



SGA ELECTRONIC NEWSLETTER

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Our Vision:

SGA aims to be a leading organization in the field of gastroenterology with a significant positive impact on patient care in the Middle East



Our Mission:

To advance the science and practice of Gastroenterology and Endoscopy in Saudi Arabia.

Issue No.: NL18 /2016 November - April
Newsletter Editor: Dr. Nahla Azzam

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What's inside...



1. BREAKING NEWS

- I. SGA released its 6th animated video on YouTube.



2. SGA LATEST SCIENTIFIC PARTICIPATIONS

- I. WEO workshop For GI trainees
- II. 14th SGA & 3rd SASLT Annual Meeting.
- III. Fundamentals of Endoscopy workshop



3. HOT TOPICS IN GASTROENTEROLOGY AND HEPATOLOGY.



4. UPCOMING SCIENTIFIC EVENTS.

- I. 5th IBD clinical observation program.
- II. International Conference Live Endoscopy Ultrasound
- III. 15th SGA annual Meeting & 4rd SASLT Meeting.
- IV. 14th Endoscopy Course & Workshop



5. GUT CLUB SCHEDULE FOR 1435:

- I. Riyadh GUT Club meeting Schedule.
- II. Jeddah GUT Club meeting Schedule.
- III. Eastern Province GUT Club meeting Schedule.

1.BREAKING NEWS

I. SGA released its 6th animated video on YouTube.



For Watching Video Visit This Link

<https://www.youtube.com/watch?v=tB6ICxVvhlw&feature=youtu.be>

2- SGA LATEST SCIENTIFIC PARTICIPATIONS

1. WEO workshop for GI trainees

The World Endoscopy Organization (WEO) arranged their 3rd Better Endoscopic Service Training (BEST) workshop in collaboration with SGA which was held in Alfaisaliah Hotel, Riyadh, January 19, 2016. The workshop was composed of 2 parts, the first part was targeting the GI trainees and program directors with many lectures concerning the training were delivered by medical education experts. The 2nd part was about topics related to basic endoscopy procedures for our new fellows.

The event was organized by Professor Ibrahim Mustafa and Dr.Fahad Alsohaibani and attended by 30 delegates including gastroenterology fellows in training and consultants. The program is shown in the attached table. The feedback from the attendees was excellent and it has been decided to make the event annually, one day prior to the SGA-SASLT meeting. The upcoming event will be in Jeddah, Saudi Arabia in January 2017..



II .14th SGA & 3rd SASLT Annual Meeting

The Saudi Gastroenterology Association (SGA) held its 14th annual scientific meeting in combination with the 3rd Saudi Association for the Study of Liver Diseases and Transplantation (SASLT) during 20th and 21st of January 2016 in Alfaysaliah Hotel, Riyadh. More than 30 of world-renowned international and national speakers presented the most updated practices in gastroenterology, endoscopy and hepatology to more than 500 delegates. Aiming to improve the attendees' practice which ultimately will enhance everyday care of patients.

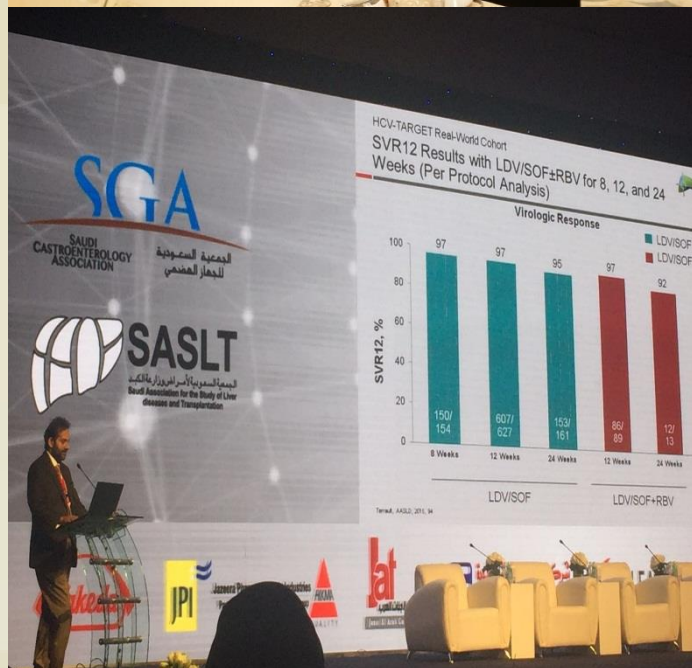
Dr. Majid A. Al Madi, President of the Saudi Gastroenterology Association (SGA) stated that the scientific and organizing committees did a tremendous work to cater the different needs of our delegates, so numerous courses that cover the areas of training and endoscopy were conducted in addition to the main 2 days program of the conference. On 18th a course in the use of narrow band imaging in collaboration with the Asian NBI group was conducted. While on 19th of January fundamental course on endoscopy procedures and medical education for GI fellows in collaboration with the World Endoscopy Organization, as well as an EUS course in collaboration with the Asian EUS group were accomplished.



Dr. Mohamed Alghamdi, President of Saudi Association for the Study of Liver Disease & Transplantation (SASLT) referred to the strong commitment over the last several years upholding a high standard of scientific activity to keep up with the fast pace of change in hepatology fields through raising our scientific gatherings to international standard. The scientific committee has placed a particular emphasis on new advances in the treatment of Hepatitis C by inviting pioneering speakers from the United States and Europe like Prof. Mark Sulkowski, Zobir Younossi, Massimo Colombo, and Tariq Asselah. We have also worked to offer a diversity of workshops covering all areas of gastroenterology and hepatology before the main meeting days, including a fibroscan workshop with a hands-on facility which help to assess the degree of liver fibrosis without the need for invasive liver biopsy.

For first time the digital oral presentations of the conference's lectures is now available at SGA website. Through such wonderful and successful annual collaboration with SGA /SASLT societies a meaningful contribution to the science in our beloved Kingdom of Saudi Arabia is fashioned.

A great and positive feedback from attendees were our drive to keep motivated and maintained such high standards. The next meeting was announced to be in January 2017 at Jeddah.



III. Fundamentals of Endoscopy workshop

SGA conducted a workshop on (Feb 20, 2016) entitled (Fundamentals of endoscopy workshop) at King Abdul-Aziz university hospital in Jeddah, the workshop has been attended by 15 new fellows joining the GI fellowship program in Jeddah, it included a collective sessions covering different topics and the attendees divided into 4 groups to attend 4 interactive workshops on basic principles of endoscopy .

The program of the workshop has been covered by the top Gastroenterologists in Jeddah:

Dr.Hazeez Albiladi –Dr.Ahmed Alharbi –Dr.Mohamed Mawardy – Dr.Manal Bokhary - Dr.Hany Jawa

The main sponsors of the workshop were: AbbVie biopharmaceutical company and Alkhalij Company.



3.Hot topics in Gastroenterology & Hepatology

Vaccination Guidelines Improves Adherence in Patients With Inflammatory Bowel Disease in Anti-TNF α Therapy

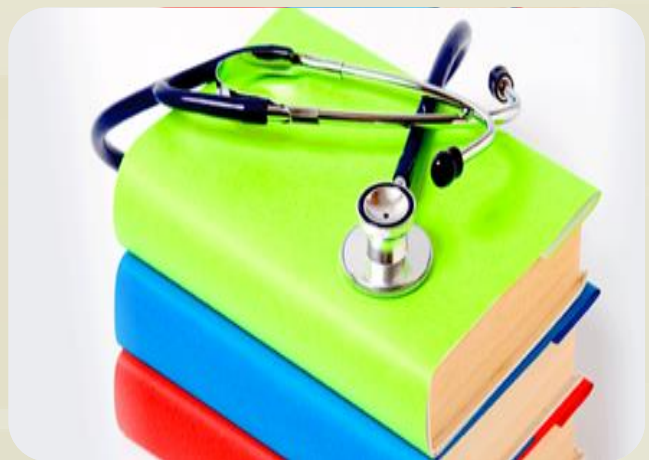


In this study the authors investigated the implementation of guidelines for prevention of infectious diseases during anti-TNF α therapy in patients with inflammatory bowel disease (IBD) ,and whether systematic information to health-care professionals about these guidelines improves patients' adherence. The study comprised three parts: (1) cross-sectional evaluation of baseline vaccination status in all IBD patients in anti-TNF α therapy (reference group; n=130); (2) prospective interventional study, where health-care professionals received systematic oral and written information about vaccination guidelines at baseline and at 2-month intervals for 6 months, followed by reassessment of vaccination status (intervention group; n=99); (3) cross-sectional evaluation of representative gastroenterologists' knowledge of guidelines (n=53). Outcomes were assessed by validated questionnaires. It was found that patients' adherence to vaccination guidelines increased significantly after a period of systematic information to health-care professionals. Hence, complete adherence increased from 5 to 26%, partial adherence

Pancreatic cysts with 2 or more high-risk features, from 38 to 56%, and complete non-adherence decreased from 57 to 18% ($P<0.0001$). Adherence to all individual vaccinations except human papilloma virus increased significantly ($P\leq 0.0021$). Improvement was independent of disease type and anti-TNF α agent. At baseline, only 8% of physicians could identify all elements in the reference guideline. Additional barriers reported by physicians were forgetfulness (32%) and insufficient consultation time (26%). Patient-perceived barriers were costs of vaccinations (35%) and forgetfulness (25%).

The authors concluded that gastroenterologists' limited knowledge of vaccination guidelines during anti-TNF α therapy can be overcome by systematic education of health-care professionals. This inexpensive and easily accessible intervention immediately results in markedly improved patient adherence. However remaining obstacles for adherence comprise high vaccination costs and forgetfulness.

Am J Gastroenterol. 2015;110(11):1526-1532.



American College of Gastroenterology recently published update on the clinical guideline of diagnosis and management of Barrett's esophagus.

Gastroesophageal reflux disease (GERD) is increasing worldwide. Barrett's esophagus (BE) risk is 10–15% in GERD patients which can progress to esophageal adenocarcinoma (EAC). ACG updated their BE diagnosis and management guideline. In the updated guideline the screening for BE should be considered in men with chronic (>5 years) and/or frequent (weekly or more) symptoms of gastroesophageal reflux (heartburn or acid regurgitation) and two or more risk factors for BE or EAC. These risk factors include: age >50 years, Caucasian race, presence of central obesity (waist circumference >102 cm or waist-hip ratio >0.9), current or past history of smoking, and a confirmed family history of BE or EAC (in a first-degree relative).



Another notable recommendation was in BE surveillance as it should be performed with high definition/high-resolution white light endoscopy with close inspection of the BE mucosa to identify any mucosal irregularities with adjunct use of narrow light spectrum imaging technology such as narrow-band imaging. Patients with nodularity in the BE segment should undergo endoscopic mucosal resection of the nodular lesion(s) as the initial diagnostic and therapeutic maneuver. The EMR specimens should be histologically examined, if demonstrating HGD, or IMC, endoscopic ablative therapy of the remaining BE should be performed to decrease the risk of dysplasia. Patients with confirmed LGD should receive aggressive proton pump inhibitor antisecretory therapy, followed by repeat endoscopy annually until two examinations are negative for dysplasia. The ACG recommends against endoscopic ablative therapies in patients with nondysplastic BE.

Am J Gastroenterol. 2016 Jan;111(1):30-50.

FDA approved another new oral treatment option for patients with hepatitis C genotypes 1 and 4

On January 28, 2016 The U.S. Food and Drug Administration approved Zepatier (elbasvir and grazoprevir) with or without ribavirin for the treatment of chronic hepatitis C virus (HCV) genotypes 1 and 4 infections in adult patients. The safety and efficacy of Zepatier with or without ribavirin was evaluated in clinical trials of 1,373 participants with chronic HCV genotype 1 or 4 infections with and without cirrhosis. The patients received Zepatier with or without ribavirin once daily for 12 or 16 weeks. The studies were designed to measure whether a participant's hepatitis C virus was no longer detected in the blood 12 weeks after finishing treatment (sustained virologic response or SVR). The overall SVR rates ranged from 94-97% in genotype 1-infected subjects and from 97-100 % in genotype 4-infected subjects. The most common side effects of Zepatier without ribavirin were fatigue, headache and nausea. The most common side effects of Zepatier with ribavirin were anemia and headache. However elevations of liver enzymes to greater than five times the upper limit of normal occurred in approximately 1% of clinical trial participants, generally at or after treatment week eight, therefore Zepatier should not be given to patients with moderate or severe liver impairment



Proton Pump Inhibitors Linked to Dementia



A study published in JAMA Neurology has confirmed an association between proton pump inhibitors (PPIs) and increased risk for dementia in older patients.

PPIs are the drugs that used in treating different upper GI diseases, and regular PPI use was defined in the study as at least one prescription per quarter in these intervals of omeprazole, pantoprazole, lansoprazole, esomeprazole, or rabeprazole. The study included 73,679 subjects aged 75 years or older who initially did not have dementia at baseline. Over 7 years study (2004 - 2011), 29,510 subjects were diagnosed with dementia. More than half (59.0%) had a diagnosis of at least two different types of dementia. The results showed that 2950 patients were regularly using a PPI. These users had a significantly higher risk for dementia compared with those not taking this drug (hazard ratio [HR], 1.44; 95% confidence interval [CI], 1.36 - 1.52; $P < .001$). Several confounding factors were significantly associated with increased dementia risk; depression (HR, 1.28; 95% CI, 1.24 - 1.32; $P < .001$) and stroke (HR, 1.37; 95% CI, 1.29 - 1.46; $P < .001$). Having diabetes and being prescribed five or more drugs other than the PPI (defined as polypharmacy) were also associated with significantly elevated dementia risk. Unfortunately many people take the PPIs over the counter, however many gastroenterologist believes that they are still very good drugs, and they work really well.

JAMA, February 2016

Endoscopy in patients on antiplatelet or anticoagulant therapy, including direct oral anticoagulants: British Society of Gastroenterology (BSG) and European Society of Gastrointestinal Endoscopy (ESGE) guidelines

The updated guideline looked at the risk of endoscopy in patients on different anti-thrombotics therapy including the oral anti-coagulants such p2y12 receptor antagonists clopidogrel, prasugrel, ticagrelor was published in Gut. It was found that the risk depended on procedure type and hemorrhage risk versus thrombosis risk due to discontinuation of those agents. For low-risk endoscopic procedures they recommended continuing P2Y12 receptor antagonists as single or dual antiplatelet therapy (low quality evidence, strong recommendation); For high-risk endoscopic procedures in patients at low thrombotic risk, they recommend discontinuing P2Y12 receptor antagonists five days before the procedure (moderate quality evidence, strong recommendation).



In patients on dual antiplatelet therapy, they recommended to continue aspirin (low quality evidence, weak recommendation). For high-risk endoscopic procedures in patients at high thrombotic risk a cardiologist should be consulted about the risk/benefit of discontinuation of P2Y12 receptor antagonists was advised (high quality evidence, strong recommendation).

Direct oral anticoagulants (DOAC): For low-risk endoscopic procedures it was suggested omitting the morning dose of DOAC on the day of the procedure (very low quality evidence, weak recommendation); For high-risk endoscopic procedures, and that the last dose of DOAC be taken ≥ 48 h before the procedure (very low quality evidence, strong recommendation). For patients on dabigatran with CrCl (or estimated glomerular filtration rate, eGFR) of 30-50 mL/min it is recommend that the last dose of DOAC be taken 72 h before the procedure (very low quality evidence, strong recommendation). In any patient with rapidly deteriorating renal function a haematologist should be consulted (low quality evidence, strong recommendation).

Gut 2016, 65 (3): 374-89

3-UPCOMING SCIENTIFIC EVENTS.

Date 14-
15, May 2016
Venue: King
Khalid
University
Hospital
Riyadh



وحدة الجهاز الهضمي
KKUH GASTROENTEROLOGY DIVISION



ICOP
BD clinical observational program



As per pharmaceutical companies code & SFDA regulations,
this is a single invitation as families are not allowed.



Saudi Arabia
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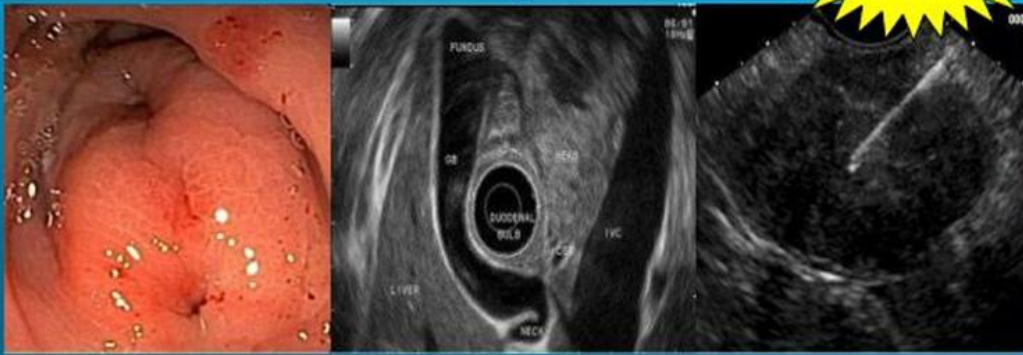
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II. International Conference Live Endoscopy Ultrasound

ACADEMIC AND TRAINING AFFAIRS CONTINUOUS PROFESSIONAL DEVELOPMENT MEDICAL SPECIALTIES DEPARTMENT GASTROENTEROLOGY & HEPATOLOGY SECTION		 وزارة الصحة مدينة الملك فهد الطبية King Fahad Medical City
 <p>20th INTERNATIONAL CONFERENCE LIVE ENDOSCOPIC ULTRASOUND IN SAUDI ARABIA</p> <p>01 – Nov – 2016: Hands – on Workshop</p> <p>02 to 03 – Nov – 2016: Conference</p> <p><i>International and Local Speakers</i></p>		  
Venue: Main Auditorium KING FAHAD MEDICAL CITY	RIYADH - KSA	01 – 03 NOV. 2016
		
		
TELEPHONE NO. 011- 288 – 9999 ext. 27630 / 27602 email add: aallehibi@kfmc.med.sa / htiozon@kfmc.med.sa		

email add: aallehibi@kfmc.med.sa / htiozon@kfmc.med.sa
 TELEPHONE NO. 011- 288 – 9999 ext. 27630 / 27602



III. 15th SGA annual Meeting & 4rd SASLT Meeting

15th SGA & 4th SASLT ANNUAL MEETING

February 11 – 12, 2017

Hilton Jeddah



IV. 14th Endoscopy Course & Workshop

14th

ENDOSCOPY

COURSE & WORKSHOP,
8 – 9 MARCH 2017
9 - 10 JUMADA II - 1438
Gastroenterology, Hepatology
and Endoscopy Department
 Prince Sultan Military Medical City
Riyadh, Saudi Arabia



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ASSOCIATION
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للأمراض الهضمية

WEO
World Endoscopy
Organization

International Speakers:
To be announced

For Registration:
Gastroenterology Hepatology & Endoscopy Dept,
Prince Sultan Military Medical City,
P. O. Box 7897, Riyadh 11159, Saudi Arabia.
Tel: +966 1 4777714 Ext 25265

Email:
shameed@psmmc.med.sa
Or
Department of Medical Studies,
Prince Sultan Military Medical City.

Venue:
Riyadh Marriott Hotel
(Makaraim)

Registration Fees:
Physician SR.300 SGA members SR.150
CME Credited hours recognized by the
Saudi Commission for Health Specialities.

Contact Details:
Course Secretary
Tel: 966 1 4777714 Ext 25265 / 4758153
Fax + 966 1 4757859

Among National and International experts
CME
Hours Accredited

I . Riyadh GUT Club meeting Schedule

Dec
22
Tue

King Faisal Specialist Hospital - KFSH

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

Feb
02
Tue

King Saud Medical City - KSMC

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

Mar
01
Tue

King Fahd Medical City - KFMC

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

Mar
29
Tue

Prince Sultan Medical City - PSMC

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

Apr
26
Tue

King Khalid University Hospital - KKHU

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

May
24
Tue

Security Forces Hospital - SFH

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

Sept
20
Tue

King Fahd National Guard Hospital -KFNGH

⌚ 08:30 PM – 10:30 PM



Sheraton Hotel , Riyadh

Tue



Sheraton Hotel , Riyadh

II .Jeddah GUT Club meeting Schedule

Jan
12
Tue

King Fahad Armed forces Hospital
09:00 PM – 10:30 PM
Crowne Plaza Hotel , Jeddah

Feb
16
Tue

King Fahd Medical General Hospital
09:00 PM – 10:30 PM
Crowne Plaza Hotel , Jeddah

Mar
08
Tue

King Abdullah medical city
09:00 PM – 10:30 PM
Intercontinental Hotel , Jeddah

Apr
12
Tue

First gastroenterology clinic
09:00 PM – 10:30 PM
Crowne Plaza Hotel , Jeddah

May
10
Tue

09:00 PM – 10:30 PM
Crowne Plaza Hotel , Jeddah

Sep
27
Tue

King Faisal Specialist Hospital
09:00 PM – 10:30 PM
Intercontinental Hotel , Jeddah

Oct
18
Tue

king Abul Aziz university Hospital
09:00 PM – 10:30 PM
Crowne Plaza Hotel , Jeddah

Nov
08
Tue

Saudi German Hospital
09:00 PM – 10:30 PM
Crowne Plaza Hotel , Jeddah

Dec
13
Tue

King Fahad Armed forces Hospital
09:00 PM – 10:30 PM
Intercontinental Hotel , Jeddah

III. Eastern Province GUT Club meeting Schedule

DATE	NAME OF SPEAKER
3 rd February 2016 (Hepatology)	King Fahd Hospital of the University, Al-Khobar
24 th February 2016 (GI)	King Fahad Specialist Hospital, Dammam
30 th March 2016 (Hepatology)	ARAMCO – John Hopkins Hospital, Dhahran
27 th April 2016 (GI)	Dammam Central Hospital, Dammam
25 th May 2016 (Hepatology)	King Fahad Military Medical Complex, Dhahran
28 th September 2016 (GI)	Qatif Central Hospital, Qatif
26 th October 2016 (Hepatology)	Security Forces Hospital, Dammam
30 th November 2016 (GI)	King Fahd Hospital of the University, Al-Khobar
28 th December 2016 (Hepatology)	King Fahad Specialist Hospital, Dammam



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*Thank you,
Greetings from SGA
team*

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