Preface

In this supplement to *Gut*, the reader will find the full texts of papers presented at the summer meeting of the European Institute of Healthcare (EIH) held in Barcelona in June 2002. The EIH is an independent institute providing programmes of high standard continuous medical education for specialists. Programmes are organised in the following areas: gastroenterology, oncology, cardiology, respiratory disease, and the central nervous system. Each year, two symposia are held for each therapeutic area, gathering participants from 20 countries within Europe. The EIH has an independent medical steering committee chaired by Professor Emeritus G Vantrappen from the University of Leuven in Belgium to handle these programmes. The other members of this committee are the chairmen and co-chairmen of the scientific committees representing the five therapeutic areas. All EIH funding is provided by AstraZeneca.

The prevalence of dysplastic and neoplastic lesions of the gut is extremely high. Unfortunately, most carcinomas seen by gastroenterologists are detected at an advanced stage when curative treatment is no longer possible. The diagnosis of early neoplastic changes and lesions, easily accessible to non-invasive therapeutic approaches, is therefore a major challenge for the clinician at the beginning of this century. The rapid development of "high tech" endoscopy should represent a major step towards better identification of such very early neoplastic changes. As recently indicated, the goal of modern endoscopy is not only "seeing better", but also "seeing below the surface" and "interpreting what we see" (Fockens P. Future developments in endoscopic imaging. In: Tytgat GNJ, ed. *Best practice & research. Clinical gastroenterology*, 2002;16(no 6):999–1012). The recent developments in endoscopic imaging discussed in the different papers of this supplement to *Gut* include chromoendoscopy, magnification and high resolution endoscopy, and different spectroscopic methods, as well as completely novel imaging techniques such as optical coherence tomography. Similarly, the use of endoscopic robots in the clinical setting has already begun, with the recent appearance on the market of the wireless endoscopic capsule. Besides endoscopy, other novel imaging techniques, including magnetic resonance and PET scan technologies, are likely to represent major advances that could have a real impact on clinical practice. Applications are not limited to the field of oncology, as shown by the use of MR techniques for functional assessment of gastric emptying or pelvic floor dysfunction. Finally, it seems quite obvious that we are now entering a new era of "bio" and "molecular" imaging techniques, with such potential applications as confocal microscopy and immuno-staining. The very promising development of in vivo imaging with oligonucleotides should improve our understanding of the pathophysiology of diseases and also provide important tools for new pharmacological or therapeutic approaches. However, we should not forget, as clinicians, that rigorous evaluation of these impressive advances in imaging techniques is required in the context of well conducted prospective studies.

As organisers of this Symposium held at the EIH in Barcelona, we are extremely grateful to all the scientists who contributed so remarkably to the success of this scientific event. We hope that the readers will share our enthusiasm for this new and rapidly developing area of gastroenterology.

JP Galmiche, F Pallone