COURSE COORDINATORS

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ORGANIZING SECRETARIAT

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TECHINICAL EQUIPMENT REQUIRED TO ATTEND

E-mail address (to register), recent web browser, good internet connection, electronic devices to access the webinar website (computer, smartphone or tablet) provided with speakers (or headphones).

OFFICIAL LANGUAGE

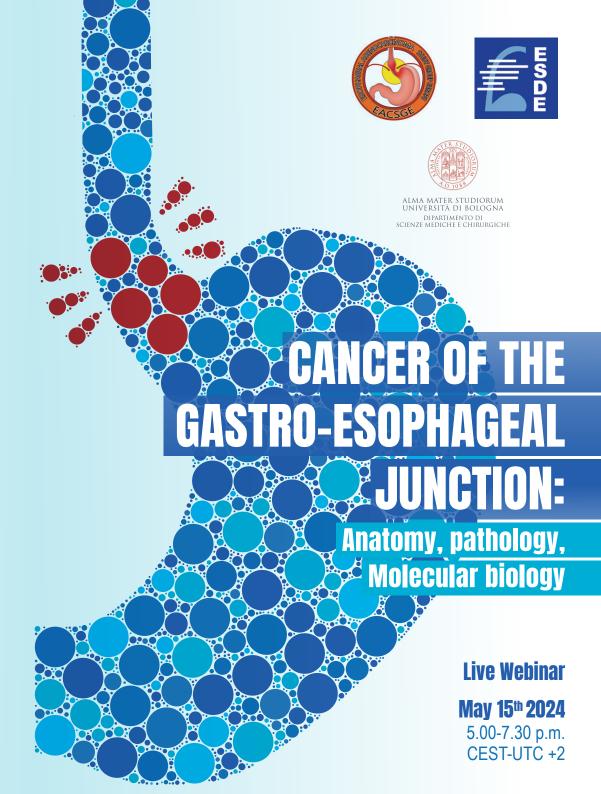
English is the official language of the Meeting. Simultaneous translation is not provided.

REGISTRATION

Free registration on: www.leanevent.it/gastro24_reg/ Registration is necessary to receive the link to connect.

Maximum available places: **200** Deadline for registration: **May 8**th





FOREWORD

The incidence of esophageal adenocarcinoma (EAC) has progressively risen over the past four decades.

The rapidly growing burden of EAC is accelerated by population ageing, but at the same time, there is evidence of EAC increase in younger patients.

Current surveillance/early diagnosis programs of this disease, are based on the sequence GERD - Intestinal Metaplasia - Dysplasia-EAC.

Discussion on the existence of alternative pathogenetic pathways has shifted from the perspective of surgeon, gastroenterologists and pathologists.

The concept that dysplasia and cancer originate from IM secondary to inflammation was and it is currently part of alternative theories, although others sustain that multiple distinct pathways of tumorigenesis exist in the vicinity of the GEJ.

New data resulting from large epidemiological surveys, sophisticated computational models, molecular biology/ metaplastic progenitor cells studies, reappraise the debate on the possibility that adenocarcinoma of the gastroesophageal junction (GEJAC) may develop from the gastric folds up to and above the Z line, and that other factors other than GERD, may be relevant to pathogenesis.

The anatomic localization of the endoscopic biopsy in this short but highly protean segment of the upper GI tract is difficult because of the lack of standardization of the endoscopic technique and frequent presence of a hiatus hernia., inter alia, of the lack of standardization of the endoscopic technique, of the frequent presence of hiatus hernia.

ESDE and EACSGE invite you to participate in a webinar with the goal to analyse and interpret new data and concepts and to propose novel research opportunities and to mainly address the questions whether it is time to switch from EAC into GEJAC.

J.V. Reynolds , E.V. Savarino, S. Mattioli

FACULTY

Irit Ben-Haron, Haifa (Israel)
Elena Bonora, Bologna (Italy)
Patrizia Brigidi, Bologna (Italy)
Nicola De Bortoli, Pisa (Italy)
Matteo Fassan, Padua (Italy)
Roberto Fiocca, Genoa (Italy)
Sheila Krishnadath, Amsterdam
(The Netherlands)

Wayne L. Hofstetter, Houston (USA) Styliani Mantziari, Lausanne (Switzerland) Sandro Mattioli, Bologna (Italy)
Stuart Mc Donald, London (UK)
Magnus Nilsson, Stockolm (Sweden)
Robert D. Odze, Boston (USA)
Michael Quante, Munich (Germany)
John V. Reynolds, Dublin (Ireland)
Riccardo Rosati, Milano (Italy)
Stuart J. Spechler, Dallas (USA)
Bas Weusten, Utrecht (The Netherlands)

5.00 p.m. Opening and presentation of the webinar **J.V. Reynolds, S. Mattioli**

SESSION I ANATOMY AND PATHOLOGY

Chairs: N. De Bortoli, R. Fiocca

5.10 p.m. Gastro-esophageal junction. The pathologist's perspective

R. Odze

5.25 p.m. Gastro-esophageal junction. The endoscopist's perspective

B. Weusten

5.40 p.m. Screening for Barrett's oesophagus: are we looking

for the right thing?

S. Spechler

5.55 p.m. Questions & Answers

Discussants: W.L. Hofstetter, S. Krishnadath,

S. Mantziari, R. Rosati

SESSION II MOLECULAR BIOLOGY AND CANCER

Chairs: M. Fassan, S. McDonald

6.20 p.m. Gastric and Intestinal metaplasia at the GEJ: are they both

precursors of adenocarcinoma?

S. McDonald

6.35 p.m. Adenocarcinoma of the esophagus: is it gastric cancer?

M. Quante

6.50 p.m. Which pathways to GEJ adenocarcinoma?

A microbiome-based approach

P. Brigidi

7.05 p.m. Questions & Answers

Discussants: I. Ben-Aharon, E. Bonora, M. Nilsson

7.30 p.m. Take home message and closure of the webinar

J.V. Reynolds, S. Mattioli