

a report by

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There are currently five areas of major research activities in gastroenterology with substantial European participation: functional disorders, motor disorders, inflammatory bowel diseases (IBDs), oncological disorders and sophisticated imaging.

We have a long way to go before the pathophysiological mechanisms underlying the functional disorders (functional dyspepsia and irritable bowel syndrome) are unravelled, but there is certainly a rising interest in novel pathophysiological concepts, such as visceral hypersensitivity, dysaccommodation, etc. Functional brain imaging is in its infancy but progressing, albeit slowly. Possibilities for therapeutic intervention are still limited and prospects for novel pharmacological principles are remote, to say the least. Indeed, there remains a great unmet need for an efficacious visceral analgesic and powerful, safe prokinetics.

The leading disorder in the motility area is undoubtedly reflux disease. Our understanding of the complexities of the motor derangements is truly advancing, particularly through combined monitoring of acid, bile and non/weakly acid reflux over the whole length of the oesophagus. Therapy will remain dominated by proton pump inhibition; however, there is still a substantial unmet need in clinical practice. Whether the novel endoscopic antireflux techniques will live up to the expectations and compete with current medical/surgical therapy remains to be seen. For many other motor disorders, there are few, if any, therapeutic possibilities. For some of these diseases, nerve stem cell therapy may remain an illusion for many years to come.

IBD research remains the centre of attention but, unfortunately, almost all research concentrates on further unravelling the complexity of the inflammation cascade with its innumerable molecular/cellular signalling pathways. The list of new pharmaceutical principles becomes overwhelming, but every novel avenue is geared towards modulation of inflammation. Only through novel original hypotheses and unconventional research can this field really move forward and create breakthroughs.

The importance of digestive oncology is also on the rise. Many of us feel that all aspects of oncology should become a formal if not dominant part of the daily activities of the gastroenterologist, including standard chemotherapy. We need to adapt the gastrointestinal training programmes to allow the gastroenterologist to play the central role in the multidisciplinary team approach to digestive cancer. We need to find out more about the on-going rise in oesophageal adenocarcinoma, know to what extent *Helicobacter pylori* eradication will lead to reduction of gastric cancer and develop methods to detect patients at risk or with early stages of pancreatic cancer. We also need to support any initiative geared at screening for colonic pre-cancerous/early cancerous lesions. It is time to act.

Moreover, sophisticated imaging technology is booming. The list includes: high-magnification/high-resolution endoscopy/chromoscopy; narrow-band imaging; autofluorescence; spectroscopy; endocytoscopy; endoscopic laser; confocal microscopy; and bioendoscopy, the ultimate combination of imaging and molecular characterisation of tissue.

These are obviously exciting times for gastroenterology. The future is bright. What lags behind is the successful development of novel pharmaceutical entities to solve the many unmet needs. The World Gastroenterology Organisation (WGO-OMGE) is well aware of the potential of this discipline, but also of the many remaining shortcomings regarding global education, its main mission. Although the organisation has made great progress in the teaching/educating field, as exemplified in its successful programmes – train-the-trainers, guidelines, training centres, etc., it should do more and should continue to grow in its umbrella role. The WGO-OMGE deserves the active support of all gastroenterologists and hopefully the biomedical industry will increasingly understand its unique role and give priority support to all its endeavours. ■