INTERNATIONAL NEWS

News about the United European Gastroenterology Federation

What is the UEGF?
The first ideas about a Federation that would combine the various European associations and societies active in gastroenterology and allied fields, surfaced during the International Congress of Gastroenterology in Rome in 1988. To many of us the many organisations all holding their own annual meetings looked like mispent energy. Therefore the idea was born to have one annual meeting in Europe for the medical doctors of gastroenterology and allied fields, so the UEGF was established.

The UEGF is today a society for gastroenterology and allied fields, comprising more than 3000 members from 65 countries and over 7000 in Berlin.

How is it organised?
The UEGF is governed by a council that represents the founding members of the federation. It consists of: the Society of Gastroenterology (ASNEMGE); College Internationale de Chirurgie Digestive (European Chapter) (CICD); European Association for Gastroenterology and Endoscopy (EAGE); European Association for the Study of the Liver (EASL); European Pancreatic Society; European Society for Gastrointestinal Endoscopy (ESGE); European Society for Paediatric Gastroenterology and Nutrition (ESPGAN).

Each of these organisations delegates two members to the UEGF council who serve on council for four years. From among these, a chairman, a vice chairman, a treasurer, and a secretary are elected. The council meets three times a year, once during the annual UEGW. Its tasks are described in the statutes and consist of the election of a future president for the UEGW, creating a uniform scientific format for the UEGW papers and establishing a long-term relationship with the biomedical industry. For the latter a code of practice document has been developed, which describes mutual tasks and obligations. The current relationship with the biomedical industry is probably unparalleled and is visited by other medical organisations. As soon as the UEGF is firmly established, the UEGF council will start working on its scientific and educational statutory tasks.

UEGF enlargement
Besides the founding members of the UEGF, there are many other European organisations active in gastroenterology, particularly in the allied fields of specialised surgery, pathology, radiology, primary care physicians, and nursing. Since the UEGF aims to function as an umbrella for all these organisations, the incorporation of new members and new ideas is vital. At present council is designing new rules to be able to embrace these organisations.

UEGW 1996: Paris
This 5th UEGW is to be held at the CNIT Conference Centre in Paris, 2–6 November 1996. There will be a three day core meeting comprising oral sessions, state of the art lectures, poster sessions, video sessions, and an exhibition of the latest pharmaceutical developments and endoscopic equipment. There will also be workshops organised by EASL and the ESGE, and postgraduate courses organised by EAGE, ESGE, and ESPGAN on clinical management of patients, endoscopic procedures, and basic mechanisms of cell function and nutrition.

1997 and on...
In 1997 the UEGW will be held at the ICC in Birmingham (18–22 October). This will be the 6th UEGW. The 7th will take place in Rome, but not until 1999 (13–18 November) because 1998 sees the Xth World Congress of Gastroenterology coming to Vienna (6–13 September). The UEGW will significant role in the representation of Europe within this event. The 8th UEGW will take place in the millennium year and is appropriately planned for Europe’s heart: Brussels (25–30 November). National societies wishing to organise future UEGWS can submit a bid. For this a Guidelines and Bid Manual is required, which can be obtained from the secretariat’s office. Bids are already being received for 2001, as the UEGW continues to strive for a congress of high scientific value that enables scientists and clinicians to establish new links and contribute further to the European Gastroenterology effort. The success of UEGW and the UEGF however depends upon you supporting the meeting with your scientific work and enthusiasm.

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BOOK REVIEW


Two of the hottest areas in gastroenterology are the therapeutic possibilities of antagonising the effects of cytokines to prevent tissue injury and of exploiting endogenous healing mechanisms to promote gut repair. This book contains 11 chapters written by different authors on various facets of these two areas. Overall the editors would have been better restricting themselves to growth factors as this forms most of the book (9/11 chapters), and the chapters on cytokines in gut disease are not of the same standard as those on growth factors. The book however does begin with rather a good overview of cytokines by Kim Barrett. She concentrates on receptors and signalling, without reference to gastrointestinal disease, and encapsulates the key points clearly. There then follows a chapter on cytokines and gastrointestinal disease mechanisms by Przemioslo and Ciclitira, which is more of a list of cytokines in various diseases and mechanisms than a detailed account. Inflammatory bowel disease is also covered in this section, making the later contribution (chapter 10) from Radford-Smith and Jewell on cytokines in inflammatory bowel disease redundant. This latter chapter deals mainly with the technical issues concerning measurement of cytokine transcripts and protein. This is of little interest to the general gastroenterologist and is known to the specialist.

The contributions on growth factors are good, a reflection no doubt of the editors own interests, and provide a good overview of EGF, TGFα, TGFβ, IGFs, PDGFs, and PDEFs and trefoil peptides from Poulson et al. have to say that in the book, overall, the quality of the contributions from authors resident in the USA is higher than that of the UK contributors, with better illustrations and organisation. An honourable mention is made of the book by Herbert, which is a chapter on trefoil peptides, which is really excellent.

I was irritated by a number of things in the book. I found the introduction patronising. The potted version of molecular biology could probably be omitted from most of the book. Admitting in the introduction that the book may be confusing because of jargon and in house jives is guaranteed to annoy. The need to show molecular biological credentials surfaces in chapter 11 by Jankowski on the role of growth factors in the management of solid tumours where an undergraduate diagram of a Southern blot appears.

In the text this figure is firstly cited in the context of oncogenesis and is irrelevant to it. The correct figure was shown. Playford and Shaw-Smith make an interesting contribution in chapter 9 where they try to put the function of growth factors in perspective, but then spoil it by including a largely irrelevant piece on Helicobacter pylori.

Overall I would recommend this book to any gastroenterologist or non-clinical scientist who wishes a good, rather up to date review of growth factors in the gut, at a reasonable price. The strengths of the book outweigh its deficiencies and the number of factual and typographical errors are within acceptable limits. This is an extremely exciting area, and through the efforts of Nick Wright and his colleagues, is one in which UK gastroenterology is a major player.

THOMAS T MACDONALD

NOTES

Sir Francis Avery Jones BSG Research Award 1997

Applications are invited by the Education Committee of the British Society of...