



JOINT EVENT

12th Global Gastroenterologists Meeting

&

3rd International Conference on Metabolic and Bariatric Surgery

March 15-16, 2018 Barcelona, Spain

Scientific Tracks & Abstracts

Day 1

Bariatric Surgery 2018 & Gastro 2018

Sessions:

Day 1 March 15, 2018

Veterinary Gastroenterology | Bariatric surgery for obesity and metabolic disorders | General Surgery | Digestive Diseases | Gastrointestinal Oncology | Gastric Bypass Surgery

Session Chair
Hideaki Kawabata
Kyoto Okamoto Memorial Hospital, Japan

Session Co-chair
Yasser H Tohme
Paris-Sud University, Saudi Arabia

Session Introduction

Title: Membrane digestion and absorption of some nutrients *in vitro* and *in vivo* – Revision and analysis of own data

Olha V Storchylo, Odessa National Medical University, Ukraine

Title: Bile reflux of the remnant stomach following Roux-en-Y gastric bypass: An etiology of chronic abdominal pain treated with remnant gastrectomy

Erika La Vella, University of Idaho, USA

Title: Ambulatory laparoscopic surgery, is it feasible? 7 years clinical experience

Alexander Surya Agung, Bhayangkara Police Hospital Surabaya, Indonesia

Title: Long-term outcome after biliopancreatic diversion in Prader-Willi syndrome

Antonino Crino, Bambino Gesù Hospital, Italy

Title: Benefits of automatic massage with MOWOOT on chronic constipation

Immaculada Herrero Fresneda, USMIMA S.L., Spain

Title: Laparoscopic gastric bypass & sleeve gastrectomy: Early comparative results

Jehad Alshawi, National Guard Hospital, Saudi Arabia

Title: Crosstalk of mTOR/HIF-1 α /PKM2 and STAT3/C-MYC signaling pathways regulate the energy metabolism and acidic microenvironment of gastric cancer.

Min Chen, Drum Tower Hospital of Nanjing University Medical School, P.R.China

Title: Roux-en-Y gastric bypass surgery (RYGB). Is diabetes mellitus type 2 actually “cured”?

Mogens Fenger, University Hospitals of Copenhagen, Denmark

Title: Transvaginal specimen extraction for colorectal cancer surgery; Hybrid laparoscopic approach.

Silvestrov Maksym, Spizhenko Cancer Clinic, Ukraine

Title: Assessment of mucosal healing in inflammatory bowel disease

Triki Ismail, Oran Military Hospital, Algeria

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Membrane digestion and absorption of some nutrients *in vitro* and *in vivo*: Revision and analysis of own data**Olha V Storchylo**

Odessa National Medical University, Ukraine

Revision of the own data of experimental studies of membrane hydrolysis and absorption of mono- and dimeric nutrients in the small intestine of rats for the last 30 years are presented. The results of investigations of digestion and absorption of carbohydrates (glucose and maltose) *in vitro* by the preparations of accumulating mucous and *in vivo* in the chronic experiments on isolated and functioning portions of the small intestine of the rats are analyzed. *In vitro* test determined a concentration-dependent relationship between the protein and carbohydrate origin substrates with varying degrees of polymerization. The peculiarities of absorption of different concentrations of glucose and maltose in the presence of equimolar solutions of glycine and glycyl-glycine respectively were discussed. Analysis of the data of hydrolysis of different concentrations of maltose *in vitro* and *in vivo* was made, and the coefficients of conjugation of digestion of maltose and absorption of produced M-glucose were compared. The high stability of the free glucose transport system both *in vitro* and *in vivo* was found.

Biography

Olha V Storchylo graduated Odessa State University (Ukraine) in Biochemistry in 1983. She completed her Postgraduation in Human and Animal Physiology and Biochemistry at the Pavlov Institute of Physiology Russian Academy of Sciences, USSR in 1988 and joined the Human and Animal Physiology Department of Odessa State University as an Assistant Professor. From 2008 until now, she is an Associate Professor of Medical Chemistry Department of Odessa National Medical University. Her fields of interests are nutrition, digestion and absorption in the small intestine and effects of milk thistle fruits on it, total body irradiation, radio pharmacology, nutrigenomics, pharmacogenomics.

olha.storchylo@ukr.net

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Bile reflux of the remnant stomach following Roux-en-Y gastric bypass: An etiology of chronic abdominal pain treated with remnant gastrectomy

Erika La Vella

University of Idaho, USA

Background: Bile reflux gastritis of the remnant stomach following Roux-en-Y gastric bypass (RYGB) causing chronic abdominal pain has not been reported. We report a series of symptomatic patients with remnant gastritis treated effectively with remnant gastrectomy.

Objective: To report our experience with bile reflux remnant gastritis after RYGB and our outcomes following remnant gastrectomy.

Setting: Community teaching hospital.

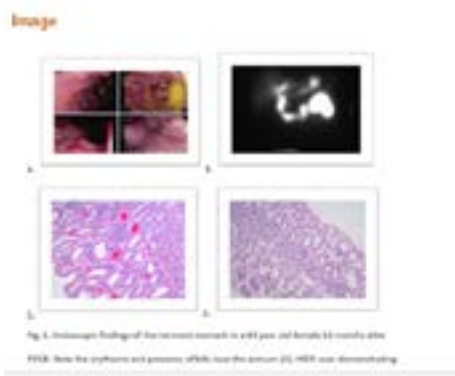
Methods: All patients undergoing remnant gastrectomy were retrospectively reviewed for presenting symptoms, diagnostic workup, pathology, complications, and symptom resolution.

Results: Nineteen patients underwent remnant gastrectomy for bile reflux gastritis at a mean of 4.4 years (52.3 months, range 8.5-124 months) after RYGB. All patients were female and presented with pain, primarily epigastric 18/19 (95%), and described as burning 11/19 (58%), with 10/19 (53%) reporting nausea. Endoscopy was performed preoperatively on all patients with successful remnant inspection in 13 (68%), using push endoscopy (n=10) or operative assist (n=3) with 12/13 (92%) biopsy-positive for reactive gastropathy. Seventeen (90%) completed a HIDA scan with 100% positivity demonstrating bile reflux across the pylorus. Surgical approach was laparoscopic or robotic in 18 (95%) with hospital LOS of 2.7 days (range 0 to 12 d) with no major complications or readmissions. Pathology of the remnant confirmed reactive gastropathy in 90% (n=17). 90% (N=17) of patients reported sustained symptom resolution and 11% (n=2) of patients remained symptomatic at last follow up. We followed all patients for a mean of 6.6 years (1-194 months).

Conclusion: Bile reflux gastritis of the remnant stomach is a new consideration for chronic abdominal pain months to years following RYGB. HIDA imaging and endoscopic biopsy are highly suggestive. Remnant gastrectomy is safe and effective treatment.

Recent Publications

1. La Vella Erika and Yarbrough Don (2014) Biliary Dyskinesia: A standardized approach. Western States Medical Monographs, 1(1):1-10.



Biography

Erika La Vella completed her Doctorate of Osteopathic Medicine at Pacific Northwest University and her residency training at Good Samaritan Regional Medical Center in Corvallis, Oregon. She earned her Bachelor degree of Science in Nutrition from the University of Idaho. She has two publications and serves as an Editorial Board Member of the Journal of Surgery and Research. She now practices as a Robotic General and Bariatric Surgeon at a community hospital in Corvallis, Oregon. She has always appreciated the direct relationship that food quality, digestion and lifestyle have on human health. She believes that when individuals are healthy, their families and communities around them begin to thrive.

lavellaerika@gmail.com

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Ambulatory laparoscopic surgery, is it feasible? 7 years clinical experience**Alexander Surya Agung** and **Agus Setiyana**
Bhayangkara Police Hospital, Indonesia

Objectives: Laparoscopic procedures are becoming routine and common. Patients who need simple and short time procedures enjoy shorter hospital stays and quicker recovery times. These procedures have progressed to an ambulatory procedure. We present 7 years' experience (Jan 2010-Dec 2016) ambulatory laparoscopic surgery, several cases lower abdominal laparoscopic surgery (high vasoligation varicocelectomy), inguinal hernia repair TAPP, cystectomy, ovariectomy and adhesion release), and underwent by loco regional anesthesia.

Methods: Between Jan 2010 to Dec 2016, 498 patients underwent ambulatory laparoscopic surgery (high ligation varicocelectomy: 412 patients, inguinal hernia repair TAPP: 53 patients, abdominal pain due to adhesion to abdominal wall: 17 patients, cystectomy: 14 patients, bilateral ovariectomy: 2 patients), ASA I –II, underwent by loco regional anesthesia (Spinal block, sedation (midazolam) and analgesia (morphin/fentanyl)), spinal anesthesia level VL (video laparoscopy) III-IV, spinocan 29G with blocked target VTh IV-V, using low pressure CO₂ (10-12 mmHg) pneumoperitoneum.

Results: There were 3 patients admitted for observation, due to bradycardia, hypotension and PONV (Postoperative nausea and vomiting). There was neither conversion from spinal to general anesthesia nor to opened surgery. Age: 17-48 years (average 21 years), sex: male 463, female 35, defects; varicocele: unilateral 345, bilateral 67, Inguinal hernia: unilateral 51, bilatreral 2, operating time: 15-60 minutes (average 30 minutes), no postural headache and urine retention was found, cost effective: 40-50% lower.

Conclusions: Ambulatory laparoscopic surgery is feasible and safe under regional anesthesia and more cost effective. Further studies are required to validate this technique.

Biography

Alexander Surya Agung is the Head of Surgery Department at Bhayangkara Police Hospital in Surabaya Indonesia. He completed his Medical Doctor and General Surgeon at Airlangga University, Surabaya Indonesia. He is interested in minimally invasive surgery and has attended courses in Singapore, India, Taiwan and Philippines. He is a Member of ISES, Indonesian Society of Endolaparoscopic Surgery, Indonesian Hernia Society, Endoscopic and Laparoscopic Surgeon of Asia, Asia Pacific Hernia Society and European Association for Endoscopic Surgery.

alx.surg@gmail.com

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Long term outcome after Biliopancreatic diversion in Prader-Willi syndrome**Antonino Crino, Danilo Fintini, Alessio Convertino, Sarah Bocchini and Graziano Grugni**
Bambino Gesù Hospital, Italy

Background: Improvement in weight control remains the most important goal of any treatment program in Prader-Willi syndrome (PWS). To date, bariatric surgery experience in Prader-Willi syndrome (PWS) is limited, and different procedures have been used with varying success. Malabsorptive procedures, such as biliopancreatic diversion (BPD), are not always recommended for PWS due to lack of safety data and can involve long-term complications.

Patients & Methods: We report 10 severely obese patients (6 males) with genetically confirmed PWS (7 del15, 3 UPD15) who underwent Scopinaro's BPD after inability to control food intake with the classical approaches. Surgery was performed on patients aged 18.8±3 yrs. (mean±SD) (range: 15.4-24.4) and the BMI (kg/m²) was ≥40 in all cases (49.9±6.7). At baseline, severe co-morbidities were present, such as obstructive sleep apnea (OSAS), type 2 diabetes mellitus (T2DM), hypertension, metabolic syndrome and/or steatohepatitis.

Results: No perioperative complications were observed. After a follow-up period of 13.9±7.3 yrs. (range 4.8-27; mean age at follow-up: 32.5±6.8 yrs) the maximum weight loss % (MWL%) was 30.7±10 (10.1-52.6). Following BPD, BMI decreased in six patients, stable in three subjects and increased in one individual. The mean BMI at the last visit was 40.5±8.8 (28.9-51.6). After BPD, appetite was reduced in seven cases; eight subjects had hypochromic anemia and seven had diarrhea; OSAS were present in 5 patients and osteoporosis/osteopenia in all individuals. T2DM disappeared and behavioral problems improved in some cases. One patient suddenly died at the age of 37.3 yrs. After surgery all patients received medical therapy to prevent nutritional deficiency.

Conclusion: The long-term outcome of BPD in our PWS seems to be favorable, with a significant reduction of weight excess in the majority of subjects. Thus, BPD seems to be a good option in the presence of severe comorbidity and in selected PWS patients, with co-operating families, when other classical approaches have failed. Due to the presence of specific side effects of the procedure, however, a careful long-term multidisciplinary follow-up is always necessary.

Recent Publications

1. S Bocchini, D Fintini, G Grugni, A Boiani, A Convertino and A Crinò (2017) Congenital hypothyroidism due to ectopic sublingual thyroid gland in Prader-Willi syndrome: a case report. *Ital J Pediatr.* 43(1):87.
2. Maltese P E, Iarossi G, Ziccardi L, Colombo L, Buzzonetti L, Crinò A, Tezzele S and Bertelli M (2017) A next generation sequencing custom gene panel as first line diagnostic tool for atypical cases of syndromic obesity: application in a case of Alström syndrome. *Eur J Med Genet.* 61(2):79-83.
3. Rigamonti A E, Crinò A, Bocchini S, Convertino A, Bidlingmaier M, Haenelt M, Tamini S, Cella S G, Grugni G and Sartorio A (2017) GHRH plus arginine and arginine administration evokes the same ratio of GH isoforms levels in young patients with Prader-Willi syndrome. *Growth Horm IGF Res.* pii: S1096-6374(17)30108-9.
4. Brunetti G, Grugni G, Piacente L, Delvecchio M, Ventura A, Giordano P, Grano M, D'Amato G, Laforgia D, Crinò A and Faienza M (2018) Analysis of circulating mediators of bone remodelling in Prader-Willi syndrome. *Calcif Tissue Int.* doi: 10.1007/s00223-017-0376-y.
5. S Allas, A Caixàs, C Poitou, M Coupaye, D Thuilleaux, F Lorenzini, G Diene, A Crinò, F Illouz, G Grugni, Diane Potvin, S Bocchini, T Delale, T Abribat and M Tauber (2018) AZP-531, an acylated ghrelin analog, improves food-related behavior in patients with Prader-Willi syndrome: A randomized placebo-controlled trial. *PLoS One* 13(1):e0190849.

Biography

Antonino Crino has completed his Postgraduate in Endocrinology, Diabetology and Metabolic Diseases and Pediatrics. He is now responsible for Autoimmune Endocrine Diseases Unit at Bambino Gesù Hospital, Research Institute, Palidoro (Rome). He is Coordinator of the Genetic Obesity Study Group of the Italian Society of Pediatric Endocrinology and Diabetology (SIEDP). He is a referent for central Italy of patients with Prader-Willi syndrome (he follows more than 250 PWS patients). The focus of his research and clinical work is in many fields of pediatric endocrinology. In the last 10 years, he has had a particular interest in genetic obesity, especially in Prader-Willi syndrome. As for the Prader-Willi syndrome, the research programme actually focuses on endocrine problems and on the use and effectiveness of bariatric surgery for treatment of severe obesity in these patients. He has published more than 100 papers in reputed journals and has produced and provided many abstracts both in Italy and at international congresses. He has organized medical congresses and scientific meetings and he collaborates with many scientific institutions either national or international.

antonino.crino@opbg.net

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Benefits of automatic massage with MOWOOT on chronic constipationI Herrero Fresneda¹, J Klamburg², M Benet¹, A Calzada¹ and M Wilhelms¹¹UsMIMA S L, Spain²Consulta Médica Privada, Barcelona, Spain

Statement of the Problem: It has been demonstrated that colon-specific massage is effective against constipation (ref). This study aimed to assess the effectiveness of MOWOOT, a medical device that automatically reproduces the abdominal massage of health professionals.

Sample: 15 people (45-86yo) suffering from chronic constipation for more than 5years who didn't use manual abdominal massage as treatment.

Treatment: 15 minutes of massage with MOWOOT daily at the same time for 15 days. Patients should not discontinue their usual pharmacological treatments.

Methods: Before (PRE) and after (POST) treatment patients answered validated questionnaires to quantify fecal consistency (Bristol scale) and constipation index (CCCS). During treatment, they filled out a bowel diary. Patients with anal sphincter dyssynergia and those with <50% adherence to treatment were excluded from the analysis. Each patient served as his own control Student's T Test (paired values) or Mann-Whitney U tests were used for quantitative or non-parametric variables. P<0.05 was considered statistically significant.

Results: No adverse effects were reported. All the people described a pleasant relaxing sensation during the massage. Two people left the study. Three were excluded due to lack of adherence. Out of 10 people who completed the treatment, two were excluded due to anal dyssynergia. The final sample analyzed was n=8 (70.70±3.94yo). The results showed a clear increase in the average number of bowel movements per week (4.75±0.86 pre vs 6.5±1.09 post, P=0.0062); significant improvement in fecal consistency (Bristol 3.09±0.66 pre vs 5.02±0.41 post, P= 0.0335) and halving the defecation time (8.55±1.48 pre vs 4.59±0.74 min post, P=0.0036), resulting in a clear reduction in the constipation index (11.50±1.25 pre vs 8.25±.08 post, P=0.0001).

Conclusions: The specific massage of colon administered automatically with MOWOOT reduces the fecal consistency, increases the frequency of evacuations, and decreases the time of deposition, improving chronic constipation in adults.

**Recent Publications**

1. Wald A et al. (2007) The burden of constipation on quality of life: results of a multinational survey. *Aliment. Pharmacol. Ther.* 26(2):227-236.
2. Leung L et al. (2011) Chronic Constipation: an evidence-based review. *J Am. Board Fam. Med.* 24(4):436-451.
3. Lämås K et al. (2009) Effects of abdominal massage in management of constipation--a randomized controlled trial. *Int. J Nurs. Stud.* 46(6):759-767.
4. Sinclair M (2011) The use of abdominal massage to treat chronic constipation. *J Body. Mov. Ther.* 15(4):436-445.
5. Diego M A et al. (2007) Preterm infant massage elicits consistent increases in vagal activity and gastric motility that are associated with greater weight gain. *Acta Paediatrica.* 96(11):1588-1591.

Biography

I Herrero Fresneda is a PhD in Biological Sciences and has wide experience in biomedical research and university teaching. She has published more than 50 original articles in specialized peer-reviewed journals. She was the Principal Investigator in experimental renal transplantation at Bellvitge Hospital and Associate Professor of Cell Biology at the University of Barcelona. While looking for a professional change she began to assess the viability of a lot of business ideas she had always had. In the 1st edition of the d-HEALTH program of MOEBIO she met the team with whom she cofounded usMIMA and created MOWOOT. Working in MOWOOT as Chief Scientific Officer she has discovered that she can leave a better world by helping people.

ihf@mowoot.com

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Laparoscopic gastric bypass & sleeve gastrectomy: Early comparative result

Jehad Alshawi, and Haider Alshurafa
National Guard Hospital, Saudi Arabia

Aims and Objectives: Present our recent experience in the commonest anti-obesity two procedures. Comparing the early results of laparoscopic gastric bypass and sleeve gastrectomy. Showing the current trends in the anti-obesity surgeries

Results: The study is retrospective. Include all the patients have underwent bariatric surgeries from first October 2011 to 30 September 2012. These operations all were performed by the same surgeon Total number of bariatric surgeries was 405 operations, 160 laparoscopic gastric bypass and 219 laparoscopic sleeve gastrectomy

Conclusions: Both procedures (LSG & GB) are common, feasible, and safe bariatric procedures. Both groups of patients are comparable in demographic data. Both procedures have comparable results in term of hospital stay. OR time, 3 months and FU compliance, but LSG has more weight loss in first 3 months. Patients preference and acceptance is more in favor of LSG. LSG carries slightly higher risk in term of short term complications specially leak Larger size samples and more studies are required to compare between the two groups of operations

	Mortality	Significant Morbidity	Re-operation	Leak	Bleeding
Total	0	12 (3%)	5 (1.4%)	4 (1.1%)	3 (0.8%)
LSG	0	9 (4.1%)	3 (1.4%)	3 (1.4%)	2 (0.9%)
GB	0	3 (2.1%)	2 (1.4%)	1 (0.7%)	1 (0.7%)

	Total	LSG	GB
Hospital Stay (Day)	2.82	2.78	3.1
OR Time (min)	54	56	54
3 months Compliance (%)	93.5%	93%	94%
EBW (%)	42%	48%	37%

Recent Publications

1. The use of laparoscopy to assess viability of slipped content in incarcerated inguinal hernia –case report published in(SurgLaparosePercutan Tech) 2003 Aug;13(4):292-4. Al-Naami MY, Al-Shawi JS.
2. Sigmoid volvulus in pregnancy –case report and literature review published in Diseases of the Colon& Rectum June 2005. Al-Shawi JS.
3. Ileal duplication in adults case report published in (Saudi Med Journal2007;Vol.28911).
4. Conservative Management of Sternal Tuberculosis, Case Report and Review of the Literature
5. Published in (Journal of King Abdulaziz University Medical Sciences 2009; vol.16no 2,99p).

Biography

Jehad Alshawi is Laparoscopic & General surgeons. Alshawi Graduated from Australia while Alshurafa from Germany ,both working in advance laparoscopy with experience in Bariatric surgery as Morbid obesity is a major disease in Saudi Arabia. In addition, ,alshawi has a master degree in Heath Administration..both have long experience with morbid obesity surgery.MPrince Sultan and national guard hospital are major tertiary hospital

alshawi_jehad@taoo.com

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Crosstalk of mTOR/HIF-1 α /PKM2 and STAT3/C-MYC signaling pathways regulate the energy metabolism and acidic microenvironment of gastric cancer

Chen Min, Sumeng Gao and Xiaoping Zou

The Affiliated Drum Tower Hospital - Nanjing University Medical School, P R China

Cancer cells consume large amounts of glucose to produce lactate, even in the presence of ample oxygen. This phenomenon is called the Warburg effect. C-Myc is an important member of the Myc gene family and is involved in the development of various tumors. It plays an important role in the regulation of tumor energy metabolism which can regulate glycolysis to promote tumor Warburg effect. Our study aims to improve the malignant biological behavior by controlling the energy metabolism of gastric cancer through the mTOR/HIF-1 α /PKM2 and STAT3/c-Myc signaling pathway through a series experiments *in vitro* tests. Human gastric cancer AGS and HGC-27 cells were treated with PKM2 and C-Myc lentivirus, the effects of knockdown PKM2 or C-MYC were analyzed on cell proliferation, cell apoptosis, the ability of cell migration and growth signaling pathway *in vitro*. The expression of PKM2, C-MYC, LDHA, STAT3, P-STAT3, GLUT-1 gene was identified by quantitative real-time polymerase chain reaction and western blotting, Lactate and glucose levels were tested by the corresponding kit. Our findings showed that PKM2 and C-MYC were up-regulated in human gastric cancer. Knockdown C-MYC in gastric cancer cells suppressed cell proliferation capacity and glycolysis level, co-knockdown of PKM2 and C-MYC, the inhibitory effect on gastric cancer cells was more obvious compared to knockout PKM2 or C-MYC alone. And there was a correlation between mTOR/PKM2 and STAT3/C-myc signaling pathways. Our results suggest that C-MYC may be considered a potential therapeutic target for gastric cancer, and PKM2 combined with C-MYC can better inhibit the malignant biological behavior of gastric cancer.

Biography

Chen Min has completed her PhD from Wuhan University, School of Medicine. She is an associated Physician working in the affiliated Drum Tower Hospital of Nanjing University, Medical School, P R China for almost seven years. She is In Charge of teaching work in the Department as Teaching Secretary. She has published more than 10 papers in reputed journals. Her research field is about basic and clinical research in gastric cancer.

croweminchan@gmail.com

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Roux-en-Y gastric bypass surgery (RYGB). Is diabetes Mellitus type 2 actually “cured”?**Mogens Fenger**

University Hospital of Copenhagen, Denmark

Roux-en-Y gastric bypass surgery (RYGB) is widely applied to ameliorate morbid obesity, including diabetes in people with type 2 diabetes. The latter often vanish a few days after surgery for many, but not in all patients before any weight reduction has occurred. The explanation for this change in metabolic status is poorly understood, but the observation may suggest that the fates of obesity and diabetes are only partly linked metabolic conditions. The trajectories of weight reduction differ significantly between groups and any sub-populations of groups, the latter identified by the distance between individual trajectories using a k-means procedure. This suggests that different domains in the enormous genetic network governing basic metabolism are perturbed in obesity and diabetes, and in fact some of the patients are affected by two distinct diseases: obesity and diabetes mellitus type 2. Thus, the obesity part of the glycaemic derangement may have been ameliorated by RYGB (at least to some extent), but some defects of the diabetic state had not. It could actually be argued that the diabetics are not transformed into a non-diabetic state, as the true reference is the non-diabetics RYGB patients. Compared to this reference population, pivotal variables related to metabolism and diabetes remains significantly different.

Biography

Mogens Fenger MD is an expert in population and medical genetics. Focus of his research is implementation of information theoretical aspects and network structures in his research of genetics of obesity and diabetes mellitus type 2. Dr. Fenger had established a biobank harboring more 1.000 RYGB patients. He collaborates with major institutions in Denmark and abroad.

mogens.fenger@regionh.dk

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Transvaginal specimen extraction for colorectal cancer surgery; hybrid laparoscopic approach**Silvestrov Maksym**

Spizhenko Cancer Clinic, Kyiv, Ukraine

Natural orifice transluminal endoscopic surgery (NOTES) is surgical technique whereby "scarless" abdominal operations can be performed with an endoscope passed through a natural orifice (mouth, urethra, anus etc.). Laparoscopy can minimize external incision and scars but can't avoid damage of abdominal wall for specimen extraction. Since 2015 we perform hybrid technique for women, when after laparoscopic colon or upper rectal cancer resection specimen had extracted through vaginal fornix.

Methodology: From October 2015 to October 2017 we performed 10 laparoscopic resections with transvaginal specimen extraction for women with colorectal cancer: 7 - for sigmoid cancer and 3 - for rectal cancer (all rectal with standard TME (Total mesorectal excision)). All patients were cured with standard cancer treatments protocols.

Results: The average hospital stay was 4.2 days (range 3 to 5). We had no any wound complication or local recurrence in vaginal fornix. We don't use opioid analgesics in postoperative period. All resection was R0.

Conclusions: Use of hybrid technique can avoid abdominal wall damage and result fast recovery with good cosmetics. It seems safe but late oncological outcomes needs to be investigated.

Biography

Silvestrov Maksym has completed National Medical University in Kyiv in 2004. He has completed specialization in General Surgery in 2006; specialization in Surgical Oncology. 2009. He was a Surgeon at Zina Memorial Lissod Cancer Hospital from the period 2009-2014. He is the Head of Surgical Department, Innovacia Cancer Centre and Spizhenko Cancer Center, Kyiv, Ukraine. He has published documents in laparoscopic treatments for general surgery and oncological surgery procedures. He has participated in many national and international congresses.

silvestrov@ukr.net

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Assessment of mucosal healing in inflammatory bowel disease**Triki Ismail**

Oran Military Hospital, Algeria

Therapeutic issues have evolved in management of inflammatory bowel disease (IBD) and a new therapeutic target is the achievement of mucosal healing (MH). Indeed, this concept is associated with better long-term outcome in terms of sustained clinical remission, a decrease in the need for hospitalizations and surgery and improvement in quality of life. Several methods have been used to define and evaluate MH. Among them, histology and endoscopy are the main methods that are competed by imaging or biological methods which are subject of validation studies. We draft on the advantages and disadvantages of each technique to better define what MH is.

Biography

Triki Ismail is a Gastroenterologist and Specialist in the management of IBD. He has hospital and liberal experience to treat Inflammatory bowel disease since he has done research work in this direction. He is also a Member of several associations for patients.

triki.ismail@yahoo.com

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Scientific Tracks & Abstracts

Day 2

Bariatric Surgery 2018 & Gastro 2018

Sessions:

Day 2 March 16, 2018

Endoscopy, Causes and Effects of Obesity, Inflammatory Bowel Disease, Advantages & Complications, Gastric Cancer, Pancreatic Diseases

Session Chair
Antonino Crino
Bambino Gesu Hospital, Italy

Session Co-chair
Olha V Storchylo
Odessa National Medical University, Ukraine

Session Introduction

- Title: Endoscopic closure of an anasto-cutaneous fistula**
Hideaki Kawabata, Kyoto Okamoto Memorial Hospital, Japan
- Title: Portomesenteric vein thrombosis after laparoscopic sleeve gastrectomy : Case presentation and literature review**
Yasser H Tohme, Paris-Sud University, Saudi Arabia
- Title: Hydrogen breath test for diagnosis of IBS and small intestinal bacterial overgrowth**
Atti La Dahlgren, Uppsala University, Sweden
- Title: Management of proximal gastric leak after laparoscopic sleeve gastrectomy by combined endoscopic and laparoscopic insertion of t-tube**
Md Tanveer Adil, Luton and Dunstable University Hospital, UK
- Title: Critical view of safety (CVS) prevents bile duct injury: Is it a myth or reality?**
Ranbir Singh and L Michael Brunt, Washington University School of Medicine, USA
- Title: Effects of targeting SLC1A5 on inhibiting gastric cancer growth and tumor development *in vitro* and *in vivo***
Min Chen, Drum Tower Hospital of Nanjing University Medical School, P.R.China
- Title: Patient stratification and precision medicine in pancreatic cancer: A gene bloodsignature for gemcitabine treatment**
David Piquemal, ACOBIOM, France
- Title: Efficacy of novel reduced volume oral contrast-enhanced computed tomography protocol for detection of early leaks after sleeve gastrectomy for obesity**
Adalet Elcin Yildiz, University of Health Sciences, Turkey

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Endoscopic closure of an anasto-cutaneous fistula**Hideaki Kawabata, Yuji Okazaki, Naonori Inoue, Yukino Kawakatsu, Misuzu Hitomi, Masatoshi Miyata and Shigehiro Motoi**
Kyoto Okamoto Memorial Hospital, Japan

Recently, endoscopic treatments of gastrointestinal leaks and fistulas, including endoclippping, stent placement, application of tissue sealants and suturing devices, have been developed, and the effectiveness of such procedures has been reported. We performed endoscopic closure of a refractory anasto-cutaneous fistula. A total of 10 small PGA sheets (Polyglycolic acid) were delivered into the fistula, the mucosa around the fistula was ablated with argon plasma coagulation, and the orifice of the fistula along with the surrounding mucosa was shielded with a piece of PGA sheet fixed with hemoclips and fibrin glue. After this procedure, the leakage from the cutaneous fistula disappeared, and the fistula was not detectable on contrast radiograms. In conclusion, MCA and endoscopic closure of anasto-cutaneous fistula with filling and shielding using PGA sheets and fibrin glue are safe, effective, low-invasive treatment.

**Recent Publications**

1. Rogalski P, Daniluk J, Baniukiewicz A, Wroblewski E, Dabrowski A (2015) Endoscopic management of gastrointestinal perforations, leaks and fistulas. *World J Gastroenterol.* 21(37):10542-52.
2. Han S, Chung H, Park J C, Shin S K, Lee S K, Lee Y C (2017) Endoscopic management of gastrointestinal leaks and perforation with polyglycolic acid sheets. *Clin Endosc.* 50(3):293-296.
3. Willingham F F, Buscaglia J M (2015) Endoscopic management of gastrointestinal leaks and fistulae. *Clin Gastroenterol and Hepatol.* 13(10):1714-1721.
4. Nagami Y, Shiba M, Tominaga K, Yamazoe S, Amano R, Fujiwara Y, Arakawa T (2015) Endoscopic closure of gastrocutaneous leakage with polyglycolic acid sheets. *Endoscopy.* 47 Suppl 1 UCTN:E455-E456.
5. Takano Y, Yamamura E, Kuroki Y, Maruoka N, Nagahama M, Takahashi H (2015) Novel endoscopic treatment for colocutaneous fistula after severe acute pancreatitis: filling with a polyglycolic acid sheet. *Endoscopy.* 47 Suppl 1 UCTN:E424-E425.

Biography

Hideaki Kawabata is a core Clinical Gastroenterologist and is currently the Director of the Department of Kyoto Okamoto Memorial Hospital, Head of the Gastroenterological Center and Chief of the Palliative Care Team in the hospital. He is also a Specialist and Councilor in the Japanese Society of Gastroenterology and the Japan Gastroenterological Endoscopy Society and a Specialist in the Japanese Society of Internal Medicine and the Japanese Society of Gastrointestinal Cancer Screening.

hkawabata@okamoto-hp.or.jp

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March 15-16, 2018 Barcelona, Spain

Portomesenteric vein thrombosis after laparoscopic sleeve gastrectomy: Case presentation and literature review**Yasser H Tohme, Ahmad M Jan and Tahir E Yunus**
International Medical Center, KSA

Introduction: Portomesenteric venous thrombosis (PMVT) is relatively rare surgical complication after laparoscopic and bariatric surgery, with difficult diagnosis and potentially severe consequences due to higher risk of bowel infarction. The purpose of this article is to present our case of PMVT after laparoscopic sleeve gastrectomy (LSG) and relative discussion of etiology, risk factors and further management.

Presentation & Discussion: We present the case of a 42-year-old man who underwent an uncomplicated LSG for the treatment of morbid obesity and presented on postoperative day 15 with vague diffuse abdominal pain, diagnosed with extensive PMVT involving as well the splenic vein. The patient received therapeutic anticoagulation had full hematological workup and investigations. Upon clinical and paraclinical improvement, he was discharged on day 6 of admission on proper anticoagulation. A high index of suspicion for PMVT should be considered in patients reporting diffuse vague abdominal pain after LSG owing to its lethality. Upon confirmation of PMVT, therapy should begin immediately along with extended anticoagulation therapy on discharge.

Conclusions: PMVT is relatively uncommon complication in patients undergoing bariatric surgery, but a high index of suspicion for definitive management should be present.

Recent Publication

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2. Goitein D, Matter I, Raziq A, Keidar A, Hazzan D, Rimon U, et al. (2013) Portomesenteric thrombosis following laparoscopic bariatric surgery: Incidence, patterns of clinical presentation, and etiology in a bariatric patient population. *JAMA Surg.* 148:340–6.
3. Harnik I G and Brandt L J (2010) Mesenteric venous thrombosis. *Vasc Med.* 15(5):407–18.
4. Salinas J, Barros D, Salgado N, Viscido G, Funke R, Pérez G, et al. (2014) Portomesenteric vein thrombosis after laparoscopic sleeve gastrectomy. *Surg Endosc.* 28:1083-9.
5. Speranskaya A, Nicolau J, Olivares J, Pascual S, Gonzalez DeCabo M and Masmiquel L (2013) Mesenteric vein thrombosis after laparoscopic sleeve gastrectomy. *Clin Obes.* 3:56–8.

Biography

Yasser H Tohme is specialized in general, laparoscopic and bariatric surgery. He is a Fellow of the European Board of Surgery (FEBS) and a Member of IFSO, SFCE, EAES, LSGS. He has sub-specialty training in MIS and Bariatric Surgery in Paris, and was granted the Minimally Invasive Digestive Surgery Diploma from University of Paris XI. He is currently a Senior Specialist in Bariatric Surgery, member of the research team and Deputy Chair of M&M Surgical Committee at International Medical Center (IMC), Jeddah, KSA. He has a Post Graduate Diploma in Health Care Management and International Hospital Accreditation.

dr.tohme@hotmail.com

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Hydrogen breath test for diagnosis of IBS and small intestinal bacterial overgrowth

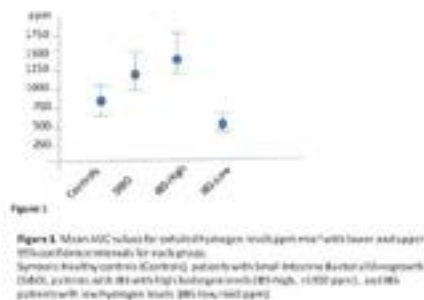
Atti La Dahlgren and Per M Hellström
Uppsala University, Sweden

Background: This study was carried out to establish firm diagnostic criteria of the lactulose hydrogen breath test (LHBT) in IBS patients, clinically used for diagnosing small intestinal bacterial overgrowth (SIBO).

Methodology: LHBT was carried out in 47 healthy subjects, 35 patients with SIBO, and 87 patients with IBS (Rome II criteria) using 10 grams of lactulose and hydrogen in breath measured over 180 minutes.

Results: In healthy controls, the orocecal transit time was 80 min ($p < 0.01$) and used to assess the area under the curve (AUC) between 0-80 min for each subject's exhaled breath hydrogen concentration. The SIBO group was found to have a significantly higher hydrogen AUC than the healthy controls ($p < 0.05$). In IBS patients, one subgroup had higher hydrogen AUC ($p < 0.01$) than controls, whereas another IBS subgroup had low AUC, significantly different from the high hydrogen IBS (cut-off 660 ppm) ($p < 0.001$), and similar to the healthy controls. IBS patients re-tested after antibiotic treatment had a mean AUC value of 306 (98-515) ppm as compared to 1259 (790-1729) ppm before treatment ($p < 0.01$).

Conclusion: LHBT displays limited accuracy but can be used as a first step non-invasive test to indicate signs of SIBO. We suggest LBHT to be conducted for at least 120 min after lactulose administration in order to identify a double peak (small bowel + colon). Hence, the amount of exhaled hydrogen during the first 80 min should be calculated and compared with healthy controls in order to correctly diagnose SIBO. Furthermore, data suggest two groups of IBS patients; one with SIBO, the other with a non-bacterial cause of disease. After treatment of SIBO the high hydrogen IBS group in converted to the low hydrogen IBS type.



Recent Publication

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2. Pimentel M, Chow E J, Lin H C (2000) Eradication of small intestinal bacterial overgrowth reduces symptoms of irritable bowel syndrome. *Am. J Gastroenterol.* 95(12):3503-3506.
3. Pimentel M, Chow E J, Lin H C (2003) Normalization of lactulose breath testing correlates with symptom improvement in irritable bowel syndrome. a double blind, randomized, placebo-controlled study. *Am. J Gastroenterol.* 98(2):412-419.
4. Bond J H, Levitt M D, Prentiss R (1975) Investigation of small bowel transit time in man utilizing pulmonary hydrogen (H₂) measurement. *J Lab. Clin. Med.* 85(4):546-555.

Biography

Atti La Dahlgren, MD, MPH is a Public-Health physician and a PhD student in the Department of Medical Sciences, Uppsala University, Uppsala, Sweden. The theme for his doctoral work relates to Irritable Bowel Syndrome (IBS) and the role of the gut microbiota in this condition.

atti-la.dahlgren@medsci.uu.se

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Critical view of safety (CVS) prevents bile duct injury: is it a myth or reality?

Ranbir Singh and L Michael Brunt

Washington University School of Medicine, USA

Bile duct Injury (BDI) continues to occur in 0.3-0.5% of Laparoscopic cholecystectomies (LC). Misidentification of ductal anatomy is the commonest cause of BDI besides local pathology and technical reasons. Since the beginning, the surgeons rely on infundibular technique for ductal identification world wide. However, it is prone to failure and an “error trap” in variable anatomy and especially in the presence of acute and chronic inflammation. Strasberg in 1995 described a method named – critical view of safety (CVS) based on three minimum criteria of dissection in hepatocystic triangle to identify cystic duct and artery conclusively, resulting in zero BDI during LC. Although many authors have shown CVS to be effective in preventing BDI, yet significant number (0.73-1.7%) of injuries are being reported from centres advocating CVS. Therefore, does it mean CVS technique is just talked about? Or really effective and superior to infundibular technique in preventing BDI. To alienate the doubts of its feasibility and effectiveness in preventing BDI, the present prospective study was undertaken in 1340 patients having two groups, Group-A (CVS-700 patients) and Group-B (Infundibular technique -640 pts). Patients in both the groups were of similar case mix. Group-A had two surgeons (Jr. Consultant 50-100LC and Sr. Surgeon >12000LC experience) and Group B (four surgeons having >100LC experience). CVS was achieved in 98.1% of pts and there was no conversion, bile leak and BDI (group-A). Where as in Group-B- 32 conversion, 5 BDIs occurred and out of which 3 were major BDIs. The operating time taken in Group-A (approx. 90-110minutes) was significantly higher than group-B (60-80 minutes). CVS documentation by DVD recording and OT notes were found to be equally good compared to photographs. To conclude, the results of this study leave no doubt of CVS being safe, feasible and superior to infundibular technique in preventing BDI.

Biography

Dr. Ranbir Singh is currently working in the section of Minimally Invasive Surgery, WASHU, st. Louis, MO under Prof. L. Michael Brunt and Prof. Steven M. Strasberg. Recently he has been made as Associate Fellow of American College of surgeons and recommended for FACS. He finished his Minimal Invasive surgery super-speciality fellowship degree from Maharashtra University of Health sciences, Nashik, India with a Gold Medal in the fellowship exit exam. He was recently awarded with youngest University certified Minimal Access Surgeon in northern India. His principal focus is on Clinical areas of Minimal Invasive Surgery especially in CVS in Lap. Cholecystectomy, colorectal, Hiatal/inguinal/Paraesophageal and incisional hernias, Solid organ surgery and Minimal invasive Metabolic and Bariatric Surgery. He was the Runner's up award holder in the World Cup Video award (Laparoscopic Pelvic Anatomy) during the 15th World congress of Endoscopic Surgery, Shanghai, China in 2016. He has published six papers in reputed journal with his latest article in Annals of Laparoendoscopic surgery as Invited Review article on Critical View of Safety in Laparoscopic Cholecystectomy with Prof Michael Brunt. He has attended and delivered lectures in more than 10 National and international conference. He has to his name a book chapter on Biliary Anatomy Relevant to Laparoscopic Cholecystectomy in the 3rd Edition of Comprehensive laparoscopic surgery by Indian Association of Gastrointestinal-Endoscopic Surgeons (IAGES).

ranbirsingh0508@gmail.com
ranbirsingh.wustl@aol.com**Notes:**

JOINT EVENT

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Management of proximal gastric leak after laparoscopic sleeve gastrectomy by combined endoscopic and laparoscopic insertion of t-tube**Md Tanveer Adil**

Luton and Dunstable University Hospital, UK

Background: Proximal gastric leak is the most dreaded complication of laparoscopic sleeve gastrectomy (LSG), having an incidence of 1-3%. Surgical management options for these leaks include drainage (open or laparoscopic), oversewing, stenting, endoscopic clipping and fibrin glue sealing. These procedures often take several weeks to heal and have a significant failure rate. Utilizing combined laparoscopic and endoscopic approach to convert the leak into a controlled fistula over a T-tube has not gained much popularity but appears to be an effective alternative in the management of proximal gastric leaks after LSG.

Methods: This is a case series of seven patients with proximal gastric leak after LSG managed with combined approach in our hospital between July 2013 and June 2017. The objective of the study is to evaluate the safety and efficacy of combined laparoscopic and endoscopic insertion of T-tube in the management of proximal gastric leak after LSG.

Results: Seven out of 628 patients had a proximal gastric leak after LSG (1.1%). Two patients (29%) were diagnosed with leak within seven days of surgery, four patients (57%) between seven and thirty days of surgery and one patient (14%) >30 days after surgery. Six patients (86%) had contrast extravasation on CT scan. Two patients (29%) needed additional unplanned radiological source control procedures. The mean (SD) duration of hospital stay was forty (24) days. There was no postoperative mortality. Five patients (71%) healed within two weeks of surgery. All patients showed complete recovery at a follow up of six months.

Conclusion: Combined laparoscopic and endoscopic insertion of T-tube for proximal gastric leaks following LSG is a safe procedure with minimum complications, acceptable hospital stays and healing rates approaching 100% at six months.

Image



A small leak can sink the whole ship
- Benjamin Franklin

Biography

Md Tanveer Adil is a General Surgeon. His special interest is Bariatric Surgery and Academic Research. He completed his Surgical Residency from Medical College and Hospital, Kolkata, India and has been practicing as a General Surgeon since 2011. He has more than 10 publications under his name and has presented in many national and international conferences. He currently works in the Bariatric Unit of Luton and Dunstable university Hospital, United Kingdom. He completed his Masters degree (ChM) in General Surgery under the University of Edinburgh with distinction and will be awarded the "Thomas Annandale Medal" by the Royal College of Surgeons of Edinburgh for being the Top-Performing student. He is also a recipient of ASGBI bursary for his role in the surgical discussion boards. Md Tanveer Adil lives in Luton, England

tanveer.cmc@gmail.com

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Effects of targeting SLC1A5 on inhibiting gastric cancer growth and tumor development *in vitro* and *in vivo***Chen Min, Sumeng Gao and Xiaoping Zou**

The Affiliated Drum Tower Hospital - Nanjing University Medical School, P R China

Aims: To investigate the oncogenic effects of SLC1A5 on gastric cancer development *in vitro* and *in vivo*.**Methods:** The expression level of SLC1A5 was detected in 70 gastric cancer paraffin-embedded tissues by immunohistochemistry and in gastric cancer cell lines by qRT-PCR and western blotting analysis. The effects of knockdown SLC1A5 were analyzed on cell proliferation, cell cycle, the ability of cell migration and invasion and growth signaling pathways *in vitro*. By using subcutaneous xenograft mouse, the importance of SLC1A5 expression was assessed for both successful engraftment and growth of gastric cancer cells *in vivo*.**Results:** SLC1A5 is up-regulated in gastric cancer tissues and is correlated with malignant features such as deeper local invasion, higher lymph node metastasis, advanced TNM stages and higher Ki-67 expression. Knockdown SLC1A5 in gastric cancer cells suppressed cell proliferation, caused G0/G1 arrest, inhibited cell invasion and migration partly by inactivated mTOR/p-70S6K1 signaling *in vitro*. Furthermore, *in vivo* experiments indicated that suppression of SLC1A5 could inhibit relative volume of xenografted tumor.**Conclusions:** Our results suggest that SLC1A5 may represent a new biomarker and be a potential therapeutic target in gastric cancer.**Biography**

Chen Min has completed her PhD from Wuhan University, School of Medicine. She is an associated Physician working in the affiliated Drum Tower Hospital of Nanjing University, Medical School, P R China for almost seven years. She is In Charge of teaching work in the Department as Teaching Secretary. She has published more than 10 papers in reputed journals. Her research field is about basic and clinical research in gastric cancer.

croweminchan@gmail.com

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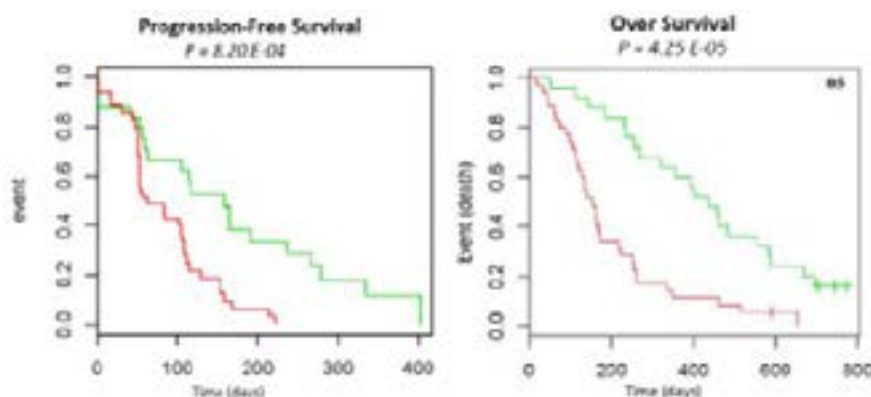
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March 15-16, 2018 Barcelona, Spain

Patient stratification and precision medicine in pancreatic cancer: A gene blood-signature for gemcitabine treatmentDavid Piquemal, Fabien Pierrat, Roman Bruno and Florian Noguier
ACOBION, France

Pancreatic cancer (PC) kills 98% of those it afflicts and is one of the most lethal cancers worldwide: patients diagnosed with PC have a poor prognosis partly because the cancer usually causes no symptoms early on, leading to metastatic disease at the time of diagnosis. The high mortality rate is partly due to the difficulty to diagnose and due to the lack of stratified patients to effective treatments. The capability of biomarkers to improve treatment and to reduce healthcare costs is potentially greater than in any other area of current medical research. Otherwise, healthcare stakeholders are facing two major issues: the reduction of global healthcare system expenditures and the growing need to improve the efficiency of therapies. Diagnostics are one of the most efficient solutions to respond to these needs by supporting physicians in the selection of the best treatment. In without a priori analysis and from a whole blood collection, from clinical trial phase III and based on a high throughput analysis of NGS data using the proprietary ACOBIOM genomics platform (Big Data system dedicated to Biomarker discovery), we identified a set of genes in a pre-discovery phase. Using Real-Time PCR, candidate genes were selected for test significance and a Gene Expression-based Score was established. ACOBIOM developed a new *In Vitro* diagnostic for patient stratification based on molecular analysis. The GemciTest[®] assay is an IVD associated with gemcitabine drug in PC treatment. GemciTest[®] is currently a prototype in an operational environment through a 15 Clinician Peer Network. This IVD is a quantitative real-time PCR assay and is intended to quantitatively aid in the determination of high probability Progression- Free Survival and Overall Survival rates of patients diagnosed with pancreatic cancer and treated with gemcitabine as first-line therapy. In this context, ACOBIOM is always looking for new partnerships, public or private, the right way to really open the opportunity to develop safe/better solution in PC for the patient (Bench-to-Bedside), assisting physicians in routine patient care.

**Recent Publications**

1. Carlini F et al. (2017) Bronchial epithelial cells from asthmatic patients display less functional HLA-G isoform expression. *Front. Immunol.* 8:6.
2. Deplanque G et al. (2015) A randomized, placebo-controlled phase III trial of masitinib plus gemcitabine in the treatment of advanced pancreatic cancer. *Ann Oncol.* 26(6):1194-1200.
3. Assou S et al. (2013) MicroRNAs: new candidates for the regulation of the human cumulus-oocyte complex. *Hum. Reprod.* 28(11):3038-3049.
4. Bou Samra E et al. (2012) New prognostic markers, determined using gene expression analyses, reveal two distinct subtypes of chronic myelomonocytic leukaemia patients. *Br. J Haematol.* 157(3):347-356.
5. Cheval L et al. (2011) Atlas of gene expression in the mouse kidney: new features of glomerular parietal cells. *Physiol Genomics.* 43(3):161-173.

Biography

David Piquemal pursued PhD in Molecular Biology from the Institute of Human Genomic in Montpellier, France. He is the Co-founder and Scientific Director of ACOBIOM Company. His research area of interest includes: Molecular Biology, Personalized Medicine, Translational Medicine and Bioinformatics. He was Co-founder and Member of The Computational Biology Institute (IBC, set-up in 2012, of the steering committee) which aims at the development of innovative methods and software to analyse, integrate and contextualize large-scale biological data in the fields of health, agronomy and environment. He has several publications to his credit.

piquemal@acobiom.com

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Efficacy of novel reduced volume oral contrast-enhanced computed tomography protocol for detection of early leaks after sleeve gastrectomy for obesity**Adalet Elcin Yildiz**

University of Health Sciences, Turkey

Obesity is a modern world epidemics and 50% of European population between 35-65 years are either overweight or obese. Sleeve gastrectomy gained popularity as a practical obesity surgery technique. One of the most drastic complication after sleeve gastrectomy is staple line leak, occurring between 1 and 3% of patients. Prompt management of staple line leak is essential in avoiding prolonged hospital stay and mortality. Recent studies showed that upper gastrointestinal series with water-soluble contrast medium has low sensitivity for detection of leaks. In case of clinical suspicion of a leak, computed tomography (CT) scan with oral contrast medium is recommended. But there is not enough prospective data on efficacy and methodology (timing, volume of oral contrast, etc) of routine CT after sleeve gastrectomy. Our objective was to prospectively evaluate efficacy of upper abdomen CT on postoperative day three after sleeve gastrectomy using only 50 cc oral water soluble contrast medium in 500 cc of drinking water. Patients were instructed to drink the last 50 cc of water just before lying on gantry. For this purpose, 168 patients who underwent laparoscopic sleeve gastrectomy were included in the study. Patients were started with oral feeds if computed tomography was negative for a leak and discharged. They were followed as outpatient on 1st, 3rd, 6th and 12th months. None of the patients with a CT negative for a leak had clinically manifest leak on follow-up (Sensitivity 100%). Our study showed that using only minimal amount of oral contrast medium, accurate timing and only with upper abdomen sections, leaks can be detected with high accuracy.

Biography

Adalet Elcin Yildiz, completed Medical School at Hacettepe University and finished her Radiology Residency at the same university. She published more than seventy papers in reputed journals and has been serving as an Editorial Board Member of Acta Radiologica, BMJ Case Reports and Journal of Diagnostic and Interventional Radiology. She is currently the Head of Radiology Department of the hospital.

aelcindr@gmail.com

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