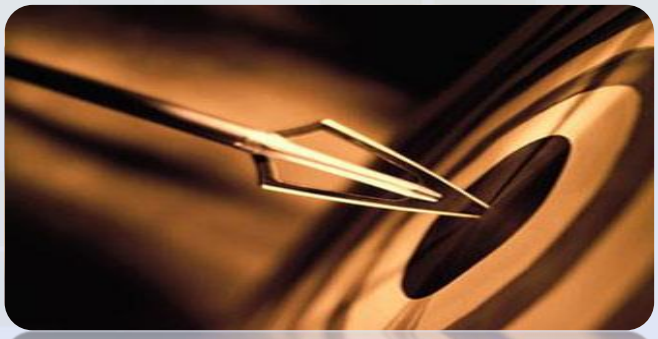
Our Vision:

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



Our Mission:

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

Issue No.: NL17 /2015 July - November

Newsletter Editor: Dr. Nahla Azzam

Current SGA Board of directors:

•Dr. Majid Al-Madi	SGA President
•Dr. Faisal Batwa	SGA Vice President
•Dr. Nahla Azzam	SGA Treasurer
•Dr. Fahad Al Sohaibani	SGA Board Secretary
•Dr. Mohamed Al Shumrany	SGA Board Member
•Dr. Abed Alehibi	SGA Board Member
•Dr. Hani Jawa	SGA Board Member
•Dr. AlMoutaz Hashim	SGA Board Member
•Dr. Abdulrahman Alrobyan	SGA Board Member
•Dr. Ahmad Afghany	SGA Board Member
•Dr. Sanaa Faqeeh	SGA Board Member
•Dr. Turki AlAmeel	SGA Board Member

For More Information, please contact SGA Office at:

Mobile: +966 564 412 595

EMAIL: sga@saudigastro.com

SGA Website: www.saudigastro.com

SGA journal: www.saudijgastro.com

What's inside…

1. BREAKING NEWS

I. SGA launched the 2nd Magazine for celiac disease online.
II. SGA released its 5th animated video on YouTube.

2. SGA LATEST SCIENTIFIC PARTICIPATIONS

Gastroenterology Workshop on the latest update of GI diseases In Al-Madinah Al-Munawwara.

3. WHAT IS NEW IN GASTROENTEROLOGY AND HEPATOLOGY.

4. UPCOMING SCIENTIFIC EVENTS.

I. 14th SGA annual Meeting & 3rd SASLT Meeting.

5. GUT CLUB SCHEDULE FOR 1435:

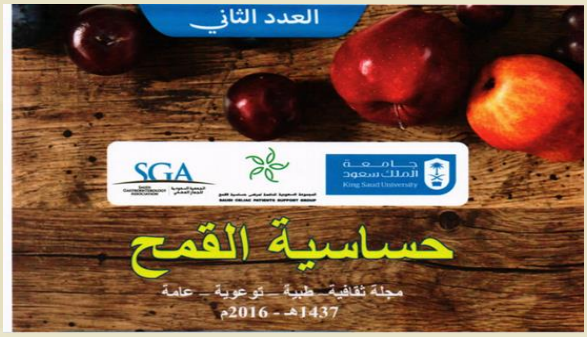
I. Riyadh GUT Club meeting Schedule.
II. Jeddah GUT Club meeting Schedule.
III. Eastern Province GUT Club meeting Schedule.

1.BREAKING NEWS

I. SGA launched the 2nd Magazine for celiac disease online.

The 2nd celiac magazine is an excellent and easily affordable resource for those who follow a gluten-free diet. It was launched on-line by Saudi celiac support group and SGA at their website on November 2015. Saudi celiac support group headed by SGA is an active group help those with celiac disease and gluten intolerance to adapt and maintain a gluten-free lifestyle. The Delight 1st and 2nd celiac magazine are a national publication for people with celiac disease in Arabic langue filled with fully illustrated recipes and glossy hi-resolution food photos. Celiac disease is an autoimmune disorder that can occur in genetically predisposed people where the ingestion of gluten leads to damage in the small intestine which lead to malabsorption. People with celiac disease are also at more risk for other autoimmune diseases.

The 2nd edition of celiac magazine is an excellent for those who are trying to truly comprehend the basics of gluten sensitivity and celiac disease written in simple easy to understand Arabic language . the 1st part explain about what is celiac disease , pathogenesis , and symptoms helping the patients with gluten-sensitivity understanding of what occurs in the body when gluten is consumed and how it can create that varieties of symptoms and diseases that it does.



2nd part was about the recent advances in the celiac disease management including the today's new trials that have been going on to develop vaccine and drugs for celiac disease.

The 3rd part was answer to the most frequently asked questions that posted by the patients at the Saudi celiac support website, it was answered by well-known gastroenterologists at the kingdom.

Last part provides practical information, in an easy-to-read format about the gluten-free diet for patients/their families. Features include three gluten-free meal plans; gluten-free resource listing; tips for reading labels, baking, and over 100 recipes.

Announcement of the magazine was carried out over the first three weeks of November started from King Khalid Hospital, Riyadh and in 4 main shopping malls all over Riyadh, those activities were conducted by medical students at King Saud University in which hard copies were distributed to the public, and patients/their families

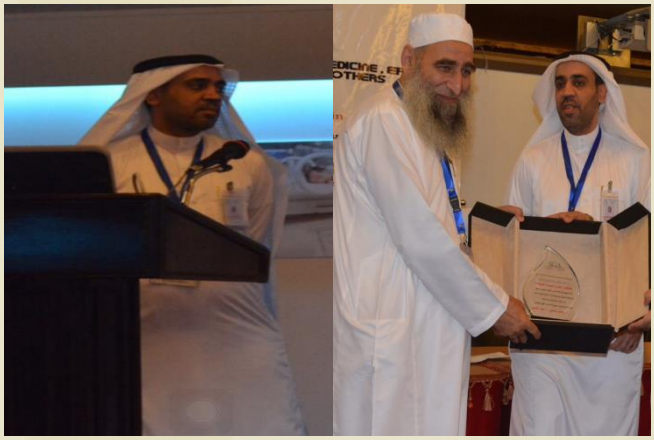
SGA would like to extend their acknowledgment to all national experts who empower us with the most comprehensible up-to-date information, the medical students who run the announcement's activities and a special gratitude to the editorial board of the magazine.

II. SGA released its 5th animated video on YouTube

SGA credited for being active and dedicated in producing animated videos in Arabic language to increase the public awareness and education about common GI diseases in Saudi Arabia. The three-minutes video aimed to emphasize on increasing the prevalence of celiac disease among Saudis and the importance of getting right diagnosis and right information/resources about the disease, which are all posted in Saudi celiac support group website.

2.SGA LATEST SCIENTIFIC PARTICIPATIONS

Gastroenterology Workshop on the latest update of GI diseases In Al-Madinah Al-Munawwara



The workshop was organized by King Fahad Hospital (Madinah) and under the auspices of Saudi Association for Gastroenterology. It was an Evening symposium held in Al-Madinah Al-Munawwarah on Thursday, 19th Dhu Al-Qi'dah 1436 corresponding to 3rd of September 2015. This symposium was accredited by Saudi Commission for Health Specialties with 8 CME hours.The programme of the conference was created to provide the participants with the latest recommended guidelines on, clinical pictures and managements of common gastrointestinal diseases such GERD, PUD , dyspepsia, colon cancer , and treatment approach to patients with inflammatory bowel disease. More than 150 participants from Western-province regions attended the conference.On this occasion and on behalf of SGA Dr Ahmed Alafgani SGA Board

member extended his sincere thanks and appreciation to well-known gastroenterologists in Al-Madinah Al-munawwarrah (Dr Abdul-Rahman Almahrous, Dr Fadel Khawaga, and Dr Adel Alshareif) for their valuable contributions to the health service in Al-madinah over the past twenty years Saudi Association for Gastroenterology, led by his Excellency Dr Majid Al-Madi the SGA President and The SGA Board members extended their warm thanks to the honorees for their industrious hard work, and to the organizing team at King Fahad Hospital in Al-Madinah. It was a very distinguished event with positive feedback from all the participants.

A Saudi Gastroenterology Association Position Statement on the Use of Tumor Necrosis Factor alfa Antagonists for the Treatment of Inflammatory Bowel Disease.

Inflammatory Bowel Disease (IBD) is emerging disease in Saudi Arabia with great socioeconomic burden due to both the costs of therapy and loss of work productivity. Uncontrolled inflammation from IBD can result in either local or systemic complications that are associated with reduced quality of life and an increased risk of mortality. The objective of this position statement from the Saudi Gastroenterology Association was to guide gastroenterologists on the use of tumor necrosis factor alfa (TNF α) antagonists for the treatment of the idiopathic inflammatory bowel diseases, Crohn's disease (CD), and ulcerative colitis(UC). In this statement, A summary of all relevant literature regarding the safety and efficacy of TNF α antagonists in treating CD and UC patients were discussed, the following was recommended by the authors "Patients with objective evidence of Crohn's disease activity who do not respond to or who are dependent on corticosteroids and those at high risk for disease related complications should be treated with a TNF α antagonist in combination with an immunosuppressant. Alternatively, patients who demonstrate high risk features may be considered for accelerated step care or top–down therapy". A treatment algorithm for moderate to severely active UC was as well suggested, in addition they recommended TNF α antagonist in combination with an immunosuppressant to UC patients resistant/dependent on corticosteroids or who failed first line therapy with 5 ASA. A special highlights concerning specific populations like fiistulizing CD, pregnancy , and patients with latent tuberculosis were addressed. The full position statement was published in Saudi Journal of Gastroenterology.

Saudi J Gastroenterol 2015;21:185 97

Tenofovir in the Treatment of Naïve and Refractory Chronic Hepatitis B: A Single Center Experience in Saudi Arabia

An estimated 400 million people worldwide are currently infected with the hepatitis B virus (HBV), and approximately 600,000 die annually from this disease. A large scale community based epidemiologic study conducted in Saudi children showed a hepatitis B surface antigen (HBsAg) seroprevalence of 6.7%. With the introduction of a mass vaccination program against HBV in 1989 has resulted in an almost complete absence of HBsAg or antihepatitis B core antigen (HBc) detection among those born after 1989, however currently the estimated prevalence in Saudi Arabia is about 1%. A retrospective study included all patients treated at a tertiary care center in Saudi Arabia from January 2009 to December 2012 looked at the effeicacy of Tenofovir disoproxil fumarate (TDF) which is a nucleotide analog in the treatment of chronic hepatitis B (CHB) infection. This study evaluated the efficacy of TDF in achieving undetectable HBV DNA after 48 weeks of treatment in a Saudi cohort of CHB patients. Of the 68 eligible patients, 51 were treatment naïve and 17 were treatment-refractory. Twenty-three patients tested positive for HBeAg. The remaining 45 patients were HBeAg-negative. The mean HBV DNA viral load decreased from 95 million IU/mL at baseline to 263 IU/mL after 48 weeks of treatment ($P < 0.001$). Overall, 62% of patients achieved a complete virological response (CVR) and 37% a partial virological response (PVR). Respective CVR and PVR rates according to subgroup were: HBeAg-positive (21.7% and 78.3%) and HBeAg-negative (84.4% and 15.6%). At 48 weeks, HBV DNA was undetectable in 66.7% of treatment-naïve and 53% of treatment-refractory patients ($P = 0.3$). Seroconversion occurred in 13 (57%) of HBeAg-positive patients. Two (3%) of the HBeAg-negative patients lost HBsAg at follow up. Mean alanine aminotransferase decreased significantly from 134 U/L before treatment to 37 U/L at 48 weeks ($P < 0.001$). Significant adverse events were not encountered during the study period. The authors concluded that Forty-eight weeks of treatment with TDF reduced HBV DNA to undetectable levels in more than half of our patients regardless of whether they were treatment-naïve or refractory. HBeAg-negative (vs positive) patients experienced a better response rate.

Saudi J Gastroenterol 2015;21:295 9

The European Society of Gastrointestinal Endoscopy (ESGE) and the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) have significantly changed their clinical guidelines on the administration of propofol by non-anesthesiologists for gastrointestinal (GI) endoscopy.

The following was the most notable recommendations that were updated:

1 The type of endoscopic procedure and the patient's American Society of Anesthesiologists (ASA) physical status, age, body mass index, Mallampati's classification, and risk factors for obstructive sleep apnea (OSA) should be assessed before each procedure with non-anesthesiologist administration of propofol (NAAP) (strong recommendation, moderate quality evidence).

2. Recommending involvement of an anesthesiologist in patients of ASA class ≥3, with a Mallampati's class ≥3 or other conditions that put them at risk of airway obstruction (e.g. pharyngolaryngeal tumors), in patients who chronically receive significant amounts of narcotic analgesics, or in cases where a long-lasting procedure is anticipated (weak recommendation, low quality evidence).

3 Considering capnographic monitoring during NAAP in specific situations including high risk patients, intended deep sedation, and long procedures (weak recommendation, high quality evidence).

4 Propofol monotherapy except in particular situations was adviced (weak recommendation, high quality evidence), and they recommend administering propofol through intermittent bolus infusion or perfusor systems, including target-controlled infusion (TCI), and consideration of patient-controlled sedation (PCS) in particular situations (strong recommendation, high quality evidence).

5. The routine use of pharyngeal anesthesia during propofol sedation for upper GI endoscopy is not recommended (weak recommendation, moderate quality evidence).

6. With regards patient discharge from endoscopy unit, post-anesthetic discharge scoring system (PADSS) needed to determine when patient recovery is sufficient to allow discharge (weak recommendation, low quality evidence).

7. A new update that patients who have received combined regimens, and all patients of ASA class >2, should upon discharge be accompanied by a responsible person and refrain for 24 hours from driving, drinking alcohol, operating heavy machinery, or engaging in legally binding decisions. Advice should be provided verbally and in written form to the patient, including a 24-hour contact phone number (strong recommendation, low quality evidence).

8. For patients of ASA classes 1–2 who have received low dose propofol monotherapy, a 6-hour limit is suggested (weak recommendation, low quality evidence).

Endoscopy. 2015 47(12):1175-89

Promising Pangenotypic treatment for hepatitis C.

A Randomized, phase 2, open-label study conducted in 48 U.S centers to assess the safety and efficacy of sofosbuvir with velpatasvir in patients infected with HCV genotypes 1 to 6. The study involved 377 treatment-naive noncirrhotic patients. In part A, patients infected with HCV genotypes 1 to 6 were randomly assigned to sofosbuvir, 400 mg, with velpatasvir, 25 or 100 mg, for 12 weeks. In part B, patients with genotype 1 or 2 HCV infection were randomly assigned to sofosbuvir, 400 mg, and velpatasvir, 25 or 100 mg, with or without ribavirin for 8 weeks. With primary end point as Sustained virologic response at 12 weeks (SVR12).

In part A, SVR12 rates were 96% (26 of 27) with velpatasvir, 25 mg, and 100% (28 of 28) with velpatasvir, 100 mg, for genotype 1; 93% (25 of 27) in both groups for genotype 3; and 96% (22 of 23) with velpatasvir, 25 mg, and 95% (21 of 22) with velpatasvir, 100 mg, for genotypes 2, 4, 5, and 6. In part B, for genotype 1, SVR12 rates were 87% (26 of 30) with velpatasvir, 25 mg; 83% (25 of 30) with velpatasvir, 25 mg, plus ribavirin; 90% (26 of 29) with velpatasvir, 100 mg; and 81% (25 of 31) with velpatasvir, 100 mg, plus ribavirin. For genotype 2, SVR12 rates were 77% (20 of 26) with velpatasvir, 25 mg; 88% (22 of 25) with velpatasvir, 25 mg, plus ribavirin; 88% (23 of 26) with velpatasvir, 100 mg; and 88% (23 of 26) with velpatasvir, 100 mg, plus ribavirin. Adverse events included fatigue (21%), headache (20%), and nausea (12%). One patient committed suicide.

The authors concluded that twelve weeks of sofosbuvir, 400 mg, and velpatasvir, 100 mg, was well-tolerated and resulted in high SVR in patients infected with HCV genotypes 1 to 6.

Ann Intern Med. 2015 ;163(11):818-26

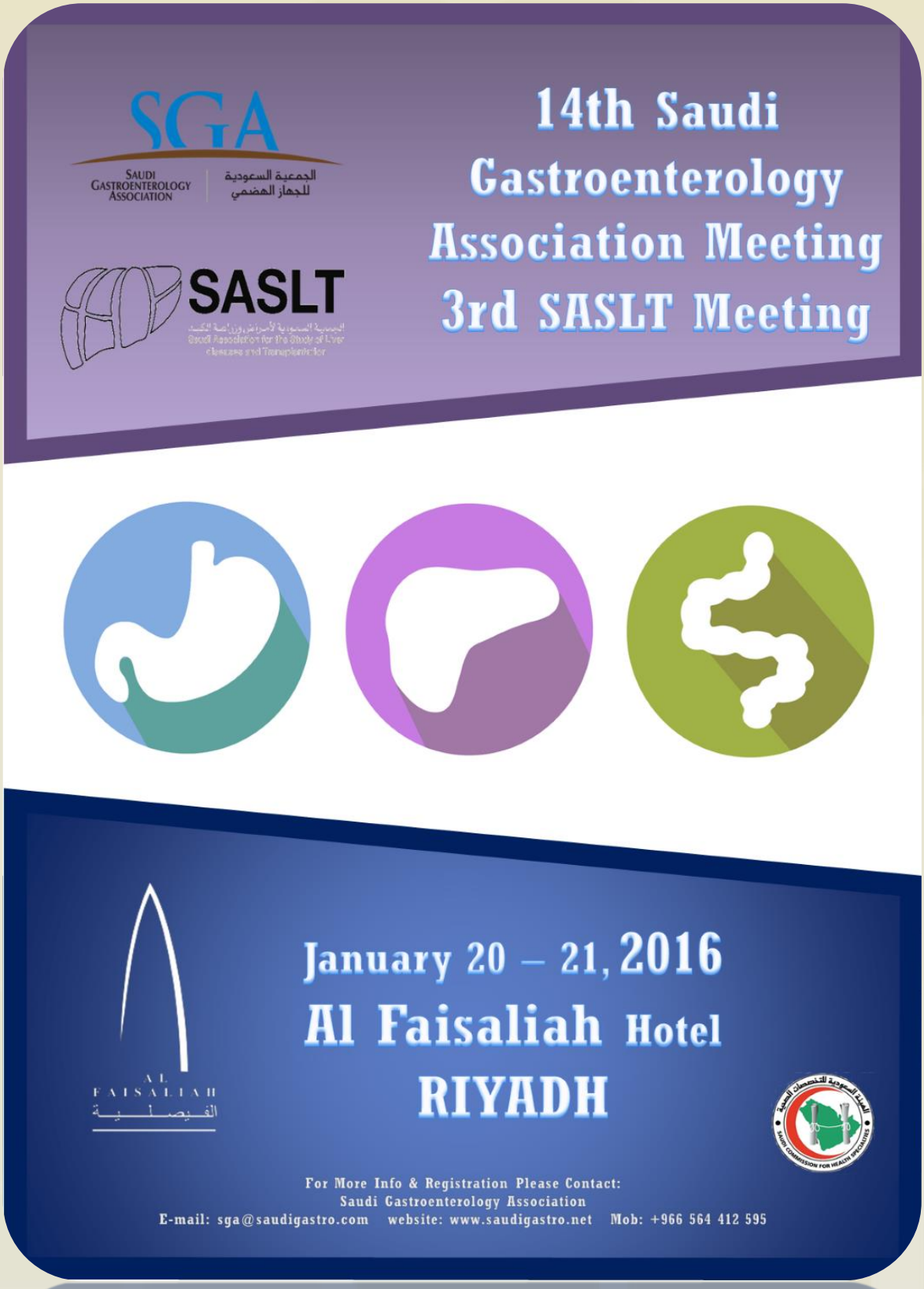
Diet low in FODMAPs reduces symptoms of irritable bowel syndrome as well as traditional dietary advice: a randomized controlled trial.

Irritable bowel syndrome (IBS) affects 10-15% of the western population. Drug therapy for this entity has shown limited efficacy .A diet with reduced content of fermentable short-chain carbohydrates (fermentable oligo-, di-, monosaccharides, and polyols [FODMAPs]) has been reported to be effective in the treatment of patients with irritable bowel syndrome (IBS). However, there is no evidence of its superiority to traditional dietary advice for these patients. In this randomized controlled trial the effects of a diet low in FODMAPs was compared to the traditional dietary advice in a of patients with IBS. 75 patients who met Rome III criteria for IBS were enrolled at gastroenterology outpatient clinics in Sweden. Subjects were randomly assigned to groups that ate specific diets for 4 weeks-a diet low in FODMAPs (n = 38) or a diet frequently recommended for patients with IBS (ie, a regular meal pattern; avoidance of large meals; and reduced intake of fat, insoluble fibers, caffeine, and gas-producing foods, such as beans, cabbage, and onions), with greater emphasis on how and when to eat rather than on what foods to ingest (n = 37). Symptom severity was assessed using the IBS Symptom Severity Scale, and patients completed a 4-day food diary before and at the end of the intervention. A total of 67 patients completed the dietary intervention (33 completed the diet low in FODMAPs, 34 completed the traditional IBS diet). The severity of IBS symptoms was reduced in both groups during the intervention ($P < .0001$ in both groups before vs at the end of the 4-week diet), without a significant difference between the groups ($P = .62$). At the end of the 4-week diet period, 19 patients (50%) in the low-FODMAP group had reductions in IBS severity scores ≥50 compared with baseline vs 17 patients (46%) in the traditional IBS diet group ($P = .72$). Food diaries demonstrated good adherence to the dietary advice. It was concluded that both diet low in FODMAPs and traditional IBS dietary advice reduces IBS symptoms. And the authors suggested that combining elements from these 2 strategies might further reduce symptoms of IBS.

Gastroenterology. 2015 Nov;149(6):1399-1407

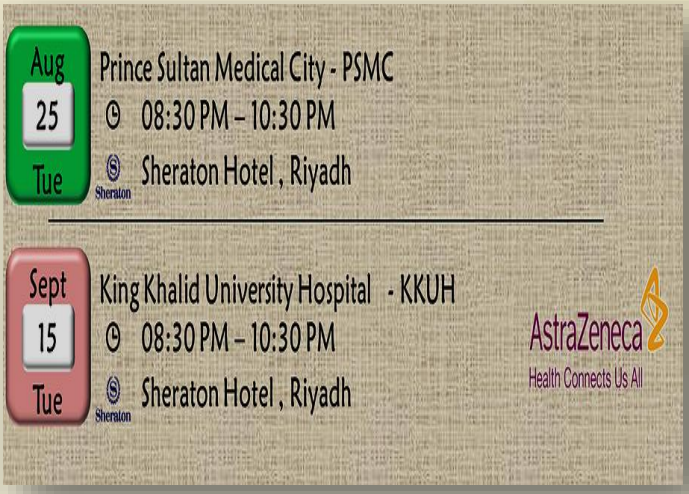
4-UPCOMING SCIENTIFIC EVENTS.

I . 14th SGA annual Meeting & 3rd SASLT Meeting

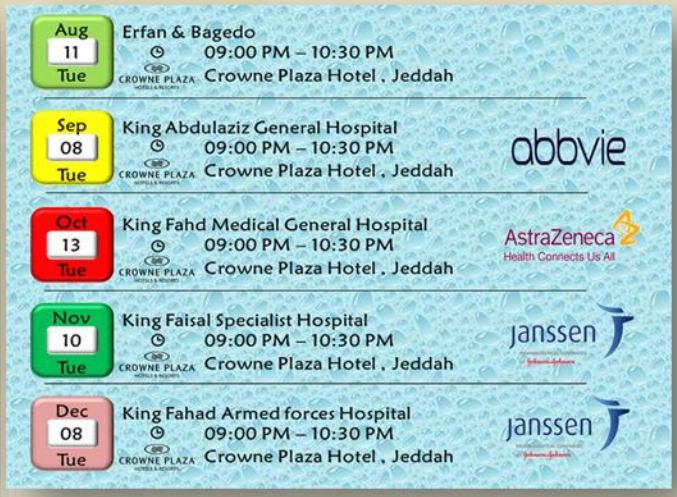


5. GUT Club meeting Schedule for 1436 H

I . Riyadh GUT Club meeting Schedule



II .Jeddah GUT Club meeting Schedule



III. Eastern Province GUT Club meeting Schedule

7th October 2015	Prof. Abdulaziz Al-Quorain Consultant Internist/Gastroenterologist, Professor, Department of Internal Medicine, KFHU
28th October 2015	Dr. Mohd Al-Edreesi Consultant Pediatric Gastroenterologist, John Hopkins ARAMCO Hospital, Dhahran
25th November 2015	Dr. Fuad Maufa Consultant Gastroenterologist, John Hopkins ARAMCO Hospital, Dhahran
30th December 2015	Prof. Abdulaziz Al-Quorain Consultant Internist/Gastroenterologist, Professor, Department of Internal Medicine, KFHU

Thank you,

Greetings from SGA team

SGA
SAUDI GASTROENTEROLOGY ASSOCIATION
الجمعية السعودية للجهاز الهضمي