Australian Gastroenterology Week 2007

24 - 27 October
Perth Convention Exhibition Centre
AGW Venue
Perth Convention & Exhibition Centre
PERTH WESTERN AUSTRALIA

Telephone: + 61 (0) 8 9338 0300
Facsimile: + 61 (0) 8 9338 0309

Please note that the Perth Convention & Exhibition Centre is a non-smoking venue. Smoking is not permitted in any part of the venue including the exhibition halls and foyers.

Rooms

<table>
<thead>
<tr>
<th>Exhibition Sessions</th>
<th>Exhibition Hall 1 (Pavilion1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary</td>
<td>Riverside Theatre</td>
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<tr>
<td>Concurrent</td>
<td>Meeting Rooms 1/2/3</td>
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<tr>
<td></td>
<td>River View Rooms 4 &amp; 5</td>
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<tr>
<td></td>
<td>Meeting Rooms 6 &amp; 8</td>
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</table>

<table>
<thead>
<tr>
<th>Media Centre</th>
<th>Media Suite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speakers Support Centre</td>
<td>Meeting Room 12</td>
</tr>
<tr>
<td>AstraZeneca Hospitality</td>
<td>Exhibition Hall Office</td>
</tr>
</tbody>
</table>

Hosted By

• Gastroenterological Society of Australia

Participating Organisations

• Australasian Society for Parenteral and Enteral Nutrition (AuSPEN)
• Gastroenterological Nurses College of Australia (GENCA)
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Welcome Messages

I would like to personally welcome you to AGW 2007. It is many years since AGW has been held in Perth and it is wonderful to have a new Convention Centre to allow us to travel back to this wonderful city. It is pleasing to see a record number of abstracts submitted for this meeting which allows the Society to showcase the breadth and depth of research in Gastroenterology in Australia.

It is very fitting that Noble Laureate Professor Barry Marshall will be presenting in his home town during our initial plenary session. I would also like to welcome our Bushell lecturer’ Professor Michael Kamm from St Mark’s Hospital in London, an Australian expat, who has achieved international recognition for his work in inflammatory bowel disease and pelvic floor disorders.

We have a large number of other overseas speakers who I would personally like to welcome to Perth. I believe the Scientific Program Committee, chaired by Peter Katelaris, has assembled an outstanding program to provide our members with the latest information for our continuing education in conjunction with an extensive program of original research in all fields of gastroenterology in Australia.

I would also like to welcome members of the Australasian Society for Parenteral and Enteral Nutrition (AuSPEN) and our nursing colleagues. I am sure the meeting will be a wonderful learning and social experience.

Paul Desmond
President
Organising Committee

On behalf of the Scientific Program Committee, welcome to Australian Gastroenterology Week for 2007. The meeting returns to Perth after an absence of 12 years. Among the many changes to the city is the new conference venue which provides us with excellent facilities for our meeting.

We are fortunate to have a distinguished international faculty. Professor Michael Kamm from St Mark’s, London, is the Bushell lecturer and his lectures will focus on IBD and functional disorders of the colon. Professor Hugo Rosen (Denver) and Professor Bruce Bacon (St Louis) are the invitees of the ALA and will address issues in viral hepatitis and transplantation. Professor Michael Steer (Boston) will speak on mechanisms of pancreatitis while Professor John Bailie (Durham), the AGEA invitee, will contribute to the endoscopy program including the daylong Clinical Update on Wednesday. Professor Robert Shulman (Houston) will contribute to the paediatric program on topics that include chronic pain and probiotics.

We are pleased that the Australasian Society for Parenteral and Enteral Nutrition (AuSPEN) is meeting with us again this year. International contributors in this area are Professor Alan Buchman (Chicago) and Professor Andre Van Gossum (Brussels).

The Endoscopy Clinical Update, October 24th is themed around emergencies in endoscopy and the concurrent Clinical Hepatology Update day will focus on viral hepatitis. The Thursday morning presidential plenary session will be a highlight of the meeting, featuring an address from the Society’s only Nobel Laureate as well as from the Bushell lecturer and the recipients of the Distinguished Research Prize and Outstanding Clinician Award for 2007.

Throughout Thursday, Friday and Saturday, multiple concurrent sessions are scheduled so that at any one time there will usually be a choice of a luminal, liver, endoscopy or basic science subject with input from all the interest groups including IBD, GI cancer and endoscopy. As well, an Endoscopy Learning Centre will operate throughout the meeting. The GENCA nurses have a full program overlapping and interacting with the core program. The dinner on Friday night will be preceded by a wine tasting hosted by Digby Cullen.

The program is the culmination of more than a year of planning and work by the Committee and I would like personally to thank all members of SPC (listed below) who have volunteered their time and ideas and worked hard to make the meeting happen. In particular I would like to thank Jon Watson, the local organiser and Elaine Siggins, our indomitable executive officer.

We trust you will enjoy not only the scientific content but also the collegiate and social aspects of the meeting.

Peter Katelaris
Chair, Scientific Program Committee
Scientific Program Committee

Chairman: Peter Katelaris
Meeting Organiser: Jon Watson
Asst. Meeting Organiser: Nicholas Kontorinis
Administration: Elaine Siggins
AGEA Representative: Ian Norton
ALA Representative: Grant Ramm
Paediatric Representative: Richard Couper
AuSPEN Representative: Andrew Davies
GENCA Representative: Lynn Rapley

Secretariat

Gastroenterological Society of Australia
145 Macquarie Street
SYDNEY NSW 2000
AUSTRALIA
Telephone: +61 2 9256 5454
Facsimile: +61 2 9241 4586
Email: gesa@gesa.org.au
Website: www.gesa.org.au
AGW website: www.agw2007.com

Invited International Speakers

Bushell Lecturer
Michael Kamm
Director Inflammatory Bowel Disease & Physiology Units,
St Marks Hospital,
Harrow, England

Bruce Bacon
Head of Gastroenterology,
Saint Louis University,
Missouri, USA

John Baille
Head of Gastroenterology,
Wake Forest University Health Sciences,
Durham, North Carolina, USA

Hugo Rosen
Waterman Professor of Medicine and Immunology Division Head,
Gastroenterology & Hepatology
University of Colorado & Health Sciences Centre,
Colorado, USA

Michael Steer
Professor of Surgery,
Tufts University School of Medicine,
Boston, Massachusetts, USA

Andre Van Gossum
Associate Professor,
Department of Gastroenterology & Hepatopancreatology,
Erasame Hospital
Brussels, Belgium

Company Sponsored Speakers

Baxter Healthcare
Alan Buchman
Associate Professor of Medicine,
Department of Gastroenterology
Northwestern University
Chicago, Illinois USA

Nutricia
Robert Shulman
Children’s Nutrition Research Center
Baylor College of Medicine,
Houston, Texas, USA
Conference Information

Registration
The registration desk will be situated in the entry foyer to the Convention Centre and will be open at the following times:

- Tuesday 23 October 16:00 – 18:00
- Wednesday 24 October 07:00 – 16:00
- Thursday 25 October 07:00 – 16:00
- Friday 26 October 07:00 – 16:00
- Saturday 27 October 08:00 – 14:00

Registration Entitlements

- **4 day registration** (Wednesday – Saturday)
  All conference sessions
  Morning, afternoon teas and lunches
  Conference documentation
  Name Badge (required to gain entry to sessions & exhibition hall)
  Satchel
  May purchase one (1) discounted conference dinner ticket @ $70.

- **3 day registration (available for Thursday, Friday, Saturday only)**
  All conference sessions
  Morning, afternoon teas and lunches
  Conference documentation
  Name Badge (required to gain entry to sessions & exhibition hall)
  Satchel
  May purchase one (1) discounted conference dinner ticket @ $70.

- **2 day Registration (available for Friday and Saturday only)**
  All conference sessions
  Morning, afternoon teas and lunches
  Conference documentation
  Name Badge (required to gain entry to sessions & exhibition hall)

- **One day attendance**
  All conference sessions
  Morning, afternoon tea and lunch (day of attendance)
  Conference documentation
  Name Badge (required to gain entry to sessions and exhibition hall)

- **Exhibitors**
  Per booth purchased
  Two complimentary trade registrations which include:
  Company name badge
  Lunches, morning and afternoon teas; and
  Entry to conference sessions (room permitting)

- **Per Exhibitor**
  One conference satchel and contents
  One electronic tracking system (two (2) systems with four booths or more).
  The right to purchase two discounted tickets to the conference dinner.

- **Additional Registrations (Staff of Exhibiting Companies only)**
  Entry to the Exhibition Hall
  Lunches, morning and afternoon teas
  No entry to conference sessions.

Tickets
Delegates who have paid for “additional tickets” will find the appropriate tickets inside their registration envelope – please check that all tickets paid for are included when registering.

Catering
Morning, afternoon teas and lunches will be served in the Exhibition Pavilion.
Special Diets that have been pre-booked can be found at the catering station with the sign “SPECIAL DIETS”.

Education Hub
The Education Hub is situated in the centre of the Exhibition Hall and houses the following;

- **Digestive Health Foundation-Supported by Gilead Sciences**
  Show casing a selection of resources developed by the DHF
Endoscopy Learning Centre
Supported by Olympus Australia
Featuring a selection of interesting & educational DVDs.

National Bowel Cancer Screening Program
Information and material relating to the program.

Wiley - Blackwell
Information on the Journal of Gastroenterology & Hepatology and other relevant publications.

Email
An email port is available in the exhibition area for delegates to check personal email messages. Considering the number of delegates expected, we ask that you are considerate of others by completing your email check as quickly as possible.

Electronic Devices
As a courtesy to speakers, delegates are requested to switch off mobile phones and pagers during sessions.

Entry
Entry to sessions and the Exhibition Hall 1 will be monitored. All participants will be issued with a name badge, which permits entry. Delegates not wearing the correct name badge may be refused entry.

Early Bird Case Discussions
Case discussions will be held on Thursday and Friday morning commencing at 07:15.

Wine Tasting
“Best from the Margaret River”
The wine tasting will be incorporated into pre-dinner drinks on Friday evening. Digby Cullen will educate our taste buds by leading us through some of the best from the Region.

AGW Dinner
This event is proudly sponsored by an unrestricted education grant from all exhibitors of AGW 2007. The dinner will be held at the Convention Centre on Friday 26 October commencing at 19:15.

Speakers Support Centre
The support centre is in Meeting Room 12. This room will be open from 07:00 each day.

Speakers are requested to check in presentations at least three (3) hours prior to the presentation. All items checked in must be labelled with the room, session, and name of the speaker. Please ensure that items are picked up after the presentation.

A technical operator will be in attendance to render assistance.

Please note that the organisers will endeavour to provide the highest level of service, however, failure to meet our guidelines may compromise the delivery of the service.

Session Chairs
As this meeting has a full program, Session Chairs are asked to meet their speakers in the appropriate session room at least 10 minutes prior to the commencement of the session. It is also the chair’s responsibility to ensure speakers do not exceed their allotted presentation and question time.

Exhibition
The Trade exhibition can be found in Exhibition Hall 1. This meeting has attracted a range of exhibitors covering pharmaceutical, medical instrument, medical publication and educational related organisations. We encourage you to visit the displays. Morning, afternoon teas and lunches will be served in this area.

Abstracts
All abstracts accepted for this meeting have been published in a supplementary edition of the Journal of Gastroenterology and Hepatology. Full registrants will receive a copy of the Abstract Book in their satchel. Extra copies of this book are not available.

Poster Display
The Display can be found in the exhibition foyer and pavilion. Posters will be on display throughout the meeting.

Presenters will be in attendance at the Posters on Thursday and Friday from 12:45 - 13:45.

The “Posters of Merit” session will be held in the exhibition area during lunch on Friday between 12:45 - 13:15.

Delegates are encouraged to visit the poster display and to attend the programmed session.
Identification

Please note that the streams and presentations are coded throughout the program.

Young Investigator Awards (YIA)

- YIA are awards made at Australian Gastroenterology week in recognition of the most meritorious research contributions by Young Investigators to the scientific program.
- The eight finalists for this year's awards will present on Thursday 25 October commencing at 11:10 in the Riverside Theatre.
- Each finalist will be presented with a certificate of achievement at the Award Presentations to be held on Friday 26 October commencing at 17:30 the overall winners will be announced at the AGW dinner on Friday evening.

Program Streams

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<thead>
<tr>
<th>Free papers Plenary, GESA</th>
<th>GENCA</th>
<th>Paediatric</th>
<th>Early Bird Session</th>
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<tbody>
<tr>
<td>AGEA</td>
<td>AUSPEN</td>
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<tr>
<td>ALA</td>
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<td>Drug and Alcohol</td>
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<td>DHF</td>
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</tbody>
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Nominated AGW Accommodation Venues

**Best Western Emerald Hotel**
24 Mount Street, Perth WA 6000
Ph: 08 9481 0866
Fax: 08 9321 4789

**Medina Grand Perth**
33 Mounts Bay Road, Perth WA 6000
Ph: 08 9217 8000
FAX: 08 9217 8199

**Pacific International Suites**
305 Murray Street, Perth WA 6000
Ph: 08 9347 7000
Fax: 08 9347 7007

**Duxton Hotel**
1 St Georges Terrace, Perth WA 6000
Ph: 08 9261 8000
FAX: 08 9261 8147

**Mercure Hotel Perth**
10 Irwin Street, Perth WA 6000
Ph: 08 9326 7000
Fax: 08 9221 3344

**Parmelia Hilton**
14 Mill Street, Perth WA 6000
Ph: 08 9215 2000
Fax: 08 9215 2001

**Holiday Inn City Centre**
778 Hay Street, Perth WA 6000
Ph: 08 9261 7200
Fax: 08 9261 7255

**Mounts Bay Waters Apartments**
112 Mounts Bay Road, Perth WA 6000
Ph: 08 9213 5333
Fax: 08 9486 7998

**Rydges Perth Hotel**
815 Hay Street, Perth WA 6000
Ph: 08 9263 1800
Fax: 08 9263 1801

**Ibis Hotel Perth**
10 Irwin Street, Perth WA 6000
Ph: 08 9322 2844
Fax: 08 9481 6084

**Novotel Langley**
221 Adelaide Terrace, Perth WA 6000
Ph: 08 9221 1200
Fax: 08 9221 1669
General Information

Message Board
A message board will be situated in the registration area. Delegates are requested to check the board for messages as a personal service is not available.

Transport
Shuttle Buses “Ferring Ferries” will run between the nominated conference accommodation venues and the Convention Centre. A timetable will be available at each accommodation venue and in the registration area of the Convention Centre.

Shuttle will also run following the dinner on Friday evening.

Parking
Please note that the parking station at the Convention Centre is small and open to the public, therefore parking is limited, with the area often full early.

Business Centre
Various business services are available from the Information Desk at the centre. Services include photocopying, printing, faxing, internet connection, telephone and secretarial services.

Charges apply and are payable in cash when these services are utilised.

Childcare
Please contact Dial an Angel www: dialanangel.com

Maintenance of Professional Standards (MOPS)
The Royal Australian College of Physicians (RACP) advises that participation in AGW will accrue the following points:

**Attendance**
- 0.5 points per hour

**Presentation**
- 3 credit points per presentation
- 0.5 credit points per hour for preparing the presentation.

The maximum claim for any one meeting is 20 credit points. The onus is on the individual Fellow to claim the points appropriate to their participation in the meeting.

GENCA Unit Visits
The bus for the Unit visits will depart from the front of the Convention Centre at **17:30 on Thursday 25 October**. Tickets must have been pre-booked for this event.

Travel Grants
Corporate Sponsors of GESA and Major Sponsors to AGW have made it possible for the Organising Committee to provide Travel Grants to support clinicians, scientists and nurses in the early stages of their career to gain education and experience in the field of Gastroenterology and Hepatology, especially in areas of research relevant to the field, through attendance at Australian Gastroenterology Week.
Annual General Meetings

Wednesday 24 October
12:00 Australian Liver Association (ALA)
17:00 Australian Gastrointestinal Endoscopy Association (AGEA)

Thursday 25 October
16:00 Australasian Society for Parenteral and Enteral Nutrition (AuSPEN)

Friday 26 October
16:45 Gastroenterological Nurses College of Australia
17:30 Gastroenterological Society of Australia

Sponsors & Exhibitors

Members of the Organising Committee and all participating organisations gratefully acknowledge the support of the following companies towards this meeting:

Corporate Sponsors
AstraZeneca
Nycomed
Janssen-Cilag

AGW Sponsors
Abbott Australasia
Bristol Myers Squibb
Gilead Sciences
National Bowel Cancer Screening Program
Olympus Australia
Orphan Australia
Pharmatel Fresenius Kabi
Roche Products
Schering-Plough

Other Sponsorship

• Corporate Sponsors
  Satchels
  Lanyards

• Ferring Pharmaceuticals
  Shuttle Buses

• Gilead Sciences
  Digestive Health Foundation Booth

• Olympus Australia
  Endoscopy Learning Centre

• Roche Products
  Pads

• National Bowel Cancer Screening Program
  Pens

• International Speakers
  Baxter Healthcare
  Nutricia
PROGRAM

Wednesday 24 October 2007

Australian Gastrointestinal Endoscopy Association
Clinical Update
Endoscopic Emergencies

<table>
<thead>
<tr>
<th>MEETING ROOMS 1/2/3</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>08:30 - 10:00</td>
<td>SESSION 1</td>
<td></td>
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<tr>
<td></td>
<td>Video Forum</td>
<td>Chairs: J Baillie/ M Bourke</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>MORNING TEA</td>
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<tr>
<td>10:30 - 12:00</td>
<td>SESSION 2</td>
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<tr>
<td></td>
<td>Blockage of the GI Tract</td>
<td>Chairs: M Schoeman/ R Leong</td>
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<td></td>
<td>10:30 - 10:50</td>
<td>Caustic Injury of the Oesophagus</td>
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<td>10:50 - 11:10</td>
<td>Oesophageal Foreign Bodies: Where, tricks and techniques</td>
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<td>11:10 - 11:30</td>
<td>Complications of Bariatic surgery – role of the endoscopist</td>
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<td>11:30 - 11:50</td>
<td>Colonic Obstruction and Pseudo-Obstruction</td>
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<td></td>
<td>11:50 - 12:00</td>
<td>Discussion</td>
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<tr>
<td>12:00 - 12:30</td>
<td>State of the Art Lecture:</td>
<td>Is ERCP headed for extinction?</td>
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<tr>
<td>12:30 - 13:30</td>
<td>LUNCH</td>
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<tr>
<td>13:30 - 15:00</td>
<td>SESSION 3</td>
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<td></td>
<td>Bleeding - Case Study</td>
<td>Chairs: D Ormonde/ A Chong</td>
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<td></td>
<td>13:30 - 13:45</td>
<td>Emergency Endoscopy - Where and When</td>
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<td>13:45 - 14:00</td>
<td>Management of UGI bleeding in 2007</td>
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<td>14:00 - 14:15</td>
<td>Non-Upper GI Bleeding</td>
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<td>14:15 - 14:30</td>
<td>Imaging for Obscure Overt Bleeding (CT, Angio, Nuclear)</td>
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<td></td>
<td>14:30 - 14:45</td>
<td>Approach to Massive Transfusion</td>
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<td>14:45 - 15:00</td>
<td>Discussion</td>
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<tr>
<td>15:00 - 15:30</td>
<td>AFTERNOON TEA</td>
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<tr>
<td>15:30 - 17:00</td>
<td>SESSION 4</td>
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<td></td>
<td>When it all Goes Wrong</td>
<td>Chairs: C Bell/ TBC</td>
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<td></td>
<td>15:30 - 15:50</td>
<td>An Early Approach to Complications</td>
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<td></td>
<td>15:50 - 16:10</td>
<td>ERCP Complications</td>
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<td>16:10 - 16:30</td>
<td>Why and When the System Fails</td>
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<td></td>
<td>16:30 - 16:50</td>
<td>Indemnity Issues for Gastroenterologists</td>
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</tbody>
</table>
### Colour codes

- **Free papers**
- **Plenary, GESA**
- **AGEA**
- **ALIA**
- **GENCA**
- **AUSPEN**
- **Paediatric**
- **Drug and Alcohol**
- **DHF**
- **Early Bird Session**

### Australian Liver Association

#### Clinical Update

**Emerging and Difficult Issues in Viral Hepatitis**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>09:50 - 12:30</strong></td>
<td><strong>SESSION 1</strong></td>
<td><strong>Controversies in Chronic Hepatitis B</strong></td>
</tr>
<tr>
<td>09:50 - 10:00</td>
<td>Introduction and Welcome</td>
<td>D Crawford</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Antiviral drug resistant mutants - Why do they develop and strategies to overcome resistance</td>
<td>S Locarnini</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Patient selection for Chronic Hepatitis B Virus - Has the answer been revealed?</td>
<td>A Thompson</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>HBV/HIV co-infection: Current strategies on management</td>
<td>S Lewin</td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>Current issues in liver transplantation for Chronic Hepatitis B Virus infection</td>
<td>H Rosen</td>
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<tr>
<td><strong>12:00 - 12:30</strong></td>
<td><strong>ALA Annual General Meeting</strong></td>
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<tr>
<td><strong>12:30 - 13:30</strong></td>
<td><strong>LUNCH</strong></td>
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<tr>
<td><strong>13:30 - 15:30</strong></td>
<td><strong>SESSION 2</strong></td>
<td><strong>Difficulties in HCV</strong></td>
</tr>
<tr>
<td>13:30 - 14:00</td>
<td>Hepatitis C in the human liver transplant model</td>
<td>H Rosen</td>
</tr>
<tr>
<td>14:00 - 14:20</td>
<td>Acute HCV: When to treat and with what?</td>
<td>G Dore</td>
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<tr>
<td>14:20 - 14:40</td>
<td>HCV, Fat and Iron - Implications for disease progression</td>
<td>B Bacon</td>
</tr>
<tr>
<td>14:40 - 15:00</td>
<td>HCV and renal injury: Cause and effects</td>
<td>M Levy</td>
</tr>
<tr>
<td>15:00 - 15:10</td>
<td>Discussion</td>
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<tr>
<td><strong>15:10 - 15:30</strong></td>
<td><strong>AFTERNOON TEA</strong></td>
<td></td>
</tr>
<tr>
<td><strong>15:30 - 17:00</strong></td>
<td><strong>SESSION 3</strong></td>
<td><strong>Emerging issues in Viral Hepatitis</strong></td>
</tr>
<tr>
<td>15:30 - 15:50</td>
<td>Therapies for HCV: Insights into the future</td>
<td>A Zekry</td>
</tr>
<tr>
<td>15:50 - 16:10</td>
<td>The role of Early Virological Testing for HCV: Predicting therapeutic response</td>
<td>S Pianko</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Chair(s)</td>
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<tr>
<td>16:10 - 16:20</td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>16:20 – 17:00</td>
<td>Debate: The PBAC has sufficient evidence to licence Combination Therapy for Chronic HBV</td>
<td>For: G McCaughan Against: P Desmond</td>
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**GENCA – IBD**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair(s)</th>
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<td><strong>MEETING ROOM 8</strong></td>
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</tr>
<tr>
<td>11:00 – 12:30</td>
<td><strong>SESSION 1</strong></td>
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<tr>
<td>10:30 – 11:00</td>
<td>Pathophysiology of IBD – Basics to advanced</td>
<td>M Haines</td>
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<tr>
<td>11:00 – 11:30</td>
<td>Medical strategies in managing IBD</td>
<td>M Howlett</td>
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<tr>
<td>11:30 – 12:00</td>
<td>Surgical strategies in IBD</td>
<td>G Makin</td>
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<tr>
<td>12:00 – 12:30</td>
<td>Managing fatigue</td>
<td>J Iser</td>
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<tr>
<td><strong>12:30 – 13:30</strong></td>
<td><strong>LUNCH</strong></td>
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<tr>
<td>13:30 – 15:00</td>
<td><strong>SESSION 2</strong></td>
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<tr>
<td>13:30 – 14:00</td>
<td>Stress, anxiety and depression in IBD</td>
<td>A Mikocka-Walus</td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>Telephone assessment – running a patient helpline</td>
<td>S Buckton, S Mason</td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Monitoring immunomodulatory therapy</td>
<td>M Sparrow</td>
</tr>
<tr>
<td><strong>15:00 – 15:30</strong></td>
<td><strong>AFTERNOON TEA</strong></td>
<td></td>
</tr>
<tr>
<td>15:30 – 17:30</td>
<td><strong>SESSION 3</strong></td>
<td></td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Sharing Best Practice/Local Projects</td>
<td>P Leach, L Reid</td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Transitional care for teenagers and young adults</td>
<td>S Buckton</td>
</tr>
<tr>
<td>16:30 – 17:30</td>
<td>GENCA IBD Special Interest Group Meeting</td>
<td></td>
</tr>
</tbody>
</table>

**RIVER VIEW ROOM 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18:00 – 19:30</td>
<td>Symposium: New Directions in Gastroenterology - Supported by Nycomed</td>
<td>J Watson</td>
</tr>
<tr>
<td>18:00 – 18:45</td>
<td>Gut ecology: Therapeutic manipulation of the gut milieu in inflammatory bowel diseases</td>
<td>M Kamm</td>
</tr>
<tr>
<td>18:45 – 19:30</td>
<td>The management of HCV in 2007</td>
<td>H Rosen</td>
</tr>
</tbody>
</table>
### Thursday 25 October - Core Program

<table>
<thead>
<tr>
<th>Concurrent 1</th>
<th>Meeting Rooms 1/2/3</th>
</tr>
</thead>
</table>
| 07:15 - 08:15 Early Bird Session  
Sorting out abnormal iron studies | J Olynyk |

<table>
<thead>
<tr>
<th>Concurrent 2</th>
<th>River View Room 4</th>
</tr>
</thead>
</table>
| 07:15 - 08:15 Early Bird Session  
Colorectal Cancer screening: the pros and cons of different techniques | G Forbes |

<table>
<thead>
<tr>
<th>Concurrent 3</th>
<th>River View Room 5</th>
</tr>
</thead>
</table>
| 07:30 - 08:15 Early Bird Session GENCA  
Introduction to AGW for first timers | GENCA B.O.M |

<table>
<thead>
<tr>
<th>Plenary</th>
<th>Riverside Theatre</th>
</tr>
</thead>
</table>
| 08:30 - 10:00 Opening and Welcome  
Presentation of the Distinguished Service Award | Chairs: P Desmond/ P Katelaris |
| 08:40 - 09:10 Bushell Lecture  
Creative management of large bowel functional disorders | M Kamm |
| 09:10 - 09:40 Nobel Laureate: Helicobacter Connections | B Marshall |
| 09:40 - 10:10 Distinguished Research Prize Recipient | P Bhathal |
| 10:10 - 10:30 MORNING TEA | |

10:30 - 12:30 Concurrent Sessions x 4

<table>
<thead>
<tr>
<th>Concurrent 1</th>
<th>Riverside Theatre</th>
</tr>
</thead>
</table>
| 10:30 - 11:00 Outstanding Clinician Recipient  
On the Value of the Clinical Project | P Kerlin |
<p>| 11:00 - 12:30 Plenary Free Papers - Young Investigator Finalists | |
| 11:00 - 11:12 Prediction of Crohn's disease aggression through the analysis of NOD2/CARD15 sequence variations | M Bhullar |
| 11:12 - 11:24 Pancreatic stellate cells stimulate pancreatic cancer growth and metastasis: findings of a novel orthotopic model of pancreatic cancer | A Vonlaufen |
| 11:24 - 11:36 Dietary fodmaps increase delivery of water and fermentable substrates to the proximal colon | J Barrett |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:36 – 11:48</td>
<td>Alcohol consumption further modulates hepcidin gene expression in an animal model of Haemochromatosis</td>
<td>M Heritage</td>
</tr>
<tr>
<td>11:48 – 12:00</td>
<td>Intrahepatic and serum markers of HBV replication and their relationship to serum HBeAg titres: Implications for the use of quantitative HBeAg testing as a predictive tool for treatment outcome</td>
<td>A Thompson</td>
</tr>
<tr>
<td>12:00 – 12:12</td>
<td>Angiotensin 1-7 infusion reduces hepatic fibrosis in the bile duct ligated rat</td>
<td>J Lubel</td>
</tr>
<tr>
<td>12:12 – 12:24</td>
<td>Reduction in HCV related liver disease associated with BG Virus C in HCV/HIV co-infection</td>
<td>M Berzsenyi</td>
</tr>
<tr>
<td>12:24 – 12:36</td>
<td>Role of bone-marrow derived stem cells in liver injury</td>
<td>M Eckersley-Maslin</td>
</tr>
</tbody>
</table>

**CONCURRENT 2 MEETING ROOM 6**

**GENCA Liver**

- Chair: A Blunn

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Hepatitis Viruses: New Clarity in Alphabet Soup</td>
<td>G Farrell</td>
</tr>
<tr>
<td>11:00 – 11:15</td>
<td>Scratching the Itch: Managing Pruritis</td>
<td>S Strasser</td>
</tr>
<tr>
<td>11:15 – 11:25</td>
<td>A New Course in Hep C Nursing Education</td>
<td>S Mason</td>
</tr>
</tbody>
</table>

**CONCURRENT 3 MEETING ROOM 8**

**AuSPEN: Intestinal Failure Symposium**

- Chair: A Davies

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 10:55</td>
<td>The development of an Australian Intestinal Failure Program</td>
<td>J Bines</td>
</tr>
<tr>
<td>10:55 – 11:20</td>
<td>Intestinal failure: When to refer for intestinal transplantation</td>
<td>A Buchman</td>
</tr>
<tr>
<td>11:20 – 11:30</td>
<td>The nutritional management of intestinal failure: A Dietician’s role</td>
<td>E Rogers</td>
</tr>
<tr>
<td>11:30 – 11:40</td>
<td>The nutritional management of intestinal failure: A Pharmacist’s role</td>
<td>A Poon</td>
</tr>
<tr>
<td>11:40 – 11:50</td>
<td>The nutritional management of intestinal failure: A Nurse’s role</td>
<td>H Shalley</td>
</tr>
<tr>
<td>11:50 – 12:00</td>
<td>AuSPEN/GESA supporting the management of intestinal failure</td>
<td>K Mcllroy</td>
</tr>
<tr>
<td>12:00 – 12:30</td>
<td>Panel discussion</td>
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</table>

**CONCURRENT 4 RIVER VIEW ROOM 5**

**GENCA: TB - Clinical Updates**

- Chair: J Pang

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Managing Patients with TB</td>
<td>J Waring</td>
</tr>
<tr>
<td>11:00 – 11:20</td>
<td>Air conditioning and Immunisation - what we should know!</td>
<td>R McCann</td>
</tr>
<tr>
<td>11:20 – 11:40</td>
<td>CXR screening, room standards &amp; other interesting “bits”</td>
<td>M Scully</td>
</tr>
<tr>
<td>Time</td>
<td>Session/Topic</td>
<td>Speaker</td>
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</tr>
<tr>
<td>11:40 – 12:00</td>
<td>Complications of Bronchoscopy and Specimen Collection</td>
<td>S Morey</td>
</tr>
<tr>
<td>12:30 – 14:00</td>
<td>LUNCH</td>
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</tr>
<tr>
<td>14:00 – 15:30</td>
<td>Concurrent Sessions x 6</td>
<td></td>
</tr>
<tr>
<td><strong>CONCURRENT 1</strong></td>
<td><strong>RIVERSIDE THEATRE</strong></td>
<td><strong>Chair: G. Ramm</strong></td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>ALA: Accelerated Liver Disease – Two Hits and Transplantation Symposium</td>
<td>H Rosen</td>
</tr>
<tr>
<td></td>
<td>State of the Art Lecture:</td>
<td></td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Recurrent HCV after liver transplantation: the natural history and patient selection for antiviral therapy</td>
<td>L Fletcher</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Iron and alcohol: More pieces to fit into the jigsaw</td>
<td>G Macdonald</td>
</tr>
<tr>
<td><strong>CONCURRENT 2</strong></td>
<td><strong>MEETING ROOM 1/2/3</strong></td>
<td><strong>Chair: S Strasser</strong></td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>The Water Crisis in Australia – the Problem and Possible Solutions</td>
<td>J Antenucci</td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Fate of Enteric Organisms in the Environment</td>
<td>M Hipsey</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Water Quality and Gastroenteritis – Is recycled Water a Risk?</td>
<td>K Leder</td>
</tr>
<tr>
<td><strong>CONCURRENT 3</strong></td>
<td><strong>MEETING ROOM 6</strong></td>
<td><strong>Chair: P Gibson/M Grimm</strong></td>
</tr>
<tr>
<td>14:00 – 14:10</td>
<td>MLH1-93G&gt;A is associated with hereditary and sporadic microsatellite unstable Colorectal Cancer</td>
<td>V Whitehall</td>
</tr>
<tr>
<td>14:10 – 14:20</td>
<td>Use of a high-resolution miniature endoscope in the investigation of murine models of intestinal inflammation?</td>
<td>I Lawrance</td>
</tr>
<tr>
<td>14:20 – 14:30</td>
<td>Lyprinol™ partially ameliorates 5-Flourouracil-induced mucositis in the rat</td>
<td>G Howarth</td>
</tr>
<tr>
<td>14:30 – 14:40</td>
<td>Quality, clinical impact and tolerance of CT Enteroclysis in patients with suspected small bowel disease</td>
<td>A Moss</td>
</tr>
<tr>
<td>14:40 – 14:50</td>
<td>The 13c sucrose breath test: A non-invasive technique to assess SI mucosal integrity in the critically ill</td>
<td>C Burgstad</td>
</tr>
<tr>
<td>14:50 – 15:00</td>
<td>Iron replacement in Inflammatory Bowel Disease – Improved outcomes</td>
<td>M De Silva</td>
</tr>
<tr>
<td>15:00 – 15:10</td>
<td>Relative incidence of Mycobacterium Avium Subsp. Paratuberculosis in a population-based cohort of Crohn's disease patients</td>
<td>R Gearry</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Speaker(s)</td>
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<tr>
<td>15:10 - 15:20</td>
<td>Thiopurine metabolite testing – Clinical utility in an Australian cohort of IBD patients with inadequately controlled disease</td>
<td>M Haines</td>
</tr>
<tr>
<td>15:20 - 15:30</td>
<td>Mucosal changes following massive small bowel resection: Current dogma debunked</td>
<td>P Pereira-Fantini</td>
</tr>
</tbody>
</table>

**CONCURRENT 4  MEETING ROOM 8**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:20</td>
<td>Intestinal adaptation: the key to improved clinical outcome</td>
<td>P Periera-Fantini</td>
</tr>
<tr>
<td>14:20 - 14:40</td>
<td>Changes in GI motility following MSBR</td>
<td>B Southwell</td>
</tr>
<tr>
<td>14:40 - 15:00</td>
<td>Microbial flora, bacterial growth and SBS</td>
<td>T Florin</td>
</tr>
<tr>
<td>15:00 - 15:30</td>
<td>Short Bowel Syndrome: A case and discussion</td>
<td>A Van Gossum</td>
</tr>
</tbody>
</table>

**CONCURRENT 5  RIVER VIEW ROOM 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:20</td>
<td>Workup if an Initial Attack of Pancreatitis</td>
<td>D Routley</td>
</tr>
<tr>
<td>14:20 - 14:40</td>
<td>Definitions and Mechanisms of Pancreatitis</td>
<td>M Steer</td>
</tr>
<tr>
<td>14:40 - 15:00</td>
<td>Endoscopic Management of Pancreatic Fluid Collection</td>
<td>D Devonshire</td>
</tr>
<tr>
<td>15:00 - 15:20</td>
<td>Recurrent Pancreatitis</td>
<td>J Baillie</td>
</tr>
<tr>
<td>15:20 - 15:30</td>
<td>Discussion</td>
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</table>

**CONCURRENT 6  RIVER VIEW ROOM 5**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>Bastards and Bitches – How to Deal With Them and Avoid Becoming One!</td>
<td>A Horobin</td>
</tr>
</tbody>
</table>

**16:00 - 17:30  Concurrent Sessions x 6**

**CONCURRENT 1  RIVERSIDE THEATRE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:00 - 16:10</td>
<td>Treatment responses in Asians infected with Hepatitis C Genotype 1 virus</td>
<td>K Yan</td>
</tr>
<tr>
<td>16:10 - 16:20</td>
<td>Hepatitis C is associated with more neuropsychiatric symptoms than other liver diseases, and more neuropsychiatric and gastrointestinal symptoms than in community controls: A case-control study</td>
<td>C Lang</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Presenter(s)</td>
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</tr>
<tr>
<td>16:20 – 16:30</td>
<td>Sustained virologic response with Albinterferon Alfa-2B plus Ribavirin treatment in IFN-naïve, chronic Hepatitis C Genotype 1 patients</td>
<td>S Pianko</td>
</tr>
<tr>
<td>16:30 – 16:40</td>
<td>Effect of Adiponectin on the cellular immune response in Chronic HCV infection</td>
<td>C Palmer</td>
</tr>
<tr>
<td>16:40 – 16:50</td>
<td>HCV associated Cryoglobulinaemia – Clinical presentation and treatment response</td>
<td>J Dobson</td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td>Hepascore accurately predicts fibrosis and reflects treatment response in chronic Hepatitis B infection</td>
<td>L Adams</td>
</tr>
<tr>
<td>17:00 – 17:10</td>
<td>Hepatitis B Virus (HBV) screening and Lamivudine prophylaxis in patients commencing systemic chemotherapy for haematological malignancy</td>
<td>G Stott</td>
</tr>
<tr>
<td>17:10 – 17:20</td>
<td>A randomised study to assess the safety and efficacy of Adefovir Dipivoxil substitution for HBIG in liver transplantation patients receiving long-term low dose IM HBIG and Lamivudine prophylaxis</td>
<td>S Patterson</td>
</tr>
<tr>
<td>17:20 – 17:30</td>
<td>A prospective study on the safety and efficacy of Lamivudine and Adefovir Dipivoxil prophylaxis in HBsAg positive liver transplantation candidates</td>
<td>S Patterson</td>
</tr>
</tbody>
</table>

**CONCURRENT 2 MEETING ROOMS 1/2/3**

**GI Cancer Symposium**

**Chairs:** G Young/F Macrae

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:00 – 16:30</td>
<td>Update on the National Bowel Cancer Screening Program</td>
<td>M Otuszewski</td>
</tr>
<tr>
<td>16:30 – 17:00</td>
<td>New Developments in Screening Technologies for Colorectal Cancer</td>
<td>G Young</td>
</tr>
<tr>
<td>17:00 – 17:30</td>
<td>The CSIRO Colonoscopy Simulator</td>
<td>S Ourselin</td>
</tr>
</tbody>
</table>

**CONCURRENT 3 MEETING ROOM 6**

**Free Papers: Clinical Practice**

**Chairs:** L Hillman/R Knight

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:00 – 16:10</td>
<td>The management of Helicobacter Pylori infection in patients with a history of Penicillin allergy</td>
<td>A Kwok</td>
</tr>
<tr>
<td>16:10 – 16:20</td>
<td>Cameron’s erosions often have a high transfusion requirement which is corrected by surgery</td>
<td>C J ayasekera</td>
</tr>
<tr>
<td>16:20 – 16:30</td>
<td>Surgery for early Oesophageal Adenocarcinoma? Analysis of lymphatic spread and prognostic factors</td>
<td>A Barbour</td>
</tr>
<tr>
<td>16:30 – 16:40</td>
<td>The role of faecal Lactoferrin in the evaluation of hospitalised patients with diarrhoea</td>
<td>D van Langenberg</td>
</tr>
<tr>
<td>16:40 – 16:50</td>
<td>Clinicopathological features of pancreatic solid Pseudopapillary Tumours</td>
<td>R Leong</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
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</tr>
<tr>
<td>16:50 – 17:00</td>
<td>The balloon expulsion test predicts response to biofeedback therapy in Irritable Bowel Syndrome and Functional Constipation by V Suttor</td>
<td></td>
</tr>
<tr>
<td>17:00 – 17:10</td>
<td>Satisfaction of IBS patients with medical consultations: role of patient's expectations by V Knott</td>
<td></td>
</tr>
<tr>
<td>17:10 – 17:20</td>
<td>Familial Colorectal Cancer: Patients, their first-degree relatives and Colorectal Cancer screening by L Gellart</td>
<td></td>
</tr>
<tr>
<td>17:20 – 17:30</td>
<td>A retrospective study of the impact of changes in colonoscopy process on polyp detection by R Skoien</td>
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</table>

**CONCURRENT 4 | MEETING ROOM 8**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>16:00 – 17:15</td>
<td>AuSPEN Annual General Meeting Chair: A Davies</td>
</tr>
<tr>
<td>17:15 – 18:00</td>
<td>AuSPEN Intestinal Failure Special Interest Group</td>
</tr>
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</table>

**CONCURRENT 5 | RIVER VIEW ROOM 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>16:00 – 16:20</td>
<td>Anticoagulation and Endoscopy by D Ormonde</td>
</tr>
<tr>
<td>16:20 – 16:40</td>
<td>Cardiac Stents and Anticoagulants by M Hands</td>
</tr>
<tr>
<td>16:40 – 17:00</td>
<td>Update on Antibiotic Prophylaxis by M Schoeman</td>
</tr>
<tr>
<td>17:00 – 17:20</td>
<td>Modification of Endoscopy for High Risk Patients by M Bourke</td>
</tr>
<tr>
<td>17:20 – 17:30</td>
<td>Discussion</td>
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</tbody>
</table>

**CONCURRENT 6 | RIVER VIEW ROOM 5**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>GENCA Novice Presenters and Free Papers Chair: L Rapley</td>
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**RIVER VIEW ROOM 5**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>18:00 – 18:45</td>
<td>Therapeutic endoscopy: have we gone too far? by J Baillie</td>
</tr>
<tr>
<td>18:45 – 19:30</td>
<td>Hepatitis C: Diagnosis and Treatment by B Bacon</td>
</tr>
</tbody>
</table>
## Friday 26 October

### Concurrent 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| 07:15 - 08:15 | MEETING ROOMS 1/2/3 | Early Bird Session  
IBD Australia Database  
T Florin |

### River View Room 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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</thead>
</table>
| 07:15 - 08:15 | Early Bird Session  
Difficult Cases in HBV infection  
A Nicoll |

### River View Room 5

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| 07:15 - 08:15 | Early Bird Session  
Surviving as a VMO: A guide for Trainees and Fellows (and Consultants!)  
R Knight |

### 08:30 – 10:00

Concurrent Sessions x 6

#### Concurrent 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| 08:30 – 08:50 | IBS and Functional Gastrointestinal Disorders Symposium  
Chairs: P Gibson/G Holtmann  
Traditional Pathophysiologic concepts: Time for a reappraisal?  
J Andrews |
| 08:50 – 09:10 | Inflammation and Immune response in functional GI disorders  
G Holtmann |
| 09:10 – 09:30 | Treatment issues: Established and alternative treatments  
S Haag |
| 09:30 – 09:50 | Is there a place for nutrition as a cause or therapy?  
S Shepherd |
| 09:50 – 10:00 | Discussion |

#### Concurrent 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| 08:30 – 09:00 | IBD Australia Symposium  
Chair: T Florin  
Mild Ileitis in the patients with IBS - is it Crohn's and what to do?  
TBC |
| 09:00 – 09:30 | Optimising Thiopurine Treatment  
M Sparrow |
| 09:30 – 10:00 | Management of severe ulcerative colitis  
M Kamm |

#### Concurrent 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| 08:30 – 08:40 | Free Papers: Basic Science - Hepatology  
CD147 regulation of Hepatocyte derived matrix Metalloproteinases:  
A novel pathway involved in liver fibrosis  
S Richardson |
| 08:40 – 08:50 | Kupffer Cell-derived CTGF and TGFβ mediate the profibrogenic effects of Leptin in vitro  
J Wang |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:50 - 09:00</td>
<td>Ferroportin: Membrane topology and functional characterisation of disease-causing mutations</td>
<td>N Subramaniam</td>
</tr>
<tr>
<td>09:00 - 09:10</td>
<td>Iron uptake by Transferrin Receptor 2 in human hepatoma cells</td>
<td>D Trinder</td>
</tr>
<tr>
<td>09:10 - 09:20</td>
<td>Light and Lymphotoxin-β acting via Lymphotoxin-β receptor are able to modulate the expression of key profibrogenic mediators in the hepatic stellate cell</td>
<td>R Ruddell</td>
</tr>
<tr>
<td>09:20 - 09:30</td>
<td>Roles of Fibroblast Activation Protein (FAP) and Dipeptidyl Peptidase IV (DPIV) identified in an experimental model of Liver Fibrosis</td>
<td>G McCaughan</td>
</tr>
<tr>
<td>09:30 - 09:40</td>
<td>Deletion of the Thrombin Receptor Gene, PAR1, ameliorates liver fibrosis and decreases TGFβ expression by hepatic stellate cells in a murine model of Cirrhosis</td>
<td>V Knight</td>
</tr>
<tr>
<td>09:40 - 09:50</td>
<td>Early metabolic changes parallel liver injury in high fat-fed foz/foz mice</td>
<td>C Larter</td>
</tr>
<tr>
<td>09:50 - 10:00</td>
<td>Hepatoprotective strategies against Ischaemia Reperfusion injury in Murine Liver Steatosis and Steatohepatitis</td>
<td>N Teoh</td>
</tr>
</tbody>
</table>

**CONCURRENT 4 MEETING ROOM 8**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 - 08:40</td>
<td>Colonoscopic polypectomy of large polyps: Safety and long term outcomes</td>
<td>M Salama</td>
</tr>
<tr>
<td>08:40 - 08:50</td>
<td>Colonoscopy withdrawal times and polyp detection rates: a New Zealand perspective</td>
<td>G Lim</td>
</tr>
<tr>
<td>08:50 - 09:00</td>
<td>A population-based study of missed and new cancers after gastroscopy</td>
<td>S Raftopolous</td>
</tr>
<tr>
<td>09:00 - 09:10</td>
<td>National survey of colonoscopy quality training in Australia in 2007</td>
<td>E Lee</td>
</tr>
<tr>
<td>09:10 - 09:20</td>
<td>Need for transfusion in patients with small intestinal Angioectasias seen at capsule endoscopy - Evaluating the significance of “red spots”</td>
<td>T Heap</td>
</tr>
<tr>
<td>09:20 - 09:30</td>
<td>Efficacy of therapeutic Double-Balloon Enteroscopy in obscure gastrointestinal bleeding</td>
<td>V Suttor</td>
</tr>
<tr>
<td>09:30 - 09:40</td>
<td>The performance of Double-balloon Enteroscopy in the assessment and treatment of capsule endoscopy findings</td>
<td>S Prasad</td>
</tr>
<tr>
<td>09:40 - 09:50</td>
<td>The impact of CT Enteroscopy in addition to Double-balloon Enteroscopy in the investigation of gastrointestinal bleeding</td>
<td>V Suttor</td>
</tr>
<tr>
<td>09:50 - 10:00</td>
<td>Endoscopic removal of Oesophageal self expanding metal stents - Is it feasible and safe?</td>
<td>M Swan</td>
</tr>
</tbody>
</table>
## Concurrent Sessions

### Concurrent 5  River View Room 4

**GENCA: Professional Issues**  
Chair: R. Harvey

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 08:50</td>
<td>Mentoring – Making this work for you</td>
<td>L. Hamlin</td>
</tr>
<tr>
<td>08:50 – 09:10</td>
<td>Find ‘em &amp; Keep ‘em: How to Hold Up Your Staff when you Can’t Hold Up yourself!</td>
<td>D. Thacker</td>
</tr>
<tr>
<td>09:10 – 09:30</td>
<td>Producing Competent Practitioners Through Staff Education and Orientation</td>
<td>D. Jones</td>
</tr>
<tr>
<td>09:30 – 09:50</td>
<td>Credentialing – What Is It &amp; Why Do We Have It In Our Speciality</td>
<td>R. Harvey</td>
</tr>
<tr>
<td>09:50 – 10:00</td>
<td>Discussion</td>
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</tr>
</tbody>
</table>

### Concurrent 6  River View Room 5

**AuSPEN: Nutrition and Gastroenterology**  
Chair: P. Woods

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 08:55</td>
<td>Nutritional management in patients with Inflammatory Bowel Disease</td>
<td>A. Van Gossum</td>
</tr>
<tr>
<td>08:55 – 09:20</td>
<td>Nutritional Management in patients with Cystic Fibrosis</td>
<td>S. King</td>
</tr>
<tr>
<td>09:20 – 09:45</td>
<td>Nutritional management in patients with liver disease</td>
<td>D. Crawford</td>
</tr>
<tr>
<td>09:45 – 10:00</td>
<td>Panel discussion</td>
<td></td>
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<tr>
<td>10:00 – 10:30</td>
<td>Morning Tea</td>
<td></td>
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</tbody>
</table>

### Concurrent 1  Riverside Theatre

**Addiction medicine loves your liver! Drug and Alcohol Symposium**  
Chair: R. Batey

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Alcohol – not your average toxin</td>
<td>S. Worrall</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>HCV treatment in D &amp; A and GP land</td>
<td>R. Hallinan</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Livers on ICE</td>
<td>P. Haber</td>
</tr>
</tbody>
</table>

### Concurrent 2  Meeting Room 1/2/3

**IBD Australia: Upper GI Enteritidis : Coeliac Symposium**  
Chair: T. Florin

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Wheat and what else?</td>
<td>G. Tanner</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Emerging alternatives to diet</td>
<td>R. Anderson</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>IBD Australia Annual General Meeting</td>
<td></td>
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</table>
## Concurrent 3 | Meeting Room 6

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 - 10:40</td>
<td>Abnormalities in nerves and pacemaker cells in children with functional constipation</td>
<td>B Southwell</td>
</tr>
<tr>
<td>10:40 - 10:50</td>
<td>Digestive tract responses to feeding and to distension in spinal cord injury</td>
<td>V Suttor</td>
</tr>
<tr>
<td>10:50 - 11:00</td>
<td>Severe constipation demonstrates aberrant spatio-temporal linkage among sequential colonic propagating sequences</td>
<td>P Dinning</td>
</tr>
<tr>
<td>11:00 - 11:10</td>
<td>Disturbed distal colonic transit contributes to persistent anorectal symptoms and dysfunction in patients following External Beam Radiation Therapy (RT) for Prostate Carcinoma (CaP)</td>
<td>F Bartholomeusz</td>
</tr>
<tr>
<td>11:10 - 11:20</td>
<td>Frequency of colonic complexes in health and severe constipation: Defining a new hallmark of colonic dysmotility</td>
<td>P Dinning</td>
</tr>
<tr>
<td>11:20 - 11:30</td>
<td>Acid sensitisation of Oesophageal mucosal afferents: Implications for symptom perception in patients with Gastro-Oesophageal Reflux Diseases (GORD) and functional heartburn</td>
<td>M Szczesniak</td>
</tr>
<tr>
<td>11:30 - 11:40</td>
<td>Differences in visceral sensory function in complicated and uncomplicated peptic ulcer disease</td>
<td>M Gururatsakul</td>
</tr>
<tr>
<td>11:40 - 11:50</td>
<td>Multiple roles of Acetylcholine in the intestine-location of Muscarinic receptors</td>
<td>A Harrington</td>
</tr>
<tr>
<td>11:50 - 12:00</td>
<td>Long term outcome following pneumatic dilatation for Idiopathic Achalasia</td>
<td>T Elliott</td>
</tr>
</tbody>
</table>

## Concurrent 4 | Meeting Room 8

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 - 10:40</td>
<td>Non-citrus fruit intake modifies iron status in an Australian population</td>
<td>E Milward</td>
</tr>
<tr>
<td>10:40 - 10:50</td>
<td>HFE-associated hereditary Haemochromatosis disease in a prospective study of 31,192 individuals</td>
<td>K Allen</td>
</tr>
<tr>
<td>10:50 - 11:00</td>
<td>Genomic alterations in a DNA repair-deficient mouse model of accelerated liver carcinogenesis (Teoh)</td>
<td>N Teoh</td>
</tr>
<tr>
<td>11:00 - 11:10</td>
<td>BK Virus: A new cause of chronic renal dysfunction following liver transplantation (OLT)</td>
<td>M Salama</td>
</tr>
<tr>
<td>11:10 - 11:20</td>
<td>Measures of insulin resistance vary with serum ALT concentrations in apparently healthy subjects without known NAFLD</td>
<td>M Ryan</td>
</tr>
<tr>
<td>11:20 - 11:30</td>
<td>Spontaneous Bacterial Peritonitis (SBP) prophylaxis: Trimethoprim-Sulfamethoxazole V Norfloxacin</td>
<td>S Lontos</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Speaker</td>
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<tr>
<td>11:30 - 11:40</td>
<td>Urotensin II increases portal pressure and induces hepatic fibrosis</td>
<td>W Kemp</td>
</tr>
<tr>
<td>11:40 - 11:50</td>
<td>Terlipressin therapy for renal dysfunction and Hypnoatraemia in patients with liver failure</td>
<td>E Prakoso</td>
</tr>
<tr>
<td>11:50 - 12:00</td>
<td>Rapamycin is an anti-fibrotic agent</td>
<td>C Popa</td>
</tr>
<tr>
<td></td>
<td><strong>CONCURRENT 5</strong></td>
<td><strong>RIVER VIEW ROOM 4</strong></td>
</tr>
<tr>
<td></td>
<td><strong>GENCA: Professional Issues (cont.)</strong></td>
<td><strong>Chair: L Swain</strong></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Portfolio Development - Is It Necessary and How Should It Be Done?</td>
<td>L Hamlin</td>
</tr>
<tr>
<td>11:00 - 11:20</td>
<td>Professional Indemnity - Should Nurses Have It?</td>
<td>J Parnell</td>
</tr>
<tr>
<td>11:20 - 11:40</td>
<td>Horizontal violence - Does It Really Exist and Why Does It Occur?</td>
<td>L Rapley</td>
</tr>
<tr>
<td>11:40 - 12:00</td>
<td>Lessons on Governance - It’s Definitely NOT a Board Game!</td>
<td>D Roche</td>
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<tr>
<td></td>
<td><strong>CONCURRENT 6</strong></td>
<td><strong>RIVER VIEW ROOM 5</strong></td>
</tr>
<tr>
<td></td>
<td><strong>AuSPEN: Specialised Nutrition Support: What’s the latest?</strong></td>
<td><strong>Chair: A Spencer</strong></td>
</tr>
<tr>
<td>10:30 - 10:50</td>
<td>TPN-associated hepatobiliary disease</td>
<td>A Buchman</td>
</tr>
<tr>
<td>10:50 - 11:15</td>
<td>Nutrition support in the ICU - results of a 2007 international survey</td>
<td>A Davies</td>
</tr>
<tr>
<td>11:15 - 11:35</td>
<td>Acute Pancreatitis - The nutritional management plan in 2007</td>
<td>P Woods</td>
</tr>
<tr>
<td>11:35 - 11:45</td>
<td>Cost effectiveness of nutrition support in the prevention of pressure ulcers Australian hospitals</td>
<td>M Banks</td>
</tr>
<tr>
<td>11:45 - 11:55</td>
<td>Analysis of in patient parenteral nutrition provision at two Auckland centres, 2005-2007</td>
<td>R Walmsley</td>
</tr>
<tr>
<td>12:00 - 12:30</td>
<td>State of the Art Lectures x 3</td>
<td><strong>RIVERSIDE THEATRE</strong></td>
</tr>
<tr>
<td></td>
<td><strong>SOA Lecture 1</strong></td>
<td><strong>Chair M Apte</strong></td>
</tr>
<tr>
<td></td>
<td>Cell biological events which lead to acute pancreatitis</td>
<td>M Steer</td>
</tr>
<tr>
<td></td>
<td><strong>MEETING ROOMS 1/2/3</strong></td>
<td><strong>Chair: P Katelaris</strong></td>
</tr>
<tr>
<td></td>
<td><strong>SOA Lecture 2</strong></td>
<td></td>
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<tr>
<td></td>
<td>Biological therapies in IBD - when and how to use them</td>
<td>M Kamm</td>
</tr>
</tbody>
</table>
## RIVER VIEW ROOM 5

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair</th>
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<tbody>
<tr>
<td>12:30 – 14:00</td>
<td>LUNCH</td>
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<tr>
<td></td>
<td>SOA Lecture 3</td>
<td>Chair: I Nyulasi</td>
</tr>
<tr>
<td></td>
<td>Ethical aspects of PEG placement for artificial nutrition</td>
<td>A Van Gossum</td>
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## EXHIBITION HALL

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair</th>
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<tbody>
<tr>
<td>13:30 – 14:00</td>
<td>Posters of Merit</td>
<td>J Olynyk/P Kerlin</td>
</tr>
</tbody>
</table>

## Concurrent Sessions x 6

### CONCURRENT 1  
**RIVERSIDE THEATRE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00 – 13:45</td>
<td>DAA Nutrition support (Special Interest Group)</td>
<td></td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>AuSPEN/DHF: Nutrition in the Gastroenterological Community Symposium</td>
<td>Chair: P Gibson</td>
</tr>
<tr>
<td>14:00 – 14:20</td>
<td>Nutritional issues after Bariatic surgery</td>
<td>N Zarshenas</td>
</tr>
<tr>
<td>14:20 – 14:40</td>
<td>Coeliac Disease – Current nutritional management</td>
<td>S Shepherd</td>
</tr>
<tr>
<td>14:40 – 15:00</td>
<td>Allergies and intolerance: What’s the difference?</td>
<td>L Hodge</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Common Allergies/Intolerances and their management - A case and discussion</td>
<td>S Shepherd</td>
</tr>
<tr>
<td></td>
<td>Panel: K Allen, P Gibson, R Heine, L Hodge</td>
<td></td>
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</tbody>
</table>

### CONCURRENT 2  
**MEETING ROOMS 1/2/3**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:30</td>
<td>Narrowing the Research-Practice Gap: A Professional Mandate for Gastro Nurses</td>
<td>R Michael</td>
</tr>
<tr>
<td>14:30 – 14:45</td>
<td>Writing for Publication</td>
<td>L Hamlin</td>
</tr>
<tr>
<td>14:45 – 15:00</td>
<td>How To Work Through a Literature Review</td>
<td>R Michael</td>
</tr>
<tr>
<td>15:00 – 15:20</td>
<td>What is The Joanna Briggs Institute – How Does It Help?</td>
<td>J Robertson</td>
</tr>
<tr>
<td>15:20 – 15:30</td>
<td>Discussion</td>
<td></td>
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</table>

### CONCURRENT 3  
**MEETING ROOM 6**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30</td>
<td>Annual General Meeting</td>
<td>N Kontorinis/W Cheng</td>
</tr>
<tr>
<td>14:00 – 14:05</td>
<td>Welcome and introduction</td>
<td>L Totten</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Speaker</td>
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<tr>
<td>14:05 – 14:25</td>
<td>Estimated prevalence of HCV related cirrhosis and HCC</td>
<td>M Law</td>
</tr>
<tr>
<td>14:25 – 14:50</td>
<td>Management of decompensating cirrhotics</td>
<td>TBC</td>
</tr>
<tr>
<td>14:50 – 15:10</td>
<td>Current management of patients undergoing liver transplantation</td>
<td>L Adams</td>
</tr>
<tr>
<td>15:10 – 15:30</td>
<td>Management of HCC</td>
<td>J Olynyk</td>
</tr>
</tbody>
</table>

**CONCURRENT 4 MEETING ROOM 8**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>14:00 – 14:10</td>
<td>Proetomic analysis of differential protein expression in Inflammatory Bowel Disease</td>
<td>R Leong</td>
</tr>
<tr>
<td>14:10 – 14:20</td>
<td>Reduced Alpha-defensin expression is not associated with NOD2 mutation status in ileal Crohn’s disease</td>
<td>L Simms</td>
</tr>
<tr>
<td>14:20 – 14:30</td>
<td>The ATG16L1 variant (THR300ALA) is confirmed as a susceptibility locus in Crohn’s disease and may also be associated with Ucerative Colitis in Australian IBD patients</td>
<td>L Simms</td>
</tr>
<tr>
<td>14:30 – 14:40</td>
<td>The GLI1 gene as a risk factor for Ulcerative Colitis</td>
<td>M Barclay</td>
</tr>
<tr>
<td>14:40 – 14:50</td>
<td>A new IBD susceptibility gene is identified in a large Australian case-control study</td>
<td>G Radford-Smith</td>
</tr>
<tr>
<td>14:50 – 15:00</td>
<td>Differential gene expression between Crohn’s disease and non-inflammatory bowel disease controls in a paediatric population</td>
<td>H Sim</td>
</tr>
<tr>
<td>15:00 – 15:10</td>
<td>Pathophysiological effects of Muramyl Dipeptide in a novel coculture model of epithelial monocyte interaction</td>
<td>P Tyrer</td>
</tr>
<tr>
<td>15:20 – 15:30</td>
<td>Immunophenotyping of Inflammatory Bowel Disease (IBD) using a cluster of differentiation (CD) antibody micorarray</td>
<td>G Pavendranathan</td>
</tr>
</tbody>
</table>

**CONCURRENT 5 RIVER VIEW ROOM 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:20</td>
<td>Oesophagus: NB/Zoom.Acteic Acid/Chromoendoscopy</td>
<td>W Tam</td>
</tr>
<tr>
<td>14:20 – 14:40</td>
<td>Colon: NB/Trendy Endoscopes/Chromoendoscopy</td>
<td>M Appleyard</td>
</tr>
<tr>
<td>14:40 – 15:00</td>
<td>Optical Biopsy Techniques</td>
<td>R Leong</td>
</tr>
<tr>
<td>15:00 – 15:20</td>
<td>EUS: What it Can Do and What it Can’t Do</td>
<td>D Williams</td>
</tr>
<tr>
<td>15:20 – 15:30</td>
<td>Discussion</td>
<td></td>
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<td>TIME</td>
<td>EVENT</td>
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<tr>
<td>14:00 – 14:20</td>
<td>Issues in Emotional Psychological and Lifestyle Transition</td>
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<tr>
<td>14:20 – 14:35</td>
<td>Transition for Paediatric GI Patients</td>
<td></td>
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<td>14:35 – 14:50</td>
<td>Adult Viewpoint</td>
<td></td>
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<tr>
<td>14:50 – 15:05</td>
<td>Hypnotherapy for Irritable Bowel Syndrome</td>
<td></td>
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<tr>
<td>15:05 – 15:20</td>
<td>Eosinophilic Oesophagitis – Thoughts on Pathogenesis</td>
<td></td>
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<tr>
<td>15:20 – 15:30</td>
<td>Discussion</td>
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<tr>
<td>15:30 – 16:00</td>
<td>AFTERNOON TEA</td>
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<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
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<tbody>
<tr>
<td>16:00 – 16:10</td>
<td>The effect of reduction of poorly absorbed, highly fermentable short-chain carbohydrates (FODMAPs) on the symptoms of patients with Inflammatory Bowel Disease</td>
</tr>
<tr>
<td>16:10 – 16:20</td>
<td>Inconsistencies and inadequacies in the use and monitoring of immunomodulatory drugs in patients with Inflammatory Bowel Disease</td>
</tr>
<tr>
<td>16:20 – 16:30</td>
<td>5 year outcome of newly-diagnosed outpatients with Crohn’s Disease from one institution</td>
</tr>
<tr>
<td>16:30 – 16:40</td>
<td>The use of Infliximab in the prevention of colectomy in severe and refractory Ulcerative Colitis</td>
</tr>
<tr>
<td>16:40 – 16:50</td>
<td>The clinical utility of 6-Mercaptourpine inpatients with Inflammatory Bowel disease after Azathioprine therapy related pancreatitis</td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td>Surgery for perianal disease in a population-based Crohn’s Disease cohort</td>
</tr>
<tr>
<td>17:00- 17:30</td>
<td>GESA Awards Ceremony</td>
</tr>
<tr>
<td>17:30 - 18:00</td>
<td>GESA Annual General Meeting</td>
</tr>
<tr>
<td>CONCURRENT 2</td>
<td>MEETING ROOM 6</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td><strong>AHA Workshop: Issues and challenges managing patients with advanced liver disease</strong></td>
<td>Chairs: M Fenech/A Blunn</td>
</tr>
<tr>
<td>16:00 – 16:05</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td>16:05 – 17:30</td>
<td>Interactive session: Management of patients pre and post transplant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONCURRENT 3</th>
<th>MEETING ROOMS 1/2/3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENCA Awards Ceremony and Annual General Meeting</strong></td>
<td>Chair: A McKnight</td>
</tr>
<tr>
<td>16:00 – 16:45</td>
<td>Awards and Grants Ceremony</td>
</tr>
<tr>
<td>16:45 – 17:30</td>
<td>Annual General Meeting and Open Forum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONCURRENT 4</th>
<th>RIVER VIEW ROOM 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGEA: Endoscopy Training in the 21st Century</strong></td>
<td>Chair: D Ormonde</td>
</tr>
<tr>
<td>16:00 – 16:20</td>
<td>The Role of Simulation and Skills Based Courses in Endoscopy Training</td>
</tr>
<tr>
<td>16:20 – 16:40</td>
<td>The Role of Training in the Endoscopy Room</td>
</tr>
<tr>
<td>16:40 – 17:00</td>
<td>The Aims of training: What are They?</td>
</tr>
<tr>
<td>17:00 – 17:20</td>
<td>The NETI – Towards a National Endoscopy Curriculum</td>
</tr>
<tr>
<td>17:20 – 17:30</td>
<td>Discussion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONCURRENT 5</th>
<th>RIVER VIEW ROOM 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AuSPEN: Malnutrition in the Hospitalised Patient Symposium</strong></td>
<td>Chair: G Hardy</td>
</tr>
<tr>
<td>16:00 – 16:25</td>
<td>The skeleton in the closet: Where are we with malnutrition in 2007?</td>
</tr>
<tr>
<td>16:25 – 16:50</td>
<td>Malnutrition in elderly Australians: the reality</td>
</tr>
<tr>
<td>16:50 – 17:30</td>
<td>Debate: All hospitalised patients need a nutrition assessment on arrival</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19:15</th>
<th>BALLROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wine Tasting &amp; Dinner</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Saturday 27 October

### 07:15 - 08:15  RIVER VIEW ROOM 4

**AuSPEN Research Special Interest Group Meeting**  
Chair: A Davies

### 08:30 – 10:00  Concurrent Sessions x 5

**CONCURRENT 1  RIVERSIDE THEATRE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 09:00</td>
<td><strong>ALA: Clinico-Pathological Correlations in Liver Disease - Patients with a liver mass Symposium</strong></td>
<td>D Crawford</td>
</tr>
<tr>
<td></td>
<td><strong>Case Study 1: Benign liver masses in the non-cirrhotic liver</strong></td>
<td>R Ryan</td>
</tr>
<tr>
<td></td>
<td><strong>Case presentation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion and Overview</strong></td>
<td>L Adams</td>
</tr>
<tr>
<td>09:00 – 09:30</td>
<td><strong>Case Study 2: Malignant tumours in the non-cirrhotic liver</strong></td>
<td>R Ryan</td>
</tr>
<tr>
<td></td>
<td><strong>Case presentation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion and Overview</strong></td>
<td>G Jeffrey</td>
</tr>
<tr>
<td>09:30 – 10:00</td>
<td><strong>Case Study 3: Malignant tumours in the cirrhotic liver</strong></td>
<td>R Ryan</td>
</tr>
<tr>
<td></td>
<td><strong>Case presentation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion and Overview</strong></td>
<td>M McCullen</td>
</tr>
</tbody>
</table>

**CONCURRENT 2  MEETING ROOMS 1/2/3**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 10:00</td>
<td><strong>AGEA/SAC Training: Discussion of Syllabus and Training Requirements in Gastroenterology and Endoscopy</strong></td>
<td>I Norton/S Bell</td>
</tr>
</tbody>
</table>

**CONCURRENT 3  MEETING ROOM 6**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 08:40</td>
<td><strong>Triptolide decreases pancreatic cancer growth in vitro and in vivo by inhibition of heat shock protein 70 (HSP70)</strong></td>
<td>P Phillips</td>
</tr>
<tr>
<td>08:40 – 08:50</td>
<td><strong>Mucins in Helicobacter Pylori infection- A dynamic and responsive defence</strong></td>
<td>S Linden</td>
</tr>
<tr>
<td>08:50 – 09:00</td>
<td><strong>The contribution of bone marrow derived cells to solid organ malignancy</strong></td>
<td>D Worthley</td>
</tr>
<tr>
<td>09:00 – 09:10</td>
<td><strong>Prognostic factors in Oesophageal Cancer - The importance of Lymph Nodes</strong></td>
<td>S Thompson</td>
</tr>
<tr>
<td>09:10 – 09:20</td>
<td><strong>Is it important to encourage patients to undergo initial and repeated Faecal Occult Blood Testing for Colorectal Cancer?</strong></td>
<td>M Veysey</td>
</tr>
<tr>
<td>09:20 – 09:30</td>
<td><strong>Secreted protein acidic and rich in Cysteine (SPARC): A prognostic marker in Colorectal Cancer?</strong></td>
<td>I Lawrance</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Speaker</td>
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<tr>
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</tr>
<tr>
<td>09:30 – 09:40</td>
<td>Relationship between genotoxin-induced DNA damage and homeostatic responses in rats colonic epithelium</td>
<td>L Nyskohus</td>
</tr>
<tr>
<td>09:40 – 09:50</td>
<td>Transarterial chemoembolization of Hepatocellular Carcinoma is well tolerated in patients with compensated cirrhosis: Results of a prospective study</td>
<td>V Knight</td>
</tr>
<tr>
<td>09:50 – 10:00</td>
<td>Leptin and the Risk of Barrett's Oesophagus</td>
<td>B Kendall</td>
</tr>
</tbody>
</table>

**CONCURRENT 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 08:55</td>
<td>Home PN in a single centre over 20 years - Lessons learnt</td>
<td>A Van Gossum</td>
</tr>
<tr>
<td>08:55 – 09:15</td>
<td>The AusPEN home PN registry - Lessons learnt in our region</td>
<td>L Gillanders</td>
</tr>
<tr>
<td>09:15 – 09:35</td>
<td>Home PN - Preventing complications</td>
<td>A Buchman</td>
</tr>
<tr>
<td>09:35 – 09:55</td>
<td>Home EN – What is the future?</td>
<td>I Nyulasi</td>
</tr>
<tr>
<td>09:55 – 10:00</td>
<td>Discussion</td>
<td></td>
</tr>
</tbody>
</table>

**CONCURRENT 5**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 08:40</td>
<td>What's New With Capsules?</td>
<td>E Eyres</td>
</tr>
<tr>
<td>08:40 – 08:50</td>
<td>Newest Treatment Options for Barrett's Oesophagus</td>
<td>I Norton</td>
</tr>
<tr>
<td>08:50 – 09:00</td>
<td>What is EMR?</td>
<td>D Ormonde</td>
</tr>
<tr>
<td>09:00 – 09:10</td>
<td>How Does Endoscopic Ultrasound Work?</td>
<td>S Edmunds</td>
</tr>
<tr>
<td>09:10 – 09:20</td>
<td>When To Use Double-Balloon Enteroscopy</td>
<td>C Siah</td>
</tr>
<tr>
<td>09:30 – 09:40</td>
<td>What's Happening with CT Colangiography?</td>
<td>TBC</td>
</tr>
<tr>
<td>09:40 – 09:50</td>
<td>What Is the Purpose of Anal Manometry?</td>
<td>G Hool</td>
</tr>
<tr>
<td>09:50 – 10:00</td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>MORNING TEA</td>
<td></td>
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</tbody>
</table>

**10:30 – 12:00**

**CONCURRENT 1**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 10:50</td>
<td>Defining GORD and the underlying disease mechanism</td>
<td>G Holtmann</td>
</tr>
<tr>
<td>10:50 – 11:10</td>
<td>Extraintestinal Symptoms</td>
<td>P Katelaris</td>
</tr>
<tr>
<td>11:10 – 11:30</td>
<td>Treatment: The past, the present and the future</td>
<td>R Holloway</td>
</tr>
</tbody>
</table>
### CONCURRENT 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 - 10:40</td>
<td>Delayed gastric emptying in diabetic children and non-diabetic siblings</td>
<td>S Kritas</td>
</tr>
<tr>
<td>10:40 - 10:50</td>
<td>Quality of life is low in children with slow transit constipation (STC)</td>
<td>M Clarke</td>
</tr>
<tr>
<td>10:50 - 11:00</td>
<td>Hypnotherapy is highly effective in paediatric IBS: Exciting uses for an old phenomenon</td>
<td>A Webb</td>
</tr>
<tr>
<td>11:00 - 11:10</td>
<td>An assessment of novel Anti-gliadin in assays in screening children with GI symptoms for Coeliac disease</td>
<td>A Day</td>
</tr>
<tr>
<td>11:10 - 11:20</td>
<td>Serum 25-Hydroxy-vitamin D deficiency in children with IBD treated with enteral nutrition vs steroids</td>
<td>A Day</td>
</tr>
<tr>
<td>11:20 - 11:30</td>
<td>Selenium is protective against Colon Cancer in Azoxymethane-treated mice: Influence on molecular targets</td>
<td>Y Hu</td>
</tr>
<tr>
<td>11:30 - 11:40</td>
<td>Serum prealbumin correlates with both nutritional status and nutritional risk in critically ill patients</td>
<td>S Ferrie</td>
</tr>
<tr>
<td>11:40 - 11:50</td>
<td>Suppression of Azoxymethane-induced Colon Cancer development in rats by dietary resistant starch</td>
<td>R Le Leu</td>
</tr>
<tr>
<td>11:50 - 12:00</td>
<td>Medium-chain fatty acid modulation of cell viability in the CACO-2 and IEC-6 cell lines</td>
<td>J Fauser</td>
</tr>
</tbody>
</table>

### CONCURRENT 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 - 10:40</td>
<td>Improving patients attendance rates in endoscopy</td>
<td>B Draper</td>
</tr>
<tr>
<td>10:40 - 10:50</td>
<td>Confocal Endomicroscopy in the evaluation of Coeliac Disease - A prospective validation study</td>
<td>R Leong</td>
</tr>
<tr>
<td>10:50 - 11:00</td>
<td>Endoscopic Ultrasound in patients with a dilated bile duct, normal liver function tests and negative cross-sectional imaging</td>
<td>D Segarasingam</td>
</tr>
<tr>
<td>11:00 - 11:10</td>
<td>Experience of Endoscopic Ultrasound for pancreatic cystic lesions in a tertiary teaching hospital</td>
<td>S Prasad</td>
</tr>
<tr>
<td>11:10 - 11:20</td>
<td>The safety and technical success of Endoscopic Ampullectomy - A single centre Australian experience</td>
<td>A Mishra</td>
</tr>
<tr>
<td>11:20 - 11:30</td>
<td>Small intestinal tumours: Not so uncommon. Double-Balloon Enteroscopy is an essential diagnostic and therapeutic modality</td>
<td>C Siah</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Presenter</td>
</tr>
<tr>
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</tr>
<tr>
<td>11:30 - 11:40</td>
<td>Capsule Enteroscopy prior to Double-Balloon Enteroscopy in obscure gastrointestinal bleeding: Selecting the best diagnostic modality</td>
<td>V Suttor</td>
</tr>
<tr>
<td>11:40 - 11:50</td>
<td>A canine model for training in endoscopic submucosal dissection</td>
<td>G Forbes</td>
</tr>
<tr>
<td>11:50 - 12:00</td>
<td>Endoscopic management of chronic radiation Proctitis - an audit of 6 year experience at a single centre</td>
<td>M Swan</td>
</tr>
</tbody>
</table>

### Concurrent 4  
**River View Room 4**

**AuSPEN: Feeding Intolerance: Barriers to Successful Feeding**  
Chair: A Davies

- **10:30 - 10:50**  
  Absorption and malabsorption: Understanding the pathophysiology  
  J Bines

- **10:50 - 11:15**  
  Continuous versus intermittent feeding  
  R Shulman

- **11:15 - 11:35**  
  Sugar intolerance: Approach to diagnosis and management  
  J Barrett

- **11:35 - 11:45**  
  The effect of probiotics on breath hydrogen patterns after lactulose, small intestinal permeability and symptoms in IBS patients with an early breath hydrogen rise – A proof of concept study  
  J Barrett

- **11:45 - 11:55**  
  Is protein supplementation more beneficial than Colostrum in the treatment of short bowel syndrome?  
  S Thomas

### Concurrent 5  
**River View Room 5**

**GENCA: What Happens After The Endoscopy?**  
Chair: W Blomberg

- **10:30 - 10:50**  
  Surgical sites and procedures  
  R Hodder

- **10:50 - 11:10**  
  Management of post-op pain  
  L Hellier

- **11:10 - 11:30**  
  Management of post-op wound infection - dressings  
  J Wright

- **11:30 - 11:50**  
  Home management – Teaching families to care for a PEG  
  C McCrae

- **11:50 - 12:15**  
  Chemotherapy – The Role and Timing  
  C Cameron

- **12:15 - 12:30**  
  Discussion

### 12:00 - 12:30  
**State of the Art Lectures x 2**

**Meeting Room 1/2/3**

**SOA Lecture 1**  
Chair: D Forbes

- Chronic Abdominal Pain  
  R Shulman
**RIVER VIEW ROOM 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session and Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 14:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>SOA Lecture 2</td>
<td>Chair: A Thomson</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>Concurrent Sessions x 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concurrent 1</th>
<th>Riverside Theatre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Papers: Basic Science Hepatology 2 and General</td>
<td>Chair: M Levy/ L Adams</td>
</tr>
<tr>
<td>14:00 - 14:10</td>
<td>Development of an in vitro model to assess the interaction of HIV and Hepatitis B Virus (HBV) in human Hepatocytes</td>
</tr>
<tr>
<td>14:10 - 14:20</td>
<td>NAFLD as a risk factor for the development of diabetes and the metabolic syndrome: An eleven year follow-up study</td>
</tr>
<tr>
<td>14:20 - 14:30</td>
<td>Visceral adiposity measured by MRI predicts disease severity in NASH, whereas DEXA fails</td>
</tr>
<tr>
<td>14:30 - 14:40</td>
<td>Serum Alanine Amintransferase levels decrease further with carbohydrate than fat restriction in insulin resistant adults</td>
</tr>
<tr>
<td>14:40 - 14:50</td>
<td>Factors affecting severity of Fatty Liver Disease in patients undergoing laparoscopic gastric banding surgery for obesity</td>
</tr>
<tr>
<td>14:50 - 15:00</td>
<td>Suppression of LPS and IL-6 signalling by iron deficiency alters expression of the liver-derived iron regulatory peptide hepcidin</td>
</tr>
<tr>
<td>15:00 - 15:10</td>
<td>Characterising the clinical spectrum of hepatic iron load using MRI Ferriscan in suspected HFE and non HFE iron overloaded patients</td>
</tr>
<tr>
<td>15:10 - 15:20</td>
<td>Prevalence of elevated IGG4 as a marker of Autoimmune Sclerosing Cholangitis in patients labelled as Primary Sclerosing Cholangitis</td>
</tr>
<tr>
<td>15:20 - 15:30</td>
<td>Hepatitis B Virus in migrant antenatal mothers: High seroprevalence but poor long term care</td>
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</tbody>
</table>
### Concurrent 2: Meeting Rooms 1/2/3

**AGEA: Capsule Endoscopy**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:15</td>
<td>Capsule Endoscopy for Small Bowel Disease: An Update</td>
<td>A Taylor</td>
</tr>
<tr>
<td>14:15 - 14:30</td>
<td>Balloon Enteroscopy - When and How? One Balloon or Two?</td>
<td>G Brown</td>
</tr>
<tr>
<td>14:30 - 14:45</td>
<td>Cases to Highlight Role of Enteroscopy in Abnormal Capsule Studies</td>
<td>M Appleyard</td>
</tr>
<tr>
<td>14:45 - 15:00</td>
<td>Capsule Endoscopy - New Technology and Indications</td>
<td>F Macrae</td>
</tr>
<tr>
<td>15:00 - 15:15</td>
<td>Capsule Endoscopy in Australia</td>
<td>W Selby</td>
</tr>
<tr>
<td>15:15 - 15:30</td>
<td>Discussion</td>
<td></td>
</tr>
</tbody>
</table>

### Concurrent 3: Meeting Room 6

**Paediatric: Eating Disorders Symposium**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:20</td>
<td>Probiotics</td>
<td>R Shulman</td>
</tr>
<tr>
<td>14:20 - 14:35</td>
<td>Delayed Hypersensitivity</td>
<td>R Heine</td>
</tr>
<tr>
<td>14:35 - 14:50</td>
<td>Peanut Allergy</td>
<td>K Allen</td>
</tr>
<tr>
<td>14:50 - 15:05</td>
<td>Enteral Feeding and Paediatric IBD</td>
<td>A Day</td>
</tr>
<tr>
<td>15:05 - 15:20</td>
<td>Rotavirus Vaccination National Rollout</td>
<td>J Bines</td>
</tr>
<tr>
<td>15:20 - 15:30</td>
<td>Discussion</td>
<td></td>
</tr>
</tbody>
</table>

### Concurrent 4: River View Room 4

**PN Pharmacist's AuSPEN: Nutrition Support Guidelines**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00 - 13:45</td>
<td>The 2006 ESPEN Guidelines for EN - Gastroenterology highlights</td>
<td>A Van Gossum</td>
</tr>
<tr>
<td>14:00 - 14:25</td>
<td>So many guidelines on nutrition in ICU - Which should we use?</td>
<td>A Davies</td>
</tr>
<tr>
<td>14:25 - 14:45</td>
<td>Do we need Australasian or International nutrition guidelines?</td>
<td>I Nyulasi</td>
</tr>
<tr>
<td>15:05 - 15:15</td>
<td>Discussion</td>
<td>All presenters</td>
</tr>
<tr>
<td>15:15 - 15:30</td>
<td>Presentation of awards and close of conference</td>
<td>K McIlroy</td>
</tr>
</tbody>
</table>
Exhibition Floor Plan

Exhibitors | Booth Number
--- | ---
3 M Australia | 34
Abbott Australasia | 28
Aspen Pharmacare Pty Ltd | 25
AstraZeneca | 30
Baxter Healthcare | 13
Boston Scientific | 29
Bristol Myers Squibb Australia | 32
Colocap Pharmaceuticals | 3
Conmed Linvatec | 38
Cook Australia | 14
C.R. Kennedy | 44
CSL Bioplasma | 4
CTEC | 2
Device Technologies | 24a
Digestive Health Foundation | 21
Endomed | 1
Endoscopy Learning Centre | 21
Endotherapeutics | 36
Endovations | 35
Endosoft | 24b
Experien Medical Finance | 5
Ferring Pharmaceuticals | 22
Flolite Industries | 6
Fujinon Australia | 27
Gallay Medical & Scientific | 7
Genzyme Australasia | 12
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ASTRAZENECA

AstraZeneca is one of the world’s largest and most successful pharmaceutical companies. With more than 1,000 employees, the company invests hundreds of millions of dollars in local research and manufacturing.

AstraZeneca excels in providing healthcare solutions across seven major therapeutic areas including cardiovascular, neuroscience, gastrointestinal, infection, oncology, pain control and anaesthesia and respiratory medicines.

At any given time, AstraZeneca is participating in more than 40 clinical trials across 200 centres around the country. In 2006, $20 million was invested in Australian clinical research projects.

Globally we spend more than $15 million each working day on R&D with more than 12,000 researchers dedicated to the discovery and development of innovative new medicines that meet the needs of patients worldwide.

With a global business comes a global responsibility and, along with our commitment to competitiveness and performance, we will continue to be led by our core values to achieve sustainable success.

AstraZeneca believes that it has a global responsibility to its customers and the communities they live in.

Through financial support and representation, AstraZeneca recognises the work and commitment of patient care and advocacy groups. These important partnerships are central to our commitment to improve the quality of people’s lives.

AstraZeneca has a strong history of supporting the local community and last year donated almost $500,000 to 29 charities and foundations including the National Heart Foundation and the National Breast Cancer Foundation. In 2005, AstraZeneca announced its AUD $75,000 partnership with Redkite, a children’s cancer charity.

Every day, more than 1.5 million Australians benefit from our medicines.
NYCOMED

Nycomed, as a pioneering pharmaceutical organisation in Australia and New Zealand, is committed to an investment in the countries’ healthcare systems.

With our innovative products and support activities including Research we add value to patients’ lives. We strive for a leadership position in the fields of our expertise, by engaging in constant value innovation and delivering the highest standard in customer service.

Our performance and long term success provides the foundation for our overall contribution to the Australian and New Zealand societies. As a research-based company with global operations, Nycomed is contributing to sustainable improvements in the quality of patients’ lives by supplying innovative and established therapies.

The company researches, develops and produces a wide range of pharmaceuticals.

The main emphasis of our business is prescription drugs from our own research pipeline destined to treat gastrointestinal and respiratory diseases.
JANSSEN-CILAG

Janssen-Cilag Australia is a member of the Johnson & Johnson Family of Companies, the global leader in healthcare and in the production of pharmaceuticals, biotechnology, medical devices and consumer health related products.

Janssen-Cilag Australia is a leading research-based pharmaceutical company, dedicated to improving the health and well being of all Australians. Our research accomplishments have opened up new areas of knowledge. In past years, over 75 drugs have been developed from the molecules created by Janssen-Cilag. This rate of discovery makes Janssen-Cilag one of the most innovative pharmaceutical companies in the world.

The organisation’s commitment to world-class research has created hundreds of job opportunities for highly trained Australians. Key research areas for Janssen-Cilag are the central nervous system, oncology, mental disorders, the gastro-intestinal system and renal failure.

Research into the health challenges facing Australians has resulted in a number of critical medicines being developed and made available to the Australian public. These include Risperdal, used for the treatment of schizophrenia, Reminyl a medicine designed to combat the debilitating symptoms of Alzheimer’s Disease, Topamax used in the control of epilepsy, Pariet a treatment for gastro-oesophageal reflux disease, Eprex vital for combating anaemia in renal failure and oncology, Prograf which is an immunosuppressant used in organ transplantation and Durogesic a transdermal fentanyl patch delivery device for relief from chronic and severe pain.

Janssen-Cilag has been a committed corporate sponsor of the Gastroenterology Society of Australia (GESA) since 2006 contributing to the four key areas of the society: research (including the Janssen-Cilag GESA research fellowship), education, scientific meetings (such as AGW) and communication.

Janssen-Cilag Australia takes the greatest possible care with the well being of our patients, our employees, our fellow citizens and our environment.
ABBOTT AUSTRALASIA
Abbott is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals and medical products, including nutritionals and devices. The company employs 65,000 people and markets its products in more than 130 countries. Abbott's news releases and other information are available on the company's Web site at www.abbott.com

Abbott recently announced that the Therapeutic Goods Administration (TGA), has approved HUMIRA® (adalimumab) for the treatment of adults with moderate to severe Crohn's disease. HUMIRA is a self-administered biologic for the treatment of Crohn's disease.

BRISTOL-MYERS SQUIBB
Bristol-Myers Squibb is a global pharmaceutical and related health care products company whose mission is to extend and enhance human life. Operating in Australia since 1930, Bristol-Myers Squibb is dedicated to discovering and developing innovative, cost-effective medicines addressing significant medical needs in key disease areas. These include: cancer, atherosclerosis/thrombosis, diabetes, obesity, psychiatric disorders, Alzheimer's disease, hepatitis, HIV/AIDS and rheumatoid arthritis.

While scientists have developed some effective therapies in recent years for hepatitis B and C, significant unmet medical needs still exist as a result of problems related to potency, resistance, and tolerability. Recognising the important unmet medical needs, Bristol-Myers Squibb is working to provide new treatments for both forms of this very widespread, highly infectious disease. In 2006, the company launched Baraclude® (entecavir) – a new treatment for hepatitis B - in Australia.
GILEAD SCIENCES

Gilead’s mission is to advance patient care by developing ground-breaking therapeutics to treat life-threatening infectious diseases. We apply the best of biopharmaceutical science to create innovative medicines that bring new hope in the battles against HIV/AIDS (Truvada, Emtriva, Viread), chronic hepatitis B (Hepsera), and serious bacterial and systemic fungal infections (AmBisome).

In just 20 years, Gilead has become one of the largest biopharmaceutical companies in the world, with a rapidly expanding product portfolio, growing pipeline of investigational drugs, more than 2,700 employees and operations on three continents. Headquartered in Foster City, California, Gilead has operations in North America, Europe and Australia. The Australian and New Zealand head office is located in East Melbourne, Victoria.

Scientific breakthrough is almost always the product of collaboration and Gilead places high value on partnering with companies and organizations whose strengths complement and augment our own. Over the past two decades, we have forged many long-term collaborations with leading academic institutions and biotechnology and pharmaceutical companies to develop innovative new therapeutics and advance the care of patients confronting life-threatening diseases.

Gilead has an active research and development program to identify new and improved compounds for the treatment of HIV/AIDS, chronic hepatitis, respiratory and cardiopulmonary conditions, and other diseases that represent significant unmet medical needs. In 2006 alone, Gilead invested nearly $380 million in research and development activities.

We look forward to seeing you at the Gilead Sciences booth at AGW.
OLYMPUS AUSTRALIA

Olympus has always concentrated our energies on areas where we can excel, not simply compete. Our greatest strength has always been our leadership in OPTO-digital Technologies. Consequently, this strength has earned Olympus undisputed leadership and a 75% share of the global endoscope market.

Olympus is proud of our High Definition 180 series endoscopes, featuring NBI, wide field of view and picture definition unsurpassed. These scopes offer the high performance and technology breakthroughs you demand from Olympus.

Olympus’ EXERA II offers one High Definition imaging platform for the entire hospital, as it is compatible with approximately 200 endoscopic videoscopes and surgical high definition camera heads. We have bridged the needs of cost conscious management with the superb picture quality required by surgeons and practicality required by nursing staff.

Olympus has now completed the imaging chain through an integrated image capture and reporting system that allows seamless image capture, reporting and quality assurance tools required for running a modern day practice. Endobase connects directly to the Olympus Imaging equipment providing two-way communication between the devices.

Olympus continues to upgrade its lineup of EndoTherapy devices and provide total solutions to medical practitioners. The revolutionary V-System combines state-of-the-art endoscopes with high performance innovative EndoTherapy devices. This simplified system offers the Endoscopist the option to manipulate the device exchange on their own and is ideal for off-hours procedures. As with endoscopes, the development of EndoTherapy devices is realised only in tandem with the development of therapy techniques for doctors.

We look forward to seeing you at AGW 2008 - Booth #20
ORPHAN AUSTRALIA

With our continued commitment to Gastroenterology and continuing education, Orphan Australia is once again delighted to be a Major Sponsor of Australian Gastroenterology Week being held in Perth in 2007.

Based in Melbourne, Orphan Australia began operations in 1995 as an Australian owned pharmaceutical company dedicated to providing novel, highly specialized products to treat serious or life-threatening conditions where treatment choice is limited or inadequate.

Throughout the company's history, it's been our mission to deliver high quality pharmaceutical products to Australian Gastroenterologists and their patients. Over the years we have worked in consultation with GESA to be able to provide more therapeutic options for clinicians to improve patient outcomes. As a result Orphan Australia was the first company to introduce mesalazine enemas and granules for the treatment of ulcerative colitis, and we made 500 mg tablets available making it much easier for patients to comply with long term therapy. With your continuing support, it strengthens our involvement in this therapeutic area and we look forward to further product opportunities to respond to the needs of your patients well into the future.

As part of a successful and dynamic organisation, Orphan Australia strives for professionalism in everything we undertake, by recognising and embracing core values such as integrity, quality, customer focus, partnership and respect. These things drive us towards our vision of changing patients' lives for the better.

We invite you to visit us during AGW to find out more about our mission and the latest information about our products. Alternatively you can visit our website at www.orphan.com.au.
PHARMATEL FRESENIUS KABI

Pharmatel Fresenius Kabi is committed to delivering an exceptional level of service to our customers and an expanding range of products to Australian patients.

In a merger unique to the Australian market PFK brings together Pharmatel™’s gastrointestinal expertise, local aseptic compounding & streamlined distribution network along with the internationally recognized infusion and nutrition expertise of Fresenius Kabi, offering:

Compounding –
With two expert compounding sites in Sydney and Melbourne PFK is able to develop logistical solutions to supply sterile infusion therapies.

Nutrition Therapy –
With well established products like Intralipid (triglycerides), Glamin (amino acids) and Vamin (amino acids), adding new solutions like Kabiven (TGA registered three chamber bag, multiple actives) PFK develops a matching range of nutrition solutions for the Australian market based on the international portfolio of Fresenius Kabi in enteral and parenteral nutrition

Gastroenterology –
With a consistent range of bowel cleansing products such as Picoprep (sodium picosulfate) and Glycoprep (magrogol 3350) PFK is able to pack specific sets matching the individual needs of the physician. New products such as Colazide® (balsalazide sodium) for the treatment of mild to moderate Ulcerative Colitis, PFK increases the options of Australian Gastroenterologists

Fluid Therapy –
PFK is offering a range of standard IV solutions and other IV solutions for anesthesia.

The aim of PFK is to improve patients quality of life and establish a new benchmark when it comes to servicing the needs of the Australian market, by developing customized solutions, matching the customer needs.
**ROCHE PRODUCTS**

Roche Products Pty Limited (Australia) is part of the International F. Hoffmann-La Roche Group worldwide that was founded in 1896 in Basel, Switzerland. Roche has grown from a small drug laboratory into one of the world’s leading research-based Healthcare companies and is known for many innovative contributions to medicine. Arranged in two operative divisions, Pharmaceuticals and Diagnostics, our global mission today and tomorrow is to create exceptional added value in healthcare. Roche is a world leader in in-vitro diagnostics and medicines in the field of virology and are active in other major therapeutic areas such as oncology and autoimmune diseases.

Since its launch, PEGASYS® (peginterferon alfa-2a) has helped make a difference to the lives of many people living with hepatitis B and C. The benefits of PEGASYS® are derived from its large 40 kilodalton (KD) branched-chain polyethylene glycol (PEG) construction, which allows for sustained drug levels over the course of a full week. PEGASYS® is the only pegylated interferon available as a ready-to-administer solution. Each weekly subcutaneous injection contains 180 mcg of pegylated interferon alfa-2a (40KD), which is the approved dose for all patients, regardless of body weight. PEGASYS® is also the only pegylated interferon registered in Australia for the treatment of both hepatitis B and C.

As a leader in hepatitis, Roche’s dedication extends beyond providing PEGASYS®. In Australia, Roche also offers a range of patient support materials, education programs and is committed to clinical research to optimise patient treatment with PEGASYS®.
SCHERING-PLOUGH

At the New Schering-Plough, we aspire to earn the trust of doctors, patients and customers by providing a steady flow of innovative, science-based medicines and services that improve the health and well-being of people around the world.

To achieve these goals and grow our company, we are working to earn the trust of all stakeholders. We understand that earning trust demands hard work, sharp execution, integrity and transparency.

Our customers and patients are our most important constituents. Our vision for the New Schering-Plough clearly sets forth what we will do as a global team, what makes us special as a company and what will give us a competitive advantage.

To become the best, we are getting back to basics and reinventing our company by driving positive change. We are focused on becoming the best in three key strategic areas: people, products and processes.

Schering-Plough offers medicines in the following areas: allergy & respiratory, arthritis and immunology, cancer therapies, cholesterol lowering, dermatological, gastroenterological, hepatitis C, hypertension, infectious diseases, cough, cold and flu.
Future Dates For Australian Gastroenterology Week

- 2008 Brisbane  22 – 25 October
- 2009 Sydney  19 – 24 October
- 2010 Melbourne 19 – 23 October