masquerade as standard IBS. Data indicates that upper GI symptoms are highly prevalent, with functional dyspepsia (FD) affecting up to 28% of the general population (statistically more prevalent in individuals under 60 years old). In primary care, GI complaints represent 22% of the total consultation load. However, a stark dissonance exists between administrative coding and clinical reality, characterized by a massive hyperdiagnosis of Chronic Pancreatitis (19%) and Chronic Cholecystitis (11%) for cases that are functionally driven.

The Gut–Brain Axis and Psychosomatic Barriers

FGID pathophysiology is rooted in the complex multi-directional brain–gut axis, influenced by biological, psychological, and social factors. Mismanaging the delivery of an FGID diagnosis – such as telling a patient "it's all in your head" – destroys clinical compliance and drives patients toward unproven alternative medicine. A vicious cycle of gut–brain distress (Anxiety → Spasm → Pain → Greater Anxiety) is further accelerated by catastrophizing, which significantly heightens visceral hypersensitivity.

Clinical Evidence and Therapeutic Efficacy

To break this cycle, therapies must selectively target inflammation, visceral hypersensitivity, and motility correction:

- **Rifaximin:** A non-interventional case-control study of 471 primary care patients with chronic abdominal pain lasting ≥ 6 months evaluated Rifaximin therapy (1200 mg/day for 10–14 days). The cohort demonstrated a statistically significant reduction in Visual Analog Scale (VAS) pain scores, with pain-free patients increasing from 13.9% at baseline to 58.2% post-treatment. Normalization of bowel motility was achieved in 62.4% of patients, alongside significant longitudinal improvements in anxiety and PHQ-9 scores.
- **Hymecromone:** A prospective, multicenter observational study in Kazakhstan confirmed that selective management of functional biliary disorders with Hymecromone successfully mitigates pronounced biliary pain (measured via the RAPID scale) and eliminates biliary dyspepsia, such as bitterness in the mouth.
- **Itopride and Rebamipide:** For functional dyspepsia (PDS/EPS variants), prokinetics like Itopride provide a 70% sustained responder rate. Rebamipide adds profound value by enhancing mucosal protection, aiding *H. pylori* eradication, and accelerating symptom relief.

Conclusion

Addressing the paradigm shift in functional gastrointestinal disorders requires strict adherence to positive, symptom-based Rome IV diagnostic criteria. Incorporating safe, long-term multi-target pharmacological agents (such as Rifaximin, Hymecromone, Itopride, and Rebamipide) alongside structured psychosomatic communication is essential to optimize patient quality of life and reduce healthcare over-utilization.

Keywords: Functional Gastrointestinal Disorders, Irritable Bowel Syndrome, Functional Dyspepsia, Gut–Brain Axis, Rifaximin, Hymecromone, Rome IV Criteria.

CO-CHAIRMAN & SPEAKER & PANEL EXPERT

Jan Tack

Rome Foundation for Disorders of Gut-Brain Interactions
Division of Gastroenterology and Hepatology, Leuven University Hospitals
Translational Research Center for Gastrointestinal Disorders, University of Leuven
Institute of Medicine, University of Gothenburg, Sweden

Prof. Jan Tack, MD, PhD, graduated summa cum laude *from the University of Leuven, Belgium, in 1987. He specialised in internal medicine and gastroenterology. After a research stay at the Department of Physiology at the Ohio State University, Columbus, Ohio, USA, from 1989 to 1990, he has conducted research at Leuven University since 1990. He was appointed Full Professor of internal medicine at the same institution.*
He is a founding researcher of the Translational Research Center for Gastrointestinal Disorders (TARGID) at the University of Leuven. Formerly, he held the post of Head of the Department of Clinical and Experimental Medicine at KU Leuven. At present, he serves as Head of the Division of Gastroenterology and Hepatology, University Hospitals, Leuven, Belgium.
Prof. Tack's scientific interest focuses on neurogastroenterology and motility, including the pathophysiology and management of gastroesophageal reflux disease, functional dyspepsia, gastroparesis, chronic constipation and irritable bowel syndrome, the physiology and pharmacology of the enteric nervous system, gastrointestinal hormones and the control of satiation and food intake.
He has published in all leading gastroenterology journals, and several high-ranked general scientific journals, having authored or co-authored more than 1,000 peer-reviewed articles and 45 book chapters.
He was the founding Editor-in-Chief of the United European Gastroenterology Journal *and serves or has served as a member of the Editorial Board of the* American Journal of Gastroenterology, Alimentary Pharmacology and Therapeutics*, and others.*
Prof. Tack is currently President of the Rome Foundation and a Council Member and President of the European Association for Gastroenterology, Endoscopy and Nutrition. Formerly, he acted as President of the European Society of Esophagology, President of the International Society for Diseases of the Esophagus, and member of the Steering Committee of the European Society for Neurogastroenterology and Motility.
Prof. Tack has been recognised with numerous awards, including the Research Award for Senior Investigator in Clinical Science of the International Foundation for Gastrointestinal Disorders (IFFGD) in 2013, the Research Prize of the United European Gastroenterology in 2015, and the Herbert Falk Award by the Falk Foundation in 2023, as well as the Lifetime Achievement Award from the United European Gastroenterology (UEG) in 2023.

COMMON ERRORS IN ANTISECRETORY THERAPY

Long-term inappropriate proton pump inhibitor (PPI) use is a growing concern, with a large subset of long-term use potentially lacking a valid indication in terms of duration or dosage. Current guidelines recommend long-term PPI therapy for gastro-esophageal reflux disease (GERD), especially in case of high grade esophagitis or Barrett's esophagus, and also for Zollinger–Ellison syndrome, or ulcer prevention in high-risk patients, as well as eosinophilic esophagitis. In terms of dosage, optimal initial PPI dosing is once daily, 30 to 60 minutes before breakfast. Dose escalation is indicated for (refractory) GERD symptoms or Zollinger-Ellison, but not for functional dyspepsia. In case dose escalation is needed, a second dose 30 to 60 minutes before dinner is indicated. A split dose (maintenance dose twice daily) has a higher efficacy compared a full dose (healing dose once daily) and the former should be the choice when dose escalation from a single maintenance dose intake is considered.
PPI deprescribing is indicated after initial therapy for functional dyspepsia, non-erosive GERD and low grade esophagitis. Success rates of PPI deprescription in primary care remain poorly defined. We studied the success rate of PPI deprescription and identify predictors for success in primary care PPI users who lack a strict medical indication. A total of 627 primary care patients on long-term PPI therapy without valid indication were randomised to one of three deprescription strategies: (A) on-demand PPI use, (B) replacement of PPI by alginate QID and (C) intermittent PPI intake with a fixed scheme. Following the assigned strategy for 1 month, patients were requested to stop PPI/alginate use and followed up for 1 year. After 1-year follow-up, long-term interruption of PPI intake was achieved in 47.7 to 54.2% of patients. The first month after initiation of the deprescribing strategies, a transient increase in upper gastrointestinal symptoms was observed for heartburn, nausea, postprandial fullness, early satiation and upper abdominal pain, but during follow-up after the first month, these decreased to below baseline levels. In contrast, bloating severity decreased significantly from the month of deprescribing onward and continued to decline, resulting in lower bloating scores throughout the entire follow-up period compared to baseline. Quality of life improved beyond baseline during this follow-up period. These findings confirm the feasibility of PPI deprescribing and provide relevant insights for patient counselling and expectation management.

SPEAKER

Dorota **Wasko-Czopnik**

Department of Non-Surgical Clinical Sciences, Faculty of Medicine, Wrocław University of Science and Technology
Department of Gastroenterology and Hepatology, Inflammatory Disease Subunit, Provincial Specialist Hospital, Wrocław, Poland

Dr. hab. Dorota Waśko-Czopnik, MD, PhD, received her medical degree from the Wrocław Medical University in Wrocław, Poland, in 1997. She specialised in internal medicine and gastroenterology, obtaining her specialist diplomas in 2005 and in 2014, respectively.
In 2003, she defended her doctoral dissertation, and was habilitated in 2014. Additionally, she pursued postgraduate studies at the Faculty of Biotechnology and Food Science, Wrocław University of Environment and Life Sciences, graduating as a nutrition consultant in 2007.
Throughout her career, she has worked at the Department of Gastroenterology and Hepatology of the Wrocław Medical University, is a lecturer and academic teacher and in 2017–2024 was the Head of the Gastrointestinal Motility Laboratory.
Since 2025, she has been affiliated with the Department of Non-Surgical Clinical Sciences at the Faculty of Medicine of the Wrocław University of Science and Technology, and the Department of Gastroenterology and Hepatology, Inflammatory Disease Subunit at the Provincial Specialist Hospital in Wrocław, Poland.
Her main research and scientific interests include functional disorders of the gastrointestinal tract, in particular esophageal motility disorders and gastroesophageal reflux disease.

Dr. Waśko-Czopnik has been distinguished with numerous awards, including the Top Abstract Prize awarded at the United European Gastroenterology Week in 2002, First Prize of the "Dental Journal" in 2008, the Scientific Award of the Polish Dental Society in 2009, and the Wrigley Oral Healthcare Programs for a series of papers on the biochemistry of saliva in patients with gastroesophageal reflux disease in the same year, a First-Degree Individual Award of the Rector of the Medical University of Wrocław in 2011, and a First-Degree Individual Award of the Rector of the Wrocław Medical University for the "Atlas of High-Resolution Esophageal Manometry" in 2011.
She has authored over 190 medical publications, monographs and books in the field of gastroenterology, dietetics and nutrition, and has lectured at numerous medical, gastroenterological and dietary conferences, including internationally.
Dr. Waśko-Czopnik serves as President of the Board of the Neurogastroenterology and Motility Section of the Polish Society of Gastroenterology, Board Member of the Polish Society of Gastroenterology, Microscopic Enteritis Section of the Polish Society of Gastroenterology, and European Crohn's and Colitis Organisation.

GASTROESOPHAGEAL REFLUX DISEASE (GERD) TREATMENT NEW PARADIGM – POLISH EXPERIENCE

Gastroesophageal reflux disease (GERD) remains a common and heterogeneous clinical problem, with symptoms that are often only partially controlled by proton pump inhibitor (PPI) monotherapy. Growing evidence suggests that impaired gastrointestinal motility plays a significant role in persistent or refractory symptoms, prompting a shift toward a more comprehensive treatment strategy.

This lecture presents a new paradigm in GERD management based on Polish clinical experience, focusing on combined therapy with itopride and PPIs. The presentation discusses the results of a Polish observational study evaluating the effectiveness of PPI + itopride therapy in routine clinical practice and its impact on symptom control in patients with GERD. These real world data demonstrate how combination therapy functions in the Polish healthcare setting and address unmet needs observed with acid suppression alone.

A key component of the lecture is the overview of Polish recommendations for primary care physicians (POZ), which introduce a highly practical diagnostic and therapeutic algorithm. Special emphasis is placed on targeted diagnostic questions that help identify patients who may benefit from combination therapy, particularly those with mixed, non typical, or persistent symptoms. The algorithm highlights the complementary role of prokinetic therapy alongside PPIs, aiming to improve treatment outcomes and patient comfort.

Overall, the Polish experience illustrates a pragmatic, patient centered approach to GERD management that integrates diagnostic precision, combination pharmacotherapy, and real world evidence, offering a clinically relevant model for everyday practice.

KEYNOTE SPEAKER & PANEL MODERATOR

Reinhold **Kreutz**

Department of Clinical Pharmacology and Toxicology,
Charité – Universitätsmedizin Berlin, Germany

Prof. Reinhold Kreutz, MD, PhD, FAHA, graduated from the Medical School at the Universities of Mainz and Bonn, Germany, in 1987. By 2000, he had completed further specialist training in internal medicine and clinical pharmacology across Cologne, Bonn, Heidelberg, Boston and Berlin. He undertook postdoctoral research at Harvard Medical School as a Howard Hughes Medical Institute fellow in 1993–1996, and received the title of Associate Professor at Charité – Universitätsmedizin Berlin, Germany, in 2010. Currently, he serves as Director of the Department of Clinical Pharmacology and Toxicology at Charité – Universitätsmedizin Berlin, Germany, and Full Professor of Hypertension and Clinical Pharmacology at the same institution.

His main research interests include clinical pharmacology of cardiovascular drugs, clinical and experimental hypertension, pharmacogenomics and drug safety.

He has published more than 500 scientific articles and several book chapters related to hypertension and clinical pharmacology, and holds an H-index of 74 (Google Scholar).

In 2024, ScholarGPS ranked him among the top 0.05% of scholars worldwide. Prof. Kreutz contributes to several key journals, including Blood Pressure, Journal of Hypertension, Hypertension (AHA), Journal of Clinical Hypertension, *and* High Blood Pressure & Cardiovascular Prevention.

Prof. Kreutz has held multiple leadership roles in the European Society of Hypertension (ESH), including President in 2019–2022. Since 2015, he has been a member of its Scientific Council. He was Co-Chair of the 2023 ESH Hypertension Guidelines Task Force and of the 2024 ESH Clinical Practice Guidelines for the Management of Hypertension.

His contributions have earned major awards including the Franz Volhard Award of the German Society of Hypertension in 1992, the Young Investigator Award of the Dr C & F. Demuth Foundation from the International Society of Hypertension (ISH) in 1996, and the Franz Gross Science Award of the German Society of Hypertension in 2021, as well as honorary distinctions from societies in Poland and Greece.

METABOLIC HEALTH AS AN EMERGING BURDEN

Metabolic ill-health has emerged as one of the leading global health challenges, driving a growing burden of obesity, type 2 diabetes, hypertension, cardiovascular disease, chronic kidney disease, and metabolic dysfunction-associated steatotic liver disease (MASLD). Traditionally, these conditions have been managed within organ-specific specialties despite sharing common pathophysiological mechanisms, including excess adiposity, insulin resistance, inflammation, endothelial dysfunction, and neurohormonal activation. This lecture will review the concept of metabolic health and its impact on long-term outcomes, highlighting recent evidence demonstrating that optimal metabolic health in mid-life is associated with more than a decade of additional healthy life expectancy. Particular emphasis will be placed on MASLD as both a manifestation and marker of systemic metabolic dysfunction extending beyond liver-related outcomes to cardiovascular and renal risk.
The recently proposed Cardiovascular–Kidney–Liver–Metabolic Syndrome (CKLMS) framework may thus provide an integrated approach to risk assessment and management across interconnected organ systems. Using hypertension as a model disease, practical strategies for screening, risk stratification, treatment selection, and evaluation of response will be discussed.
The presentation concludes by emphasizing the need to move from organ-centered care toward integrated, patient-centered management, supported by multidisciplinary collaboration and shared therapeutic approaches across the CKLMS spectrum.

CHAIRMAN & PANEL MODERATOR

Grazyna **Rydzewska-Wyszkowska**

Clinical Department of Gastroenterology and Internal Medicine, National Medical Institute of the Ministry of the Interior and Administration, Warsaw, Poland

Prof. dr. hab. Grażyna Rydzewska-Wyszkowska, MD, PhD, graduated from the Medical University of Białystok, Poland, in 1982. She specialised in internal medicine and gastroenterology, gaining international experience at Erasmus Hospital, Brussels, Belgium, and at Sherbrooke University, Canada, where she worked as a research assistant between 1991 and 1993. She completed her doctoral studies at the Medical University of Białystok in 1987, and was habilitated at the same university in 1997. In 2007, she was appointed Full Professor of Medicine at Jan Kochanowski University in Kielce, Poland.
Prof. Rydzewska-Wyszkowska has been working at the National Medical Institute (formerly Central Clinical Hospital) of the Ministry of the Interior and Administration in Warsaw, Poland, since 1998. She is the Head of the Clinical Department of Gastroenterology and Internal Medicine at the same hospital. For many years, she has also worked at Jan Kochanowski Collegium Medicum.
Additionally, she served as President of the Polish Society of Gastroenterology, President of the Polish Pancreatic Club, and a Council Member of the International Association of Pancreatology and national representative of Poland in ECCO. She also acted as the National Consultant in Gastroenterology in Poland between 2004 and 2014. Currently, she serves as Vice-President of the Polish Society of Gastroenterology and a Council Member of the Polish Pancreatic Club.
She focuses her research primarily on inflammatory bowel disease and pancreatic disorders.
She has authored and co-authored more than 400 papers and book chapters published in international and national journals.
At the National Medical Institute of the Ministry of the Interior and Administration in Warsaw, she established and developed a multidisciplinary gastroenterology department, organising the first inflammatory bowel disease subdivision in Poland as an example of integrated multidisciplinary care for this group of patients. For these patient-centred activities, she was awarded an honorary membership in the patient organisation titled "J-elita" and "Apetyt na Życie".
Prof. Rydzewska-Wyszkowska has received numerous awards, including the Silver and Gold Cross of Merit presented to her by the President of Poland, Bene Meritus Award, Gloria Medicinae and others. In 2014, she was distinguished with the title of Woman in Medicine, and in the past few years, she has been cited among the most influential people in Polish medicine.

CO-CHAIRMAN & PANEL EXPERT

Jaroslaw **Regula**

Department of Gastroenterology, Medical Centre for Postgraduate Education, Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland

Prof. Jarosław Reguła, MD, PhD, graduated from the Medical University of Warsaw, Poland, in 1981 and obtained his specialist diploma in gastroenterology in 1992. Between 1992 and 1993, he was a Research Fellow at University College London, United Kingdom.

He currently serves as Vice-Head of the Department of Gastroenterology at the Medical Centre for Postgraduate Education, Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw. He is also the National Coordinator of the colorectal cancer screening programme in Poland.

Prof. Reguła focuses his clinical research activities on colorectal cancer screening, endoscopic early diagnosis of digestive cancers, clinical and endoscopic aspects of Barrett's oesophagus, and diseases of the upper gastrointestinal tract.

He has authored and co-authored more than 150 articles and book chapters, including three notable research articles on colonoscopy in colorectal-cancer screening for detection of advanced neoplasia, quality indicators for colonoscopy and the risk of interval cancer, and the effect of colonoscopy screening on risks of colorectal cancer and related death, published in the prestigious New England Journal of Medicine.

Prof. Reguła is a board member of the European Society of Digestive Oncology (ESDO), a member of the United European Gastroenterology (UEG) Research Committee, a member of the European Society of Gastrointestinal Endoscopy (ESGE) and the European Society of Medical Oncology, and the Vice-President of the Polish Society of Gastroenterology. He is also the former President of the European Association for Gastroenterology, Endoscopy and Nutrition (EAGEN).

SPEAKER

Barbara **Skrzydlo-Radomanska**

Department of Gastroenterology and Hepatology, Medical University of Lublin, Poland

Prof. Barbara Skrzydło-Radomańska, MD, PhD, graduated from the Faculty of Medicine of the Medical University of Lublin, Poland, where she obtained her medical degree. Since the very beginning of her professional career, she has been associated with gastroenterology, developing both her clinical practice and scientific research activities. In 2004, she obtained her specialisation in gastroenterology, confirming her extensive experience and expertise in the diagnosis and treatment of gastrointestinal diseases.

In 1995, she obtained a post-doctoral degree (habilitation) in medical sciences at the Medical University of Lublin, Poland, and was appointed Full Professor of Medical Sciences in 2010. Throughout her academic career, she has actively participated in numerous international research programmes and fellowships. She was twice awarded a fellowship by the French Ministry of Foreign Affairs and INSERM, completing research fellowships at renowned medical centres such as CHU Rouen and Hôpital Saint-Antoine in Paris.

Prof. Barbara Skrzydło-Radomańska currently serves as Professor at the Department of Gastroenterology and Hepatology of the Medical University of Lublin, where she is actively involved in teaching, scientific research, and clinical practice.

Prof. Barbara Skrzydło-Radomańska's main scientific interests focus on the clinical aspects of functional gastrointestinal disorders.

Her research is particularly devoted to the pathophysiology and treatment of irritable bowel syndrome (IBS), as well as to the analysis of gastric acid inhibition mechanisms and their significance in clinical practice.

Her scientific achievements include numerous publications and conference presentations dedicated to modern diagnostic and therapeutic approaches in gastroenterology. She is also an active member of several national scientific societies. She serves as Board Member of the Polish Society of Gastroenterology, Secretary of the Polish Histamine Research Society, and Member of the Polish Pancreatic Club.

PROS AND CONS OF TREATMENT WITH PPIs

Proton pump inhibitors (PPIs) are among the most widely used drugs in gastroenterology and have significantly improved the management of acid-related disorders. Their evidence-based indications include gastroesophageal reflux disease and its complications, eradication of *Helicobacter pylori* in combination with antibiotics, treatment of peptic ulcer disease, prevention and healing of NSAID- or COXIB-associated gastric ulcers, support of endoscopic treatment for upper gastrointestinal bleeding, and management of Zollinger-Ellison syndrome. PPIs are generally effective and well tolerated, especially when prescribed for appropriate short-term indications. However, their increasing and prolonged use has raised important concerns regarding overprescription, misuse, treatment duration, and long-term safety.

A major problem in clinical practice is that PPIs are often continued without a current, documented indication. Misuse includes stress ulcer prophylaxis outside intensive care settings, prevention of gastroduodenal ulcers in patients without risk factors, use with steroid therapy alone, use with antiplatelet or anticoagulant therapy in patients without relevant gastrointestinal risk, and overtreatment of functional dyspepsia. Long-term therapy is also difficult to define consistently. Published studies use different thresholds, ranging from a few weeks to several years, although many clinical contexts consider treatment beyond 4–8 weeks as prolonged. For pharmacoepidemiological research, six months is often considered a reasonable threshold, while studies of adverse effects may require definitions tailored to the exposure time needed for a specific outcome.

Long-term or inappropriate PPI use has been associated with several potential adverse effects. Reported risks include kidney injury, acute interstitial nephritis, chronic kidney disease, *Clostridioides difficile* infection, enteric infections, pneumonia, micronutrient deficiencies, hypomagnesemia, vitamin B12, iron and calcium deficiency, anemia, bone fractures, myopathy, fundic gland polyps, liver-related complications, gastrointestinal malignancy hypotheses, dementia signals, cardiovascular events, and possible interaction with clopidogrel through CYP2C19. Most available data are observational, so many associations do not prove causality. Nevertheless, these signals are clinically relevant, especially in older adults, patients with chronic kidney disease, cirrhosis, osteoporosis risk, recurrent infections, hypomagnesemia, or long expected treatment duration.

Overall, PPIs remain valuable and often indispensable medicines. Their benefits usually outweigh risks when prescribed for appropriate indications and limited periods. Safety can be improved by confirming the indication, using the lowest effective dose for the shortest necessary time, reassessing therapy periodically, and considering dose reduction, discontinuation, or on-demand treatment when the indication is no longer current. Rational prescribing is therefore essential to preserve the therapeutic advantages of PPIs while reducing avoidable long-term harm.

SPEAKER

Anita **Gasiorowska**

Gastroenterology Department, Central University Hospital in Lodz, Poland

Prof. Anita Gąsiorowska, MD, PhD, obtained her medical degree from the Faculty of Medicine of the Medical University of Lodz, Poland, in 1991. She received her first-degree and second-degree specialist diplomas in internal medicine in 1995 and 2000, respectively, and was certified by the Polish Board of Gastroenterology in 2005. As an Assistant at the Department of Digestive Tract Diseases, she conducted research on pancreatitis and pancreatic cancer. In 1999, she submitted her doctoral thesis on hepatic changes in patients with chronic alcoholic pancreatitis. From 2007 to 2008, she was a research fellow in the Neuro-Enteric Clinical Research Group, Section of Gastroenterology, University of Arizona, Tucson, USA. There, she conducted studies on various forms of gastroesophageal reflux disease, which formed the basis of her habilitation thesis. Currently, she serves as Head of the Gastroenterology Department at the Central University Hospital in Lodz, Poland.
*She has authored and co-authored over 170 scientific publications, and edited books such as "*Gastrointestinal Diseases in the Elderly*" and "*Clinical Syndromes in Gastroenterology Associated with Eponyms*", the latter published in collaboration with a team of doctors from the Gastroenterology Clinic. Additionally, she has contributed to 25 book chapters.*
Prof. Gąsiorowska frequently lectures and presents at scientific internal medicine and gastroenterology meetings. She holds the position of President of the Lodz Division of the Polish Society of Gastroenterology, is a Board Member of the Neurogastroenterology and Motility Section of the Polish Society of Gastroenterology, and a member of the Polish Pancreatic Club.

GASTROINTESTINAL COMPLICATIONS OF TREATMENT WITH GLP-1 RECEPTOR AGONISTS

The use of glucagon-like peptide-1 (GLP-1) receptor agonists has become a cornerstone in the pharmacological treatment of type 2 diabetes and obesity. Although these medications provide significant glycemic control and weight loss benefits, their clinical utility is often limited by gastrointestinal adverse events. The most common adverse events, such as nausea, vomiting, and diarrhea, occur primarily in the initial phase of treatment due to delayed gastric emptying and central nervous system signaling. In addition, less frequent but more severe complications can occur, including biliary tract disease, acute pancreatitis, and the potential for drug-induced gastroparesis. The aim of this presentation is to assess current clinical data and pathophysiological mechanisms, to provide evidence-based strategies for dose adjustment and patient counseling, and to identify medications that may be helpful in reducing the incidence of adverse events associated with GLP-1 analogues. This approach is essential to improve patient compliance and maximize the therapeutic potential of these medications.

SPEAKER

Konrad **Lewandowski**

Biological Therapy Unit, Department of Gastroenterology and Internal Medicine, National Medical Institute of the Ministry of the Interior and Administration, Warsaw, Poland

Konrad Lewandowski, MD, PhD, MBA, graduated from the Medical University of Łódź, and simultaneously completed officer training at the Military University of Land Forces in Wrocław. He obtained his PhD in 2022 and habilitation in medical sciences in 2025. He completed specialist training in gastroenterology and is currently finalising his specialisation in internal medicine. In parallel with his clinical career, he holds an MBA in healthcare management and has completed advanced leadership training programmes.
Dr. Lewandowski is a consultant gastroenterologist and Associate Professor at the National Medical Institute of the Ministry of the Interior and Administration in Warsaw, Poland, where he leads the Biological Therapy Unit within the Department of Gastroenterology and Internal Medicine. He is also affiliated with the Department of Clinical Nutrition at the same institution.
His clinical and research interests focus on inflammatory bowel disease, including advanced therapies, real world evidence, and optimisation of biologic and small molecule treatment strategies. He has authored numerous publications and has contributed to multiple high-value international research grants with a total funding exceeding approximately EUR 60 million.
Dr. Lewandowski is an active member of leading international societies, including United European Gastroenterology and the European Crohn's and Colitis Organisation, and serves as a reviewer for numerous peer-reviewed journals. He has delivered numerous lectures at scientific conferences and is actively involved in training young physicians, acting as a supervisor and promoter of multiple doctoral and specialty training programmes.
His work integrates clinical practice, academic research, and healthcare management, with a strong focus on improving outcomes in patients with complex gastrointestinal diseases.

FUNCTIONAL DYSPEPSIA (FD): PRACTICAL ASPECT OF DIAGNOSTIC PROCEDURE AND TREATMENT PATTERNS IN CLINICAL PRACTICE

Functional dyspepsia is a common clinical condition characterized by persistent upper gastrointestinal symptoms without an identifiable structural or biochemical cause. It encompasses symptoms such as postprandial fullness, early satiation, epigastric pain, and burning, and remains a frequent challenge in routine gastroenterology practice due to its heterogeneous pathophysiology and variable response to therapy. The introduction of the Rome V criteria has refined the diagnostic framework, allowing more precise classification and differentiation from secondary causes of dyspepsia.

From a clinical perspective, functional dyspepsia is divided into two main subtypes: postprandial distress syndrome and epigastric pain syndrome. These subtypes differ not only in symptom profile but also in underlying mechanisms and therapeutic responsiveness. A structured diagnostic approach is essential, beginning with the exclusion of alarm features and followed by a test and treat strategy for *Helicobacter pylori* infection. In the absence of alarming symptoms, extensive diagnostic workup, including endoscopy, is not routinely required, particularly in younger patients.

Management is based on a stepwise and individualized approach. First line treatment includes proton pump inhibitors, prokinetic agents such as itopride, and selected herbal therapies. Proton pump inhibitors are more effective in patients with epigastric pain dominant symptoms, whereas prokinetics demonstrate greater benefit in postprandial distress syndrome. In cases refractory to initial therapy, second line options include tricyclic antidepressants, neuromodulators, and psychological interventions such as cognitive behavioral therapy. Long term data indicate that itopride is associated with sustained symptom improvement, high adherence, and a favorable safety profile.

A comprehensive management strategy should also incorporate lifestyle and dietary modifications, including smaller meal portions, reduction of dietary triggers, and stress management. Overall, an individualized, subtype driven approach combining targeted pharmacotherapy with non pharmacological measures provides the most effective strategy for optimizing outcomes in patients with functional dyspepsia.

SPEAKER

Agata **Mulak**

Department of Gastroenterology, Hepatology and Internal Medicine
Wroclaw Medical University, Wroclaw, Poland

Prof. Agata Mulak, MD, PhD, completed her medical degree at Wrocław Medical University, Poland, in 1999. She received her doctoral degree in 2005 and obtained her specialist diploma in internal medicine in 2007, both from the same university.
She was a recipient of several international scholarships, including a post-doctoral fellowship in the Tache Lab at the G. Oppenheimer Center for Neurobiology of Stress and Resilience, University of California, Los Angeles (UCLA), USA, from 2009 to 2011.
She currently works at the Department of Gastroenterology, Hepatology and Internal Medicine at Wrocław Medical University, Poland, specialising in internal medicine and gastroenterology.
Her research interests focus on basic and clinical aspects of the brain–gut–microbiota interactions, the role of gut dysbiosis in neurodegenerative disorders, the pathophysiology of irritable bowel syndrome and functional dyspepsia, sex differences in visceral hypersensitivity and stress-related disorders.
Prof. Mulak is a former president of the Polish Neurogastroenterology and Motility Group. In 2017–2021, she served as a member of the Steering Committee of the European Society of Neurogastroenterology and Motility. Since 2016, she has been involved in the Rome Foundation Global Epidemiology Study as a Principal Investigator in Poland. She is currently a member of the Rome V Committee on Social and Cultural Factors of Disorders of Gut–Brain Interaction. In 2023, she was awarded the Rome Foundation Clinical Fellowship.

THE BRAIN-GUT-MICROBIOTA AXIS: CURRENT CONCEPTS AND FUTURE DIRECTIONS

The brain–gut–microbiota axis has emerged as a central paradigm in modern medicine, yet its conceptual roots predate the microbiome era. Early models focused on stress-induced alterations in gastrointestinal motility, secretion, and visceral sensitivity. Over time, this view evolved into a bidirectional framework integrating the central, autonomic, and enteric nervous systems, the hypothalamic–pituitary–adrenal axis, immune signaling, and metabolic mediators.

A major advance of the past two decades has been the recognition of the gut microbiota as an active regulator of host physiology, influencing neurodevelopment, cognition, emotion, immunity, and metabolism. Disturbances of the brain–gut–microbiota axis play a fundamental role in the pathogenesis of disorders of gut–brain interaction (DGBI), including irritable bowel syndrome and functional dyspepsia, often accompanied by altered stress responsiveness, anxiety, and depression. A defining feature of the brain–gut–microbiota axis is its capacity for bidirectional modulation. Microbiota-targeted intervention, such as diet, probiotics, psychobiotics, antibiotics, fecal microbiota transplantation, and lifestyle factors like exercise and restorative sleep, can reshape the gut ecosystem. Conversely, top-down approaches, including gut-directed behavioral therapies, stress reduction strategies, and vagus nerve stimulation, can influence gut function and microbial composition, highlighting the clinical relevance of central modulation. Looking ahead, research is moving toward more precise and personalized approaches. Integrative multi-omics strategies are beginning to define functionally distinct gut–brain endotypes, enabling a transition from symptom-based classification toward refined, individualized stratification. This shift reframes DGBI as biologically grounded disorders of network dysregulation within the brain–gut–microbiota axis. Sex-specific differences are increasingly recognized, with concepts such as the microgenderome and estrobolom highlighting interactions between microbiota, sex hormones, and immune signaling. Age-dependent effects define critical vulnerability windows, particularly in early life and aging, when disruption of the axis may have long-term consequences. Circadian biology further shapes host–microbe interactions, with chronodisruption influencing rhythmicity and disease susceptibility. Future research explores emerging mechanisms, including bile acids as fine-tuning regulatory molecules and microbial bioelectrical communication. The next frontier will require looking beyond bacteria, integrating the virome and mycobiome into a holistic, systems-level framework of the brain–gut–microbiota axis. Collectively, these advances support a shift toward mechanism-driven strategies that will guide the development of next-generation interventions targeting this axis.

SPEAKER

Hiroto **Miwa**

Hiroto Miwa MD[1], Akio Tamura MD, Hiroshi Kashida MD, Akira Ando MD, Takashi Ito MD[2]

1) Department of Internal Medicine, 2) Department of Pathology, Kawanishi City Medical Center, Kawanishi, Hyogo, Japan

Prof. Hiroto Miwa, MD, PhD, graduated from Kagoshima University Medical School in 1982. Then he worked in Juntendo University Hospital in Tokyo. Between 1992 and 1995, he studied at University of Michigan under supervision of Dr. Yamada. He was appointed Professor at Hyogo University of Medicine in 2004.
In 2004–2022, he worked at Hyogo College of Medicine as Professor of Gastroenterology and Vice-Dean. In the past, he also served as Vice-President of the University Hospital.
He is Emeritus Professor at Hyogo University of Medicine, and currently serves as President of Kawanishi City Medical Hospital in Hyogo, Japan. He retired from Professor at Hyogo University of Medicine in 2022.
His main research interest is basic and clinical research into diseases of the GI tract, especially functional gastrointestinal disorders including functional dyspepsia and irritable bowel syndrome.
Professor Miwa is Past Chairman of the Functional Dyspepsia Guideline Committee and Constipation Guideline Committee of the Japanese Society of Gastroenterology (JSGE).
He has published extensively, including more than 400 original and 90 review English articles in international peer-review journals.
He is active in many academic societies of gastrointestinal, endoscopic and internal medicine. He served the Asian Neurogastroenterology and Motility Association (ANMA) and Japanese Neurogastroenterology and Motility Society (JNMS) as President until 2024 and 2023, respectively.

MANAGING LOW-GRADE DYSPLASIA – HOW EARLY IS TOO EARLY?

Dysplasia is a pathological term closely associated with malignant neoplasia. In the WHO Classification, dysplasia is defined as a non-invasive neoplastic epithelial alteration confined above the basement membrane. The distinction between dysplasia and carcinoma is based on the presence or absence of invasion. However, in Japan, the diagnosis of dysplasia is based primarily on cytologic and architectural atypia; therefore, lesions with marked atypia are often diagnosed as carcinoma even when they do not invade beyond the basement membrane. Such lesions are frequently referred to as high-grade dysplasia in Western countries. Accordingly, these lesions are commonly resected using endoscopic techniques such as endoscopic submucosal dissection (ESD) or endoscopic mucosal resection (EMR).

With regard to low-grade dysplasia, Japanese pathologists also use this diagnosis, but far less frequently than in Western practice, as they are usually self-confident and believe their diagnosis are correct. Nevertheless, the optimal management of low-grade dysplasia remains controversial both in Western countries and in Japan.

In the squamous epithelium of the esophagus, low-grade dysplasia may appear as a Lugol dye non stained area or as an irregular pattern on narrow-band imaging (NBI). However, progression to malignancy is relatively uncommon. In Barrett's esophagus, low-grade dysplasia warrants closer surveillance because the metaplastic epithelium itself carries malignant potential.

In the stomach, the term low-grade dysplasia is rarely used in Japan; instead, EMR or ESD is performed for gastric adenomas, which are often regarded as dysplasia in Western practice. Intestinal metaplasia is not considered dysplasia but represents a high-risk background condition for gastric cancer and therefore requires careful surveillance.

In the colon, tubular adenoma is a benign polyp characterized by varying degrees of atypia (mild, moderate, and severe). Low-grade dysplasia corresponds to adenomas with mild atypia. Decisions regarding polypectomy are generally based on lesion size, and polyps ≥ 5 mm are usually recommended for removal. In addition, dysplasia in ulcerative colitis requires careful surveillance.

Although endoscopic resection is generally safe, it still carries risks such as postoperative gastrointestinal bleeding and perforation. Therefore, overtreatment should be avoided, and follow-up strategies should be individualized based on lesion size, location, patient age, and comorbidities.

One follow-up option is pharmacologic chemoprevention with low-dose aspirin, which has substantial evidence supporting its effectiveness, although bleeding risk must be considered.

In the stomach, the mucosal protective agent rebamipide, widely used in Japan for gastric ulcer healing and no serious adverse effects, has been reported to have a potential preventive effect against gastric cancer.

SPEAKER

Jose Remes-Troche

Mexican Board of Gastroenterology
Medical Biological Research Institute, Veracruzana University, Veracruz, Mexico

José María Remes-Troche, MD, graduated from the National Institute and Medical Sciences of Nutrition Salvador Zubirán in Mexico City, Mexico. He completed his postgraduate fellowship training in neurogastroenterology and gastrointestinal motility at the University of Iowa Hospitals and Clinics, Iowa, USA.
He has served as President of the Mexican Association of Gastroenterology (AMG) and currently holds the position of Vice President of the Mexican Board of Gastroenterology.
His main research interests include oesophageal chest pain, gastroesophageal reflux disease (GERD), P-CAB therapy, Helicobacter pylori *infection and cancer prevention, as well as disorders of gut–brain interaction, and celiac disease.*
Dr. Remes-Troche is Senior Research Professor at the Medical Biological Research Institute of the Veracruzana University in Veracruz, Mexico.
He is a member of the National Academy of Medicine of Mexico and a Level III National Researcher within the Mexican National System of Researchers.
He is part of the Anorectal Disorders Section of the Rome V Committee and has an outstanding academic career, with more than 300 PubMed-indexed publications and an H-index of 49, making significant contributions to the advancement of gastroenterology and motility disorders both in Mexico and internationally.
Dr. Remes-Troche is widely regarded as a leading expert and key reference in his field, both nationally and internationally, due to his scientific contributions, mentorship, and active participation in global initiatives that have influenced clinical practice and research in gastroenterology.

WHAT'S NEW IN THE MANAGEMENT OF ACID SUPPRESSION, GASTRITIS, AND MUCOSAL PROTECTION?

Advances in the understanding of acid-related disorders and gastric mucosal injury have led to important changes in the therapeutic approach to gastroesophageal reflux disease (GERD), gastritis, peptic ulcer disease, and other upper gastrointestinal conditions. This lecture will review contemporary concepts in acid suppression therapy, with particular emphasis on the emergence of potassium-competitive acid blockers (P-CABs) and the growing role of mucosal protective strategies such as rebamipide.

The presentation will discuss the pharmacological differences between proton pump inhibitors (PPIs) and P-CABs, including their mechanisms of action, onset of effect, potency, and ability to achieve sustained acid suppression. Current evidence supporting the use of P-CABs in erosive GERD, non-erosive reflux disease, *Helicobacter pylori* eradication regimens, nocturnal acid breakthrough, and other challenging clinical scenarios will be highlighted. Particular attention will be given to the expanding global experience with agents such as vonoprazan and tegoprazan, as well as the potential future applications of this therapeutic class.

In parallel, the lecture will explore the concept of gastric mucosal protection beyond acid inhibition. The role of rebamipide as a cytoprotective and anti-inflammatory agent will be reviewed, including its effects on prostaglandin synthesis, mucus production, epithelial integrity, oxidative stress, and mucosal healing. Emerging evidence regarding the use of rebamipide in gastritis, NSAID-related injury, *H. pylori*-associated inflammation, functional dyspepsia, and post-endoscopic mucosal healing will also be addressed.

Finally, the session will provide a practical and evidence-based perspective on how to integrate modern acid suppression and mucosal protective therapies into daily clinical practice, emphasizing individualized treatment strategies and future directions in upper gastrointestinal therapeutics.

SPEAKER

Piotr **Eder**

Department of Gastroenterology, Dietetics and Internal Medicine, Poznań University of Medical Sciences, Poland

Prof. dr. hab. Piotr Eder, MD, PhD, graduated from the Poznań University of Medical Sciences in Poznań, Poland, in 2007. He received his doctoral degree from the same university in 2012. He obtained his specialist diplomas in internal medicine and gastroenterology in 2014 and 2017, respectively. He participated in numerous clinical and research training programmes and fellowships in Poland and abroad, including at John Radcliffe Hospital in Oxford, Great Britain, and Agaplesion Markus Krankenhaus in Frankfurt, Germany. Among other achievements, he won the third place in the Dr. Bares Award for the best original paper in gastroenterology in 2018. In 2020, he was appointed Full Professor of Medicine.

He currently serves as Deputy Head of the Department of Gastroenterology, Dietetics and Internal Medicine of the Poznań University of Medical Sciences in Poland.

Prof. Eder specialises in internal medicine and gastroenterology, focusing his research on clinical practice in inflammatory bowel disease (IBD), particularly faecal markers, cross-sectional imaging, and molecular mechanisms of drug action.

He has authored numerous national and international publications in the field of gastroenterology, contributing to leading journals such as Gastroenterology, Journal of Crohn's and Colitis, *and* American Journal of Gastroenterology. *He has co-authored European guidelines on the management of ulcerative colitis developed by the European Crohn's and Colitis Organisation (ECCO). Prof. Eder is a member of the Editorial Board of JCC Plus, and a reviewer of multiple international research projects.*

He lectures at university and is currently the Deputy Chair of the Council of the Medical Sciences College at Poznań University of Medical Sciences.

He is a member of the Governing Board of the Polish Society of Gastroenterology and ECCO representative for Poland. He serves as President of the Intestinal Section of the Polish Society of Gastroenterology, and is a regional consultant in gastroenterology for the Wielkopolska Region.

Prof. Eder has been a recipient of multiple national and international awards, including the National Scholar Award from the United European Gastroenterology (UEG) Federation and the Dr. Bares Award. He is a member of the UEG Talent Group, and was the finalist of the "Supertalenty w Medycynie" competition in 2019. In 2025, he was recognised by Puls Medycyny as one of the 100 most influential individuals in Polish medicine.

UNMASKING BILE ACID DIARRHEA: A COMMON YET OVERLOOKED CAUSE OF CHRONIC DIARRHEA

Bile acid diarrhea (BAD) is a common but frequently overlooked cause of chronic diarrhea, contributing to substantial morbidity and reduced quality of life. Recent studies suggest that BAD may account for up to 25–30% of patients previously diagnosed with functional diarrhea or diarrhea-predominant irritable bowel syndrome (IBS-D). Despite this high prevalence, BAD remains underdiagnosed, largely due to limited clinical awareness and restricted access to appropriate diagnostic tools.

The pathophysiology of BAD involves disruption of bile acid homeostasis, most often related to impaired feedback regulation mediated by fibroblast growth factor 19 (FGF19) or ileal dysfunction. This leads to excessive bile acids entering the colon, resulting in secretory diarrhea. However, establishing a definitive diagnosis remains challenging. The SeHCAT retention scan, considered the reference diagnostic test, is unavailable in many countries. Alternative biomarkers, including serum 7α-hydroxy-4-cholesten-3-one (C4) and FGF19, are not widely accessible and lack standardization.

A major contributor to underdiagnosis is the insufficient inclusion of BAD in the differential diagnosis of chronic diarrhea, particularly in patients without evident risk factors. Consequently, many patients remain untreated or are managed inappropriately. Empirical therapy with bile acid sequestrants is often used but does not replace accurate diagnosis. Increasing awareness, improving access to diagnostic modalities, and integrating BAD into routine clinical algorithms are crucial steps toward better recognition and management of this condition.

SPEAKER

Jaroslaw **Daniluk**

Department of Gastroenterology and Internal Medicine at the Medical University of Bialystok, Bialystok, Poland

Prof. dr. hab. Jaroslaw Daniluk, MD, PhD, graduated from the Medical University of Bialystok, Poland, in 1998. He received his doctoral degree from the same University in 2005. He obtained his specialist diplomas in internal medicine and gastroenterology in 2006 and 2013, respectively.
Prof. Daniluk has been recipient of several international scholarships, including a postdoctoral fellowship at the MD Anderson Cancer Center in Houston, Texas, USA, from 2008 to 2011. In 2024, he obtained the position of Full Professor of Medicine.
He is currently Deputy Head of the Department of Gastroenterology and Internal Medicine at the Medical University of Bialystok, Poland.
Prof. Daniluk's research focuses on basic science and clinical practice in the field of pancreatic diseases, with a special emphasis on pancreatic cancer, including the role of the microbiome in tumour development and intracellular signalling in the process of carcinogenesis.
He has published approximately 130 peer-reviewed articles and book chapters.
Prof. Daniluk has made a significant contribution to the development of the Polish Society of Gastroenterology's guidelines on the management of Helicobacter pylori *infection, microscopic colitis, chronic pancreatitis and pancreatic cystic lesions.*
In addition, he serves as a reviewer for a number of international journals.
Prof. Daniluk serves as President of the Polish Pancreatic Club and member of the Polish Society of Gastroenterology and the European Crohn's and Colitis Organisation.

THE BILE ACID TRAP:
HOW CHOLESTYRAMINE CAN CHANGE THE GAME

Bile acid diarrhea (BAD) is a clinically significant cause of chronic diarrhea, frequently associated with conditions such as irritable bowel syndrome with diarrhea (IBS-D), ileal disease or resection, cholecystectomy, and microscopic colitis. Despite increasing awareness and advances in diagnostic tools – including serum C4, FGF19, fecal bile acid quantification, and the 75SeHCAT retention test – many patients remain undiagnosed or inadequately treated.

The most effective treatment strategy for BAD should be based on a comprehensive diagnostic evaluation designed to identify the underlying pathophysiological processes responsible for excessive bile acids reaching the colon. Irrespective of the etiology the best investigated therapeutic option across these conditions remains bile acid sequestrants (BASs). Cholestyramine, a bile acid sequestrant, has emerged as a cornerstone therapy in the management of BAD. By binding bile acids within the intestinal lumen and preventing their colonic effects, cholestyramine can significantly reduce diarrhea frequency, urgency, abdominal discomfort, and overall symptom burden. Its therapeutic role extends across both primary and secondary forms of BAD, making it a valuable and versatile treatment option.

This presentation explores the pathophysiological basis of BAD and the clinical impact of bile acid sequestration therapy. Particular attention is given to cholestyramine's mechanism of action, therapeutic efficacy, patient selection, and practical considerations for long-term management. Understanding how to recognize and effectively treat BAD may dramatically improve outcomes in patients with chronic unexplained diarrhea, highlighting how cholestyramine can truly "change the game" in modern gastroenterology.

SPEAKER

Marek **Hartleb**

Head of the Department of Gastroenterology and Hepatology at the Medical University of Silesia Katowice; President of Polish Society of Gastroenterology

Prof. dr hab. Marek Romuald Hartleb, MD, PhD, graduated from the Medical University of Silesia, Katowice, Poland, where he received both his medical and doctoral degree. In 1989, he was the recipient of a Fellowship of the French Ministry of Foreign Affairs and Laboratoires Fournier, which allowed him to spend two years working in the Splanchnic Hemodynamic Laboratory at Beaujon Hospital in Clichy, Paris, France. He was habilitated in 1996 and appointed Full Professor of medicine, with a specialization in gastroenterology and internal medicine, in 2005.

Prof. Hartleb currently serves as the Head of the Department of Gastroenterology and Hepatology at the Medical University of Silesia. From 2005 to 2008, he held the post of Dean for Doctorate Degrees of the Faculty of Medical Sciences at the Medical University of Silesia. Additionally, from 2012 to 2019, he was the Head of the Scientific Committee at the same faculty. Since 2021, he has been a member of the Academic Senate of the Medical University of Silesia. Finally, since 2021, Prof. Hartleb has acted as the President of the Polish Society of Gastroenterology.

THE INFLUENCE OF INTESTINAL MICROBIOTA ON LIVER FUNCTION

The gut–liver axis is a bidirectional network in which intestinal microbiota, bile acids, microbial metabolites, the gut barrier and portal circulation regulate liver physiology and disease. The liver shapes the intestinal ecosystem, while the intestine delivers its own products back to the liver. In health, this exchange supports lipid digestion, epithelial integrity, immune tolerance and hepatic repair. Mucus, tight junctions, secretory IgA, antimicrobial peptides, immune cells, the gut vascular barrier and hepatic surveillance limit microbial translocation.

When dysbiosis develops, these protective mechanisms weaken. Increased intestinal permeability allows bacteria, pathogen-associated molecular patterns, cytokines and toxic metabolites to reach the liver through the portal vein. This promotes chronic inflammation, oxidative stress, altered lipid handling and pathways involved in metabolic dysfunction-associated steatotic liver disease (MASLD), steatohepatitis, fibrosis, cirrhosis and hepatocarcinogenesis. During fatty liver progression, bacterial diversity declines, *Lactobacillus* and *Bifidobacterium* are depleted, and *Ruminococcus* and *Escherichia* increase, especially in advanced fibrosis.

Microbiota modulation is therefore potential therapeutic strategy. The Mediterranean diet and bariatric surgery may increase beneficial, short-chain-fatty-acid-producing bacteria, reduce inflammatory taxa, protect barrier function and decrease hepatic inflammation and lipogenesis. Bile acids occupy a central position in this system as regulators of metabolism, inflammation, permeability and receptor signaling, including FXR. In MASLD, disturbed bile acid metabolism can intensify hepatic fat accumulation and inflammation, whereas selected microbiota-modified bile acids may be protective.

Ursodeoxycholic acid (UDCA) is a potential tool for reversing elements of MASLD pathophysiology. Endogenous UDCA can be produced by gut bacteria from chenodeoxycholic acid via 7-hydroxysteroid dehydrogenase activity, while administered UDCA may remodel the intestinal bacterial community. The presented evidence suggests that UDCA can help restore microbial homeostasis, partially reverse MASLD-related dysbiosis and repair gut barrier integrity, including increased expression of tight junction proteins: claudin-1 and zonula occludens-1 ZO-1. Thus, UDCA may act beyond classical hepatoprotection, as a modulator of the microbiome, bile acid pool, intestinal barrier and inflammatory-metabolic signaling within the gut–liver axis.

PANEL EXPERT

Maura **Corsetti**

Nottingham Digestive Diseases Centre Biomedical Research Unit,
University of Nottingham, Nottingham, UK

Maura Corsetti, MD, PhD, received her medical degree from the Faculty of Medicine of the University of Milan, Italy, in 1996. She specialised in gastroenterology, completing her residency in 2000. In 2001, she passed her European Specialty Examination in Gastroenterology and Hepatology and received PhD from the University of Milan in 2004.
From 2004 to 2012, Dr Corsetti served as a Consultant and Head of the Gastrointestinal Motility Unit of the Vita-Salute San Raffaele University in Milan. She then moved to Belgium, where she carried out part of her PhD, to work in the lab of Prof. Jan Tack as Senior Research Supervisor, between 2012 and 2016.
In 2016, she was appointed Associate Professor of Gastroenterology. Dr. Corsetti serves as Head of the Neurogastroenterology Unit and the GI Motility Lab and a referral consultant for functional disorders of the upper and lower gastrointestinal tract at the Nottingham Digestive Diseases Biomedical Research Centre.
She is a member of the Rome Foundation Board of Directors, Co-Chair of the Rome V Committee on Functional Bowel Disorders, and Editor-in-Chief of Neurogastroenterology and Motility *(official journal of the European and American Association of Neurogastroenterology and Motility). She is ESNM representative to the Scientific Committee and Chair of the Postgraduate Teaching Course at United European Gastroenterology (UEG).*

CO-CHAIRMAN & SPEAKER & PANEL EXPERT

Premysl **Falt**

2nd Department of Internal Medicine, University Hospital and Faculty of Medicine, Palacký University, Olomouc, Czech Republic

Prof. Přemysl Falt, MD, PhD, MHA, completed his studies at the Second Faculty of Medicine at Charles University in Prague in 2006, and was board-certified in gastroenterology and hepatology in 2012. He received PhD at the Faculty of Medicine, Masaryk University in Brno in 2013, and MHA (Master of Healthcare Administration) at the European Business & Management Institute in Prague in 2023. Currently, he serves as Head of the Centre for Digestive Endoscopy and Head of IBD Centre at the Second Department of Internal Medicine – Gastroenterology and Geriatrics at University Hospital in Olomouc, Czech Republic.
His primary clinical and research interests focus on gastroenterology, specifically on advanced methods of digestive endoscopy and treatment of inflammatory bowel disease.

He has heavily published in various international peer-reviewed journals, including the European Journal of Gastroenterology and Hepatology, Surgical Endoscopy Journal, Gastrointestinal Endoscopy, Colorectal Disease, Digestive Endoscopy, Clinical Gastroenterology and Hepatology, *and* Journal of Crohn's and Colitis.
Prof. Falt has held various roles in both Czech and international societies, such as the Czech Gastroenterological Society, serving as Vice-Chairman since 2022, or Endoscopic Section of CGS, serving as Chairman since 2023. He has also been member of the European Crohn's and Colitis Organization (ECCO), European Society of Gastrointestinal Endoscopy (ESGE) and United European Gastroenterology (UEG).

ENDOSCOPIC TREATMENT OF ACUTE CHOLECYSTITIS – A GAME CHANGER?

Acute cholecystitis is acute inflammatory condition associated with local and systemic complications which are potentially life-threatening. Laparoscopic cholecystectomy is generally considered the gold standard of therapy. However, affected population of patients is getting older and polymorbid, frequently regarded as “high risk” or even “never surgery”. Alternatively, apart conservative treatment of mild disease, mini-invasive drainage procedures may be used for temporary or permanent treatment of acute cholecystitis. Percutaneous drainage has been widely used for acute management of severe cholecystitis not amenable for surgery. EUS-navigated transgastric or transduodenal drainage using lumen-apposing stent is able to substitute percutaneous approach in most of indications, and it can be used as definitive treatment in “never surgery” patients. In patients with acute cholecystitis and concurrently planned for ERCP, transpapillary drainage of the gallbladder using plastic stents may be employed, mostly as temporary solution. In our lecture, we present review of the literature and current position of EUS-navigated drainage in the management of acute cholecystitis and experience with the method in our tertiary endoscopy center.

CHAIRMAN & SPEAKER

Manuel **Perez-Miranda**

Head of Gastroenterology and Hepatology Department, Rio Hortega University Hospital, Valladolid Health Research Institute
Associate Professor of Medicine, Valladolid University Medical School
Valladolid, Spain

Manuel Pérez-Miranda, MD, PhD, completed his medical studies at the University of Navarra, Pamplona, Spain, in 1990, and his residency in gastroenterology at the Hospital de la Princesa at the Autonomous University of Madrid, Spain, in 1994. He obtained his PhD in medicine at the University of Valladolid, Spain, in 2016.

He was a visiting fellow at John Radcliffe Hospital, Oxford, UK, and received further training in the Czech Republic, Poland, Germany and France.

Currently, he is Head of Gastroenterology & Hepatology at Rio Hortega University Hospital, Valladolid, and Associate Professor of Medicine at the Valladolid University Medical School, Valladolid, Spain.

His major clinical interests include interventional endoscopy & EUS, luminal stenting and pancreaticobiliary disease, with a special emphasis on combined ERCP/EUS. He was an early adopter of EUS-guided biliary drainage and of Lumen-Apposing Metal Stents (LAMS) technology.

He has served on Editorial Board of various distinguished journals such as Endoscopy, Gastrointestinal Intervention and Gastrointestinal Endoscopy.

Dr. Pérez-Miranda has held several leadership roles including as Vice-President, President and Past-President of the Spanish Society of Digestive Endoscopy (SEED). He is a member of the European Society of Gastrointestinal Endoscopy (ESGE), the American Society for Gastrointestinal Endoscopy (ASGE) and the Society of Gastrointestinal Intervention (SGI), among others.

He has received numerous international and national awards, such as three ASGE Gold Medals at the World Cup of Endoscopy, or Best Oral Presentation Awards from United European Gastroenterology and the Society of Gastrointestinal Intervention, and was also recognised as the Reviewer of Excellence in 2019.

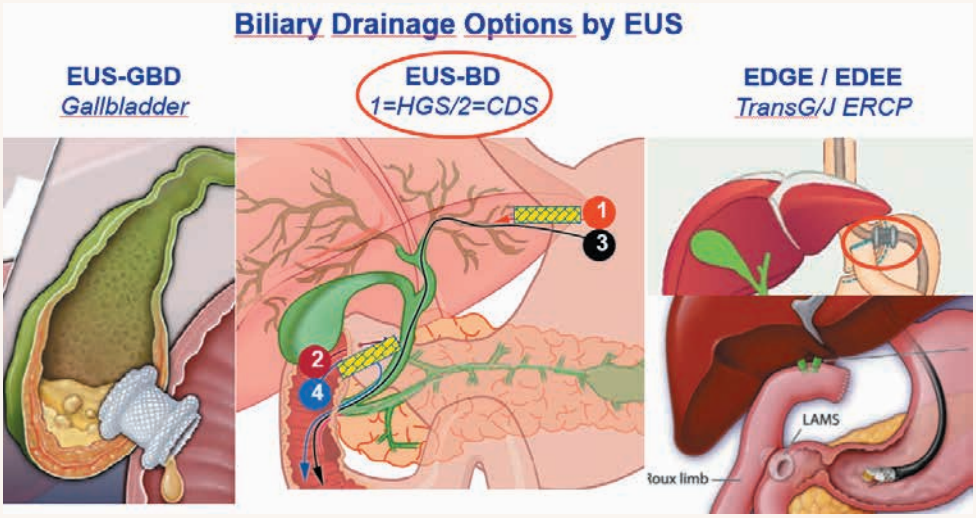
DISTAL BILIARY OBSTRUCTION: COMPARISON OF EXTRA-ANATOMICAL APPROACHES

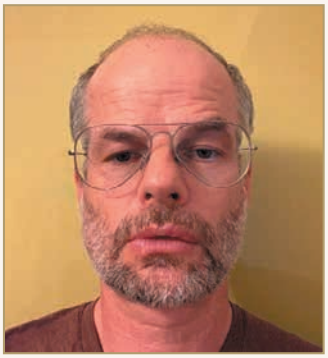
Distal biliary obstruction (DBO) is located below the confluence of the right and left hepatic ducts. DBO is either benign (BBO, stones/strictures) or malignant (MBO). Interventions to relieve DBO vary according to etiology. Benign strictures require staged interventional procedures over a treatment period, whereas single-session biliary stenting is enough for malignant strictures – barring stent dysfunction.

ERCP is the only anatomical approach to relieve DBO. ERCP gradually replaced traditional non-anatomical approaches, such as surgery and PTC, throughout the 1980s and 1990s. PTC and surgery remain to date valid second or third-line options. Over the past two decades, EUS has emerged as an alternative endoscopic approach to DBO. EUS provides direct bile-duct access and drainage via EUS–BD, a hybrid procedure encompassing anatomical (antegrade/rendezvous) and non-anatomical (hepaticogastrostomy [HGS] / choledochoduodenostomy [CDS]) approaches. In addition to EUS–BD, indirect drainage by EUS of DMBO through the gallbladder is possible when the cystic duct is patent. More importantly, EUS-directed (ED) trangastric (EDGE) or transjejunal (EDEE) anastomoses using lumen-apposing metal stents (LAMS) facilitate retrograde biliary access in surgically altered anatomy (SAA).

EUS–BD (HGS/CDS) offers superior outcomes to PTC after failed ERCP in patients with DMBO requiring palliation. Whereas the HGS learning curve is demanding, LAMS facilitate CDS in DMBO patients whose CBD > 14 mm. Randomized trials show reduced post-procedure adverse events and shorter procedure time in DMBO patients drained with EUS–BD vs ERCP. Even if higher EUS–BD patency is inconsistent across trials, a lower threshold for EUS–BD is warranted in DMBO, from failed to just difficult cannulation. The use of HGS/CDS is spreading to complex BBO not amenable to ERCP, including SAA and disconnected ducts. EUS–BD in BBO requires covered SEMS that do not migrate or embed, allowing removability once treatment is completed. EDGE is cost-effective in Roux-en-Y gastric bypass compared to laparoscopy/enteroscopy-assisted ERCP. EDEE provides 97% long-term success for benign Roux-en-Y hepaticojejunostomy strictures.

As EUS-based approaches to biliary drainage including EUS–BD, EUS–GBD, EDGE and EDEE disseminate and integrate into current ERCP practice, increasing numbers of patients with either MBO or BBO will be treated by purely endoscopic (anatomical and/or extra-anatomical) approaches, improving their outcomes over those afforded by PTC/surgery.





SPEAKER

Robert **Prochazka**

Department of Gastroenterology, Jablonec nad Nisou Hospital,
Jablonec nad Nisou, Czech Republic

Robert Procházka, MD, studied at the Faculty of Biochemistry, University of Calgary, Canada, where he obtained his BSc degree in 1995. He received his MD degree in general medicine from the First Faculty of Medicine, Charles University, Prague, Czech Republic, in 2001. He was board-certified in general surgery (Level I) and gastroenterology in 2004 and 2009, respectively.

Currently, he works at the Department of Gastroenterology of the Jablonec nad Nisou Hospital, Czech Republic.

He specialises in gastroenterological surgery, combining surgical interventions with internal digestive care. His clinical and research interests include digestive endoscopy and minimally invasive surgical endoscopic methods in the digestive tract treatment, with a special focus on the Anal Intraepithelial Neoplasia (AIN), and the Familial Adenomatous Polyposis (FAP).

He is a member of several national and international societies, including the Czech Gastroenterological Society (ČGS), European Society of Gastrointestinal Endoscopy (ESGE), and the Czech Pancreatic Club. In 2013–2019, he was a member of the International Expert Group for Chromoendoscopy in Gastroenterology.

Dr. Procházka has received additional training in Endoscopic Submucosal Dissection (ESD), participating in various workshops and internships, including in Germany, Sweden and Singapore; in Endoscopic Ultrasonography (EUS) and in Endoscopic Retrograde Cholangiopancreatography (ERCP). Additionally, to enhance his education in proctology, he completed an intensive course in Transanal Endoscopic Microsurgery (TEM) at Richard Wolf Academy in Knittlingen, Germany, in 2009, and the Stapler Hemorrhoid and Rectocele Surgery (STARR) at Na Františku Hospital in Prague in 2014, among others.

Between 2006 and 2021, he attended a series of workshops and training courses in gastroenterology, including the Endoscopic Full Thickness Resection with the FTRD System Workshop in Berlin, Germany, in 2018, and the Gastroduodenal FTR Training, online, in 2021.

He has extensively lectured at various conferences, both nationally and internationally, including at Gastroenterology Days, Pilsen Oncology Days, and Czech and Slovak Gastroenterology Congress. He has made several live demonstrations and has been involved in teaching activities.

Dr. Procházka has published in various peer-reviewed journals such as the Journal of Gastroenterology and Hepatology, *and on the Website of the Czech Gastroenterological Society.*

DIFFICULT CHOLEDOCHOLITHIASIS AND PANCREATICOLITHIASIS – WHAT'S NEW?

The management of difficult choledocholithiasis and pancreatic lithiasis has evolved significantly with advances in therapeutic endoscopy. Difficult choledocholithiasis, including large, impacted, multiple, intrahepatic, or anatomically challenging stones, requires early recognition and a structured step-up approach. Same-session EUS and ERCP can improve diagnostic accuracy, facilitate procedural planning, and enhance safety by reducing treatment delays, repeated anaesthesia, and radiation exposure. Endoscopic papillary large balloon dilation (EPLBD) remains an established technique, while cholangioscopy-guided intraductal lithotripsy is increasingly being adopted earlier in the treatment algorithm rather than solely as a rescue strategy, offering high single-session clearance rates.

Pancreatic lithiasis represents a distinct clinical challenge, with intervention recommended primarily in symptomatic patients. Stone hardness, ductal strictures, angulation, and limited duct diameter reduce the effectiveness of conventional ERCP-based extraction. Extracorporeal shock wave lithotripsy (ESWL) remains the preferred first-line option for larger pancreatic stones, while pancreatoscopy-guided lithotripsy offers an effective alternative in anatomically accessible cases. EUS-guided pancreatic duct drainage has emerged as an important salvage option when standard ERCP fails. Optimal management requires an individualized, minimally invasive strategy based on stone characteristics, ductal anatomy, local expertise, and technology availability.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