

## ESPGHAN meeting in Barcelona

By guest editor – Dr. Tarja Ruuska, Dept. of Paediatrics at Tampere University Hospital, Finland.

ESPGHAN (European Society of Paediatric Gastroenterology, Hepatology and Nutrition) meeting was held 9–12 of May 2007 in Barcelona. The number of attendants was higher than ever. The schedule was packed full of lectures, workshops etc. This time the focus was not on IBD, possibly partly due to IBD congress in Rome 6 months earlier, but many interesting lectures were heard.

I presented the Nordic data of IBD children treated with selective leukocyte apheresis. The data was collected by collaboration of colleagues in Sweden, Denmark and Finland, eight hospitals altogether. Once again I would like to thank all of you for this wonderful co-operation. Preparations were made with quite a short notice and in addition to the normal workload it is not easy finding the time to go through patient files and filling out registration forms. But we succeeded, thanks to all of us!

Our data consists of 37 children with either Crohn's disease (13 patients), or ulcerative colitis (22 patients), or two with indeterminate colitis. The ages ranged between 5–17 years old, and there were 19

girls and 18 boys. A majority of the children had a long lasting disease; meaning that the duration of CD was 2.2 years and 2.1 years in UC. All patients also suffered a severe state of the disease, 54% were corticosteroid dependent and 24% corticosteroid resistant. Different treatments had been applied, 95% was using 5-ASA, 84% had azathioprine or methotrexate and 81% were on steroids. In addition, many children used metronidazole. Out of the CD children, five had used infliximab and six had used enteral nutrition before the Adacolumn treatment.

The patients had at least five treatment sessions, highest number was ten sessions. The Adacolumn treatment was well tolerated, a majority of the children said they are tired the day after the treatment, and headache was also common, but no severe side-effects were seen.

Good response to the treatment was seen in 29% of the CD children compared to 71% of the UC group. Partial response was recorded in 50% of the CD group vs. 14% of the UC group, and no response in 21% in the CD group vs. 14% in the

Dear Adacolumn Newsletter readers,  
Finally summer is here and as always it takes us by surprise, "are the summer holidays here already!?" Time really flies.

This spring, there were many IBD related congresses, such as ECCO, DDW, ESPGHAN, Nordic Meeting of Gastroenterology etc.

In this number, we are grateful to Dr. Tarja Ruuska (Tampere University Hospital) who has kindly summarized her oral presentation at the ESPGHAN. We would also like to thank R.N. Christel Nilsson for her interesting Travel Grant Report from UEGW 2006. We would like to remind you of the Adacolumn Travel Grant for UEGW 2007 which you can apply for now.

Also, don't miss the chance to win a useful Japanese cooking book, containing nutritious recipes as well as tips for wine lovers.

► UC group ( $p=0.004$  in CD,  $p=0.001$  in UC). The severity of disease was assessed by using PCDAI and PUCAI scores, and the difference between the commencement of the treatment and the end of the treatment was highly significant in the UC group ( $p=0.001$ ) but not significant in the CD group. Three months later, the difference was significant in both groups ( $p=0.002$  in UC group and  $0.025$  in CD group).

This retrospectively collected data show good response to the Adacolumn treatment in corticosteroid dependent pediatric patients. Further, prospective studies are needed to evaluate its efficacy in different patient groups, the number of optimal treatment sessions, and if there is a need for maintenance therapy. I believe it is very important that all of us who treat IBD children with Adacolumn fills out the Adacolumn registra-

tion forms so that we can use their data in planning the possible research projects. I also believe that we must continue the Nordic collaboration in order to get answers to the questions that are still unanswered. ■

*Dr. Tarja Ruuska, Tampere University Hospital, Finland.*

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## Travel Grant report form UEGW 2006 in Berlin

*I would like to take the opportunity to thank Otsuka Pharma Scandinavia AB for giving me the chance to visit UEGW. It has been very stimulating to attend the lectures that helped in updating my knowledge within the gastroenterology field. It has also been a pleasure to meet new people and to establish new relationships which will be of use in my daily work.*

My first impression of the Congress Hall in Berlin was that something important was going on. Just being in the Hall itself and seeing so many people in the same place, sharing the same interest in gastroenterology was fantastic. With a program in hand, I started to look for something within my field of interest. As this was my first congress I was curious about what a "free paper session" was, so this was the first lecture I attended.

The session on Basic Hepatology consisted of five different lectures of about ten minutes each and time for questions in between. I quickly

discovered this was out with my competence. So, after two "paper sessions" I went looking for a new lecture. It was, however, late in the afternoon and I could not find anything interesting in the program. I therefore went to the hall exhibiting posters where I read about the utility of carrying out endoscopies when examining for ulcerative colitis. The message given was that endoscopies added very little information regarding the disease activity compared with clinical, non-invasive examinations as laboratory analysis and anamnesis. In addition, we today use F-Calprotectin which has proven to be very helpful for this group of patients, both for the diagnosing purpose and for treatment purpose.

During the next day I attended a symposium about cytokines and the immune system. Ulcerative colitis and Crohn's Disease are idiopathic illnesses, with a dysfunction regulation of the immune system and that cytokines are important for the

immune system. The use of anti-cytokines antibodies and anti-cytokine related drugs can be a way of treating IBD.

Following this, I listened to a presentation about the causes of acute hepatic failure where speakers indicated that the causes varied within and between different parts of the world. Viral hepatitis used to be the main cause for acute hepatic failure in Europe and the U.S., but in recent years pharmaceuticals have become the most common cause. In many patients, the cause is never determined. These cases are said to be cryptogenic hepatic failure alternatively non A, non B or non C hepatitis.

Fulfilled with a positive experience and enjoying the lovely October weather in Berlin, I left the city and the conference on the Wednesday afternoon. ■

*R.N. Christel Nilsson  
Ängelholm Hospital, Sweden*

**NEW PUBLICATION:****Treatment of patients with acute ulcerative colitis****Conventional corticosteroid therapy (MP) versus granulocytapheresis (GMA): A pilot study**

*The administration of corticosteroids is generally reserved to patients with moderate to severe ulcerative colitis (UC) or to patients with a milder disease who failed to respond to first-line therapies such as mesalamine.*

Large doses of steroids are often necessary to control active diseases and some patients do not respond even to such doses. The efficacy of these medications is limited by frequent side effects due to high dosages and prolonged courses of therapy.

The additional use of more selective immunosuppressant drugs, helps to reduce the steroid requirements but the overall spectrum still remains unsatisfactory.

In recent years some trials have suggested that granulocytapheresis (GMA-apheresis Adacolumn) could be a useful and safe way to induce clinical remission in patients with active IBD.

We designed a study where we evaluated the efficacy of GMA in patients with acute UC with respect to the use of conventional corticosteroids such as methylprednisolone (MP).

Forty patients with acute ulcerative colitis were randomly divided in two groups of 20 subjects each: one group was treated with five sessions of granulocytapheresis, the other one with methylprednisolone for 5 weeks. Complete response was defined as clinical activity index lower than 6 and endoscopic index lower than 4 after 6 week of follow-up.

All the patients completed the trial. At the 6th week of the study (1 week after completed therapy) a complete clinical

response was observed in 70% (14/20) of patients treated with GMA versus 60% (12/20) of patients treated with MP. A partial response was observed in 20% of patients treated with GMA and 15% of patients with MP.

During the overall sessions of GMA only a transient mild headache was recorded in 10% of patients, while side effects were observed in 50% of the patients treated with MP. These data were statistically significant ( $P < 0.05$ ). The side effects in the MP group were: acne in two subject, gastrointestinal intolerance in four, facies lunaris in two, vascular hypertension in one and glucose intolerance in one.

The summary of our experience, GMA has been proved to be superior to MP therapy for the treatment of acute UC, even if with a difference not statistically significant. However, the incidence of side effects in GMA group is significantly lower than in MP group.

So, although GMA is actually more expensive than corticosteroid therapy, its safety profile could make it as first choice in a subset of patients, such as those with frequent flares of UC and those affected by diabetes mellitus, osteoporosis, arterial hypertension or fluid retention. ■

*Dr. Giampaolo Bresci, Gastroenterology Department Azienda Ospedaliera-Universitaria Pisana, Pisa, Italy*

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# Don't forget to apply for Adacolumn Travel Grants to UEGW in Paris

*The closing date for applying to Adacolumn Travel Grants to UEGW in Paris, October 27–31 2007 is approaching. If you haven't already applied, it's time to do so now!*

**To qualify you need to meet the following conditions:**

- The applicant should be working with gastroenterology as main occupation.

- The applicant should state specific and well defined reasons why he or she is applying for the grant.
- The grant is personal and can not be transferred to any other person. If not used the grant should be returned to Otsuka Pharma Scandinavia AB.
- The recipients are expected to write a short report from their visit to UEGW which will be published in the Adacolumn Newsletter.

To apply send an e-mail to [grants@otsuka.se](mailto:grants@otsuka.se) no later than August 15, 2007 with the following details: *Name; Hospital and Department; E-mail; Reasons for applying.* The recipients will be notified personally by e-mail no later than August 25, 2007 and their names will be published in the Adacolumn Newsletter. ■

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## NEW PUBLICATION AVAILABLE:

# “Leukocytapheresis as promising therapy for inflammatory bowel disease”

*An article of current interest is “Leukocytapheresis as promising therapy for inflammatory bowel disease” by Professor Caprilli and DR D'Ovidio, Rome, Italy, published in Digestive and Liver Disease in May.*

In the article, the authors evaluates and comments on leukocytapheresis treatment through a number of clinical trials.

You can order the article now by using the order form found on the back of this newsletter or e-mail us at: [reprints@otsuka.se](mailto:reprints@otsuka.se). ■



# Exercise your brain with Kakkuro!

Kakkuro is a new type of figure puzzle. The rules are simple:

- Use figure 1 to 9 (not 0)
- The figures shown in the boxes should be the total of the numbers in squares aligned – vertical or horizontal.



$\Rightarrow A+B+C=16$   
(if three blank squares are in a bordering line)



$Y+Z=6$  (if two blank squares are bordering below)

Complete the puzzle and you can win a useful cooking book "Japanese Dishes for Wine Lovers", containing nutritious recipes as well as tips for wine lovers. Simply fax your puzzle to us along with your name and the address where you want your book to be sent during the summer. The first 10 to send us a correct answer will receive a book. Please submit your solution no later than July 15.



	4	6		20	10	22		12	13	11	13
6			24				11				
21			29				10	29			
		17			14					16	
	8			16		10					23
29					10			17	10		
8			33						8		
4			13	17			30			29	
	28					7		24	8		
	15	12					16			10	13
25					39						
27					12					12	

Example with key.

		34	4	29	
	7	4	1	2	
17	1	8	3	5	17
14	5	9	16	7	9
	30	7	9	6	8
	23	6	8	9	

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# Order Form

- Poster handout from ESPGHAN 2007**, Dr. Tarja Ruuska, the Dept. of Paediatrics at Tampere University Hospital, Finland.
  
- Treatment of patients with acute ulcerative colitis: Conventional corticosteroid therapy (MP) versus granulocytapheresis (GMA): A pilot study**, G. Bresci, G. Parisi, A. Mazzoni, F. Scatena, A. Capria, Digestive and Liver Disease; Volume 39, Issue 5, May 2007, Pages 430–434.
  
- Leukocytapheresis as promising therapy for inflammatory bowel disease**, R. Caprilli, V. D'Ovidio, Digestive and Liver Disease; Volume 39, Issue 5, May 2007, Pages 435–437.

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