



SYMPOSIUM
Online



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

Gastroenterology

Programme & Abstracts



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Thursday 18 November 2021

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Symposium organising committee

Dr Francesca Moroni (Chair)

Dr Mhairi Donnelly

Dr Shahida Din (Symposium Committee Rep)

Dr Gareth Rhys Jones

Dr Kunal Das

Dr Jennifer Than

The Federation of the Royal Colleges of Physicians of the UK runs a Continuing Professional Development (CPD) Scheme for all post-training physicians. Please note it is your responsibility only to claim credits for the hours you attend.

CPD ID Code: 135896

CPD Credits: 6



CPD certificates and feedback

The CPD sign-in register is now online and is combined with the symposium feedback form.

- Please note that in order for us to issue CPD certificates, we require participants to complete our online feedback survey and you should have received an email containing a link to your individual feedback form. If you have not received this please contact: h.elliott@rcpe.ac.uk
- There is an option to save your feedback as you complete it during the day and finish your responses later. This is done through the 'Finish later' button which is at the bottom of every page of the survey.
- Please note that the 'Finish later' feature supplies you with an updated individual link which contains your previous answers. These are not accessible to our administration team so please ensure that you store this link as otherwise you will have to begin your survey again.
- The sign-in and feedback form will be open for 28 days after the event, **closing at midnight on 16 December 2021**. Electronic certificates will be issued shortly after that date via email. It will not be possible to issue certificates to delegates who do not complete the form by this date as it is your confirmation that you attended – so please make sure you do. Please note that it is not possible to download a certificate directly from the online feedback survey platform.

Asking questions and interactive sessions

- You can submit questions to the speakers during the talks using 'Slido.com' - we will be using interactive software, 'Slido', so that everyone can ask the speakers questions and participate in any polls and case discussions.
- On your mobile, tablet or computer, go to [slido.com](https://www.slido.com).
- Enter the event code: **#rcpeGastro21**
- This code will be used throughout the day for all presentation.
- When delegates send questions to speakers, your device will display the delegate questions.
- You can 'like' any delegate questions submitted, questions will rearrange based on how many 'likes' they have, highlighting to the Chair popular questions.
- Any questions not answered on the day will be responded to retrospectively and posted on <https://events.rcpe.ac.uk/events/symposia>.

Social media

The College encourages online discussion and the use of social media. Please feel free to participate – the Twitter hashtag for this event is **#rcpeGastro21**

You don't have to join Twitter to participate, anyone can access the tweets from the event, just type the event hashtag into the search bar of your browser and all tweets with the hashtag will be displayed. The College has its own Twitter account @RCPEdin and this is usually highly active during symposia and a useful summary of key messages from the day.

A Heritage Exhibition and other useful and interesting information is on the live event pages

Symposium abstracts

Session 1 – - Including everyone - excluding no-one: how to reduce variability of care

The burden of liver disease in prisoners and homeless populations

Dr Stuart McPherson, *Consultant Hepatologist*, Freeman Hospital, Newcastle

Chronic liver disease is highly prevalent among incarcerated individuals and the homeless, primarily due to hepatitis C and harmful alcohol consumption. Approximately 4–7% of individuals incarcerated in UK prisons have chronic hepatitis C. Over the last few years there has been substantial progress in developing hepatitis C testing and treatment services in UK prisons and this is critical to the UK hepatitis C elimination efforts.

Homelessness is a significant problem in the UK, with approximately 280,000 people entirely homeless or living in temporary accommodation, and 24,000 'rough sleepers'. Mental health illness, harmful alcohol consumption and substance misuse are highly prevalent among the homeless and as a result, alcohol-related liver disease and hepatitis C are the major causes of liver disease in these individuals. A number of successful interventions have been conducted to treat hepatitis C and alcohol-related problems in the homeless including mobile clinics and specialist GP surgeries specifically focusing on homeless populations.

Decision making and best practice in patients with learning disabilities

Dr Hannah Crawford, *Consultant Speech Therapist*, Tees, Esk & Wear Valleys NHS Foundation Trust & Head of Speech and Language, RCSLT

Good quality decision making should always be done in partnership with patients, families and carers, with person-centred aspirations for their own outcomes underpinning all decisions. Exploration and guidance around decision making with individuals with a learning disability is framed in this presentation within the context of dysphagia management.

Further reading

- Department of Health APA 6th:. (2005). *Mental Capacity Act*. London: HMSO
- Department for Constitutional Affairs, *Mental Capacity Act 2005: Code of Practice* (2007)
- Langmore SE, Terpenning MS, Schork A et al. Predictors of aspiration pneumonia: how important is dysphagia? *Dysphagia* 1998; 13: 69–81

Session 2 - Remodelling delivery of care in gastroenterology as a result of COVID-19

Lessons from a COVID era: problems and solutions

Dr Alastair McKinlay, *President*, British Society of Gastroenterology & *Consultant Gastroenterologist*, Aberdeen Royal Infirmary

The COVID-19 pandemic arrived without warning in the first quarter of 2020, and had a dramatic impact on the practice of gastroenterology and hepatology. Concerns over the safety of endoscopy and a shortage of Personal Protective Equipment led to pausing of all but the most essential endoscopy, resulting in an immediate fall in activity to only 7% of pre-COVID levels. Whilst activity has gradually recovered, it has led to renewed interest in the selection of cases, and the use of tools including quantitative Faecal Immunochemical Testing qFIT and the Edinburgh Dysphagia Score to prioritise activity.

Similarly, outpatient activity was severely impacted with a significant uptake of virtual consultation. The use of new modalities has led to a much greater complexity in the way patients are seen. The use of Enhanced Senior Triage is essential to ensure that that patients are guided down the most efficient pathways, but comes at a real cost in terms of time. The challenges for training are also significant.

The use of new technologies offers real advantages to personalised patient care, but gastroenterologists have to take the public with them on that journey. There are also real advantages for sustainability and carbon reduction.

The human impact on gastroenterologists is also significant and requires changes to job planning and patterns of working to prevent burnout and loss of personnel.

The human cost of COVID has been huge and has had tragic consequences for many people, but the legacy can be new ways of working that offer more resilience and efficient care for patients. The solutions are already available. The challenge is to understand how to use them most effectively.

Session 3 - Innovation in gastroenterology

Artificial intelligence in liver pathology

Professor Alastair Burt, Newcastle University

Contemporary precision medicine is being enabled by the vast amount of bioinformatic data generated by multi-omics, medical imaging, clinical metadata and from within digitised pathology images. Digital pathology enables remote biopsy reporting and improves consistency of diagnoses as well as aiding laboratory workflow. However, arguably the most exciting opportunities with these technologies are with the potential application of artificial intelligence (AI) algorithms developed through machine and deep learning that can provide clinically relevant data that could not otherwise be generated through conventional means.

AI is being increasingly applied in the whole of clinical hepatology but this presentation covers developments of AI as applied to liver biopsy interpretation. Machine learning is already being applied in so-called augmented liver pathology, for example in the automated assessment of collagen proportionate area in chronic liver diseases. Furthermore, AI approaches hold great promise for improving histological assessment in non-alcoholic steatohepatitis (NASH) which is likely to benefit clinical trial stratification in the future. In addition, deep learning approaches are being developed that may be able to predict mutations and likely outcomes in hepatocellular carcinoma from routinely processed histological images. Other methodological advances such as multiplexing and spatial transcriptomics offer other exciting opportunities and prospects but full implementation of AI for liver pathology in clinical practice will not be without significant challenges.

Updates in management of gastrointestinal bleeding

Dr Norma McAvoy, *Consultant Gastroenterologist*, Royal Infirmary of Edinburgh

Acute upper GI bleeding (AUGIB) is a common medical emergency and a major cause of hospital admission and mortality with an estimated incidence in the UK of 134 in 100,000 cases. Early assessment along with adequate resuscitation is required before definitive endoscopic therapy with the AUGIB care bundle, an important tool available to frontline staff to improve standards of care and patient outcomes in AUGIB.

It is recommended that everyone should have endoscopy within 24 hours with more urgent endoscopy undertaken after adequate resuscitation in high-risk patients, including those with haemodynamically instability or suspected variceal bleeding. I shall discuss the benefits of a restrictive

transfusion policy and highlight the importance of the Glasgow Blatchford risk stratification score which can be used to identify those who need hospital-based intervention.

The most common source of upper GI bleeding is peptic ulcer disease with most evidence based on therapy for these bleeding lesions. I will discuss the endoscopic Forrest classification for peptic ulcers and the risk of re-bleeding. I will highlight the need for dual therapy of these lesions and discuss the therapeutic options such as thermal contact devices and TTSC (through the scope clips) along with newer therapeutic options of OTSC (over the scope clips), haemostatic powder sprays and gels.

Symposium programme

Gastroenterology

RCPE Online Symposium held on Thursday 18 November 2021

- 09.25 Welcome**
Professor Andrew Elder, President Royal College of Physicians of Edinburgh
- Session 1 Including everyone - excluding no-one: how to reduce variability of care**
- Chair:** Dr Elaine Henry, Consultant Gastroenterologist & Interim Associate Medical Director for Women, Children and Families, NHS Tayside
- 09.30 The burden of liver disease in prisoners and homeless populations**
Dr Stuart McPherson, Consultant Hepatologist, Freeman Hospital, Newcastle
@stumcp
*diagnosing and treating Hepatitis C Virus in prison * engaging people at the margin of society * role of Liver Nurse Specialist and public health
- 10.05 Decision making and best practice in patients with learning disabilities**
Dr Hannah Crawford, Consultant Speech Therapist at Tees, Esk & Wear Valleys NHS Foundation Trust & Head of Speech and Language, RCSLT
@slthannah
* dysphagia in patients with learning disability * supporting patients through investigations and treatment
*role of the disability nurses
- 10.40 Living with inflammatory bowel disease – experience from a patient: resilience and fatigue**
Professor Marla Dubinski, Professor of Pediatrics and Medicine & Director, Susan and Leonard Feinstein IBD Center & Director, Marie and Barry Lipman IBD Preconception and Planning Clinic, Mount Sinai Hospital New York
@TrellusHealth
* what really matters to patients * body dysmorphia * stoma * perianal disease * sexual life
- 11.15 Break**
- Session 2 Remodeling delivery of care in gastroenterology as a result of COVID-19**
- Chair:** Dr Carol Blair, Consultant Hepatologist, NHS Lothian
- 11.40 Liver transplantation during COVID**
Mr Francesco Giovinazzo, Transplant Surgeon, Policlinico Gemelli, Roma, Italy
* direct experience from Italy * clinical decision making in an evidence-free zone * resource allocation and service delivery
- 12.15 Dr Andrew Cairns Douglas Lecture**
Chair: Professor Andrew Elder, President Royal College of Physicians of Edinburgh
Lessons from the COVID era: problems and solutions
Dr Alastair McKinlay, President, British Society of Gastroenterology & Consultant Gastroenterologist, Aberdeen Royal Infirmary
@AWMcKinlay
* re-shaping service delivery during COVID * consequences of cancer screening hold * consequences of reduction in endoscopy * consequences of reduction in non-urgent care * training * solutions
- 13.00 Break/Lunch**

Symposium programme

Gastroenterology

RCPE Online Symposium held on Thursday 18 November 2021

Session 3 **Innovation in gastroenterology**

Chair: Dr John Thomson, Consultant Gastroenterologist, Aberdeen Royal Infirmary

13.45 ScotCap: Scotland's colon capsule endoscopy service

Professor Angus Watson, Consultant General and Colorectal surgeon, Raigmore Hospital, Inverness
@WatsonInverness

* evidence * direct experience from NHS Highland * controversies * service delivery recommendations

14.20 Artificial intelligence in liver pathology

Prof Alastair Burt, Professor of Precision and Molecular Pathology at Newcastle University and Newcastle upon Tyne Hospitals NHS Foundation Trust

* artificial intelligence in histopathology * disease recognition * role in day to day clinical practice

14.55 An update in the assessment and management of gastrointestinal bleeding

Dr Norma Mc Avoy, Consultant Gastroenterologist, Royal Infirmary of Edinburgh

* new therapy in non-variceal bleeding * non-endoscopic versus endoscopic management of portal hypertensive bleeding * timing to endoscopy * implementing a bleeding bundle

15.30 Break

Session 4 **Reviewing gastroenterology practice for the ageing population**

Chair: Dr Andrew Fraser, Consultant Hepatologist, Queen Elizabeth University Hospital, Glasgow

15.50 Liver disease in the elderly

Dr Jyoti Hansi, Consultant Hepatologist, Cambridge University Hospitals NHS Foundation Trust

* change in demographics and aetiology * cirrhosis in the elderly * decision making about treatment and surveillance

16.25 Luminal disease in the elderly

Dr Robert Caslake, Honorary Senior Lecturer, University of Aberdeen

@bobcaslake &

Dr Eleanor Watson, Consultant Gastroenterologist, Western General Hospital, Edinburgh

* common problems in the elderly * late onset of diseases * decision making about investigations and treatment * inter-specialty approach to multi-morbidity

17.00 Close



Upcoming Events 2021-22

The Royal College of Physicians of Edinburgh education programme continues with:

Tue 23 Nov	EMU: Updates in Oncology	Thu 16 Dec	UKMU: RCPE South West England: Updates in Clinical Medicine
Thu 25 - Fri 26 Nov	Symposium: 61st St Andrew's Day Festival: Updates on Acute Medicine	Fri 21 Jan	Symposium: Top Tips for the On-Call Medic
Tue 30 Nov	RCPE Iraq: Updates in Clinical Medicine	Tues 25 Jan	EMU: Cardiology Conundrums
Thu 02 Dec	Course: The Power of Apology: Early resolution skills for healthcare professionals	Fri 28 Jan	Symposium: 100 Years of Insulin
Thu 09 Dec	COP26 Webinar Series: Climate change and health: the big picture	Thu 03 - Fri 04 Feb	Course: 25th Advanced Gastroenterology & Hepatology
Tue 14 Dec	EMU: Working within a Team	Tues 22 Feb	Course: Managing Challenging Behaviour: Anger, Distress and High Conflict

To book, or for more information on our events, visit: events.rcpe.ac.uk

Sym Symposia	UKMU UK Medical Updates	C&W Courses & Workshops	EMU Evening Medical Updates
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Not able to attend?

Material from these events is available to Fellows, Members and Associates on the College's Online Education Portal, along with accredited specialty modules.