Update from Your President

Despite the pictures on the back of this issue, the New Zealand Society of Gastroenterology is alive and well. What a conference dinner. It really brought out the Bogan in us; the walking dead. Many thanks to Jim Brooker and his excellent team for organising a great meeting to celebrate the 50th anniversary of the society.

I am honoured and also excited to lead the society for the next two years as our president. These will be important years as finally, the government has taken steps to introduce the long awaited Bowel Cancer Screening Programme in New Zealand. Lower Hutt and Wairarapa will be first out of the blocks, followed by the Southern DHB and Counties Manukau DHB. Dr Jonathan Coleman, Health Minister recently announced that the extra money offered by the government has led to a significant reduction in waiting time and an increase in colonoscopies performed. While this is fantastic news, the society remains concerned that this improvement might not be sustainable as it is questionable if this money is to be used to implement pathways and lasting resources or just used to fund extra after hours lists. There is also uncertainty about the workforce data used to calculate the number of colonoscopies that can be provided as part of the Bowel Cancer Screening Program. To this effect, Thomas Caspritz and Campbell White have devised a short workforce survey to capture the capabilities of as many endoscopists as possible in the country, whether they work in public and/or in private. We have asked Dr Ely Rodrigues, molecular biologist and research fellow at the Department of Medicine, University of Otago, Dunedin to help with this task. A copy of this survey is included in this newsletter and unless you fill out this form and send it back to us or let us know that you do not want to give us this information, you will be bombarded with emails and maybe even a phonecall asking you to do so. This survey is important and we believe the success of the Bowel Cancer Screening Program depends on this data!

Finally, I am aiming to move this society into the 21st century and asked Anna Pears to create a Twitter account for media statements, important dates, job vacancies and other important news and developments. If you want to keep up-to-date, please follow us on Twitter @GastroNZ.

We are looking back to a very exciting and successful 2016. As President on behalf of the New Zealand Society of Gastroenterology, I hope that you will have a well-deserved break over the holidays, a peaceful and relaxed Christmas and good start into the next year!

Michael
## 2016 NZSG ASM Awards and Winners

<table>
<thead>
<tr>
<th>Name of Award</th>
<th>Winner</th>
<th>Prize</th>
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<tbody>
<tr>
<td>NZSG Janssen Research Fellowship</td>
<td>Dr Debi Prasad</td>
<td>$65,000</td>
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<tr>
<td>Boston Scientific Video Forum Prize</td>
<td>Dr Riaz Shaik</td>
<td>$2,000</td>
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<td>Gilead Best Presenting Registrar</td>
<td>Dr Ming Han Lim</td>
<td>$575</td>
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<td>AbbVie Young Investigator - Luminal</td>
<td>Dr Ho Nam Lee</td>
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<tr>
<td>AbbVie Young Investigator - Hepatology</td>
<td>Dr Helen Myint</td>
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<tr>
<td>NZSG Best Paper/Poster - Luminal</td>
<td>Dr Amanda Chen</td>
<td>$500</td>
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<tr>
<td>NZSG Best Paper/Poster - Hepatology</td>
<td>Dr Ibrahim Hassan</td>
<td>$500</td>
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<td>$72,575</td>
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Professor Ian Norton, GESA President and Trans Tasman Lecturer with NZSG President, Dr Russell Walmsley
Dr Debi Prasad 2016 NZSG Janssen Research Fellowship

Dr Prasad, who is the 2016 recipient of the Janssen Research Fellowship, has been accepted as a candidate for Doctor of Medicine at the University of Auckland. His thesis will evaluate the interaction of HBV and obesity in development of liver-related complications in Maori.

Dr Prasad has formed collaborative links with the Hepatitis Foundation of New Zealand (HFNZ) and he will evaluate the impact of metabolic syndrome (diabetes and obesity) in almost 25,000 Maori living with chronic HBV infection and additive effects on rate of cirrhosis, hepatocellular carcinoma and liver-related mortality.

Dr Prasad will also collaborate with the Stanford University HBV research group (Dr Mindie Nguyen) who are also assessing interaction of HBV and metabolic syndrome in a large community-based HBV follow-up programme in Asian Americans living in the Bay area. They have observed increasing complications in patients with HBV, despite effective oral antiviral therapy. They have attributed this increased disease burden to the adverse effects of obesity and diabetes epidemics in USA. They have developed predictive models for HCC and cirrhosis in patients with both HBV and metabolic syndrome and wish to validate these in a non-Asian, ex-USA HBV population. The scientific importance of this study is to provide evidence of the impact of hepatitis B/diabetes comorbidity in a NZ population.

The immediate impact of this study is that the results will help change current practice at the Hepatitis Foundation of NZ, which is contracted by the Ministry of Health to provide long-term follow-up of all New Zealanders identified with chronic HBV infection. The Foundation – who is co-investigators – will be able to modify their primary liver cancer surveillance programme in order to deliver better targeted services in order to improve outcomes for patients with chronic HBV infection and a co-diagnosis of diabetes. A more targeted active surveillance directed at those of higher risk will improve the outcomes for patients who are living with chronic hepatitis B.

Workforce Questionnaire

The NZSG is conducting a workforce survey to determine the endoscopy capacity and distribution of medical and surgical endoscopists in New Zealand (both in private and public).

There are two main reasons for conducting this research:

1. To provide accurate data to facilitate dialogue with Health Workforce New Zealand (HWNZ) on long term SMO provision, specifically with regards to Bowel Cancer screening.

2. To determine ratio of endoscopy, surgery and gastroenterology services per head of population in New Zealand and its regional variation. This benchmarking information will enable better planning of services across the country.

Results will be totally anonymised before sharing with HWNZ. Your initials will help us ensure we have results from as many endoscopists as possible. At this stage we would also like to request you to let us know if you are aware of other endoscopists in your area, that we might not be aware of.

The questionnaire can be found on the next page to print out and complete. Can you please complete the survey ASAP as this information is crucial for the BCS programme. We would like to have all the results collated by the end of February if not sooner.

Please send your completed forms to Dr. Ely Rodrigues (Ely.Rodrigues@otago.ac.nz) as she is undertaking the task of compiling the data for this survey. If you have any questions or comments, please feel free to email her at the above email address or call her at 0212567046.

NZSG Small Research Grants

The NZSG is keen to encourage clinical research by gastroenterology and surgical trainees during their period of clinical training. Supervisors may have the ideas and time but need small grants for tests, equipment or part-time staff.

The next round of applications closes on 31 January 2017. For more information on the eligibility, conditions and application process, please go to the NZSG website www.nzsg.org.nz.
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<th>First Name/Middle Name/Fam. Name (initials)</th>
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<td>(e.g. 0.6)</td>
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<tr>
<td>11</td>
<td>FTE Internal medicine, if any, (public)</td>
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<td>12</td>
<td>FTE Private Work (please estimate, e.g. 8 h/week = 0.2, assuming 40 h/week)</td>
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<td>13</td>
<td>Endoscopy lists/sessions per week (overall)</td>
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<td>Number of Colonoscopies/year last 12 months</td>
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<td></td>
<td>- Public (approx.)</td>
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<td>15</td>
<td>Number of Colonoscopies/year last 12 months</td>
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<td></td>
<td>- Private (approx.)</td>
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<tr>
<td>16</td>
<td>Estimated further working years until retirement (public system)</td>
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<td>17</td>
<td>Comments (if any)</td>
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Version 3  TC 30-10-2016
Update on ANZGITA

Australia and New Zealand Gastroenterology International Training Association

This is an association of over 50 volunteer Australian and New Zealand medical professionals. ANZGITA is regularly delivering gastroenterology and endoscopy training programmes to doctors and nurses in the Asia Pacific region with the support of the WGO, governments, and local medical organisations. Annual training programs are run in Fiji and Myanmar in accredited WGO training centres as well as in the Solomon Islands. There are also opportunities to broaden to train in more locations. Over 100 doctors and more than 90 nurses in the Pacific region alone have participated as trainees.

Now is the time to register your interest in being involved for next year. Have a look around the website (go to anzgita.org) and register if you want to be involved. If already registered, notify your interest in upcoming programs.

This is for endoscopy nurses as well. Encourage your nurse(s) to go with you as a team. This has been the most successful approach for many Australian gastroenterology departments. This ensures that you know somebody and increases the NZ involvement in the program. Your department may need to look at sponsoring the nurse as there is no financial support.

ANZGITA is an Australian and New Zealand initiative. Tony Smith, Martin Schlup and Dinesh Lal have all participated with ANZGITA. See the NZSG newsletter article Sept 2015 by Martin Schlup and September 2011 article by Dinesh Lal-check it out the NZSG website under “news / newsletters” I have joined the board of ANZGITA to replace Tony Smith and to keep up NZ’s involvement. We need to consider how we can help financially as well as providing volunteers. We need to have a more coordinated response to donating endoscopy accessories-always in short supply.

I was involved in the 3rd endoscopy workshop in Yangon, Myanmar. This was a two-week workshop with approx 25 trainees and 20 nurses. There was hands-on endoscopy training in the mornings using two procedure rooms. On alternate afternoons final year postgraduates for the Masters of Internal Medicine prepared patients for presentations and discussion. An ANZGITA teacher led the discussion for each case. On the other afternoons ward rounds were held where inpatients were presented and discussed. The ANZGITA volunteer doctors were Thein Htut, Finlay Macrae, Peter Katelaris, Alice Lee, Mark Norrie, Kate Napthali, Enrico Roche and myself.

Some names of Australian doctors will be familiar to many members of the NZSG. The most recent endoscopy workshop focused on colonoscopy. Cases were selected from the Yangon General hospital. There was an amazing array of findings-most procedures in fact had something significant - a case of IBS / functional bowel symptoms was a rarity to be noted. here were many cases of TB colitis and enteritis. Surprisingly there was a lot of bowel cancer-probably there is a rising incidence. Colonic and rectal ulceration was common - some due to TB, some amoebic ulceration and sometimes cause unclear There were several cases of ulcerative colitis and also some familial polyp syndrome – Peutz-Jeger and juvenile polyposis. There were many Interesting cases from the gastroenterology ward - lots of learning for tutors and trainees. There is time for sight-seeing in the weekends or before and after the trip. The training period is usually intensive but if there is a full compliment of voluteers there may be time to enable to more local tourist activities. I recommend that you enroll as a volunteer for ANZGITA. You will be pleased with your contribution as well as learning a lot of new skills.

Alan Fraser
The New Zealand Society of Gastroenterology Annual Scientific Meeting is to be held from 22nd – 24th November 2017, and will be held in Auckland at the Sky City venue.

The 2017’s organisers and hosts will be Waitemata DHB and we are aiming to provide a diverse programme that covers all aspects of Gastroenterology and Hepatology, and appeals to the wide variety of disciplines that attend.

We also have great pleasure in confirming our international speakers. Professor Michael Bourke will be joining us from Sydney to educate us on therapeutic endoscopy, particularly with reference to polyp management. We are sure this will be of interest to many as the Bowel Cancer Screening Programme rolls out across New Zealand.

Professor Siew Ng from Hong Kong will give us an update on IBD. She was unable to attend the conference in 2015 due to illness, therefore we are delighted she is able to attend this time round.

Professor Mark Morrison from Queensland has accepted an invitation to highlight the growing importance of the microbiome in nutrition and IBD, and the complex interplay between them.

Dr James O’Beirne will be our international speaker in Hepatology, and hopes to explain the latest management of critically unwell liver patients, and HCC. He was previously working as a Consultant Hepatologist at The Royal Free Hospital in London, and has recently made the move to Australia. Along with our fantastic local presenters and speakers from Auckland, we are sure you will agree that this ASM will be informative, interactive, educational and sociable!

Dr Ratna Pandey
Dr Zoe Raos
Dr John Perry
Dr Paul Frankish

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**ASM 2017**

The New Zealand Society of Gastroenterology and the University of Auckland

**Nutrition Course**

February 16-18, 2017.

The Medical School, Grafton, Auckland

A curriculum based course in nutrition specifically designed for Medical/Surgical GI and Intensive Care trainees and as a comprehensive clinical update for consultants.

**NZ Faculty:**
Assoc. Prof Clare Wall, Assoc. Prof Lindsay Plank, Dr Russell Walmsley, Dr Rob Bevan, Dr Adrian Claydon, Dr James Falvey, Sue Larsen (CNS Nutrition), Simon Hill (PN Pharmacist), Kerry McIlroy, Lauren Rosser, Dr Helen Evans

**Guest Faculty:**
Dr Andrew Rochford, (British Association for Parenteral and Enteral Nutrition).

**Topics Covered include:**
- Physiology of Nutrition and malnutrition.
- Nutritional screening and assessment.
- Calculating and prescribing nutrition
- Nutritional aspects of specific diseases – Obesity, Crohns, Pancreatitis, Burns, Functional Eating disorders
- Short bowel syndrome
- Ethics

**Cost:**
Trainees $250
Specialists: $750

*Register with NZSG: anna.pears@racp.org.nz*

**places limited to 40**
Reflections on the Hamilton ASM

- 18 months of planning, seemed to be over in a flash
- The Waikato and Braemar teamwork was epic.
- We encountered quakes, strikes, bike crashes, zombies and even Melbournites, but the show went on.
- We were enriched by the excellent clinical and scientific material. Remember to check out the Video Streams at http://gastro2016.co.nz/livestreamingsessions/
- The debate was the best I remember. Jane Andrews was formidable, Michael Camilleri gracious in defeat.
- The 50th Anniversary was a triumph – superb display Bramwell and fitting tribute by Gil.
- The entrance of the cake to Wagner was magnificent and a macabre intro to the zombie theme.
- The Great Guts Fun Run was more an orienteering exercise this year, but I didn’t hear (or notice) any complaints.
- The dinner and theme were astounding and the Australians were so impressed that they want to play again. The Thriller flash mob was historic.
- Our sponsors were eager to help and I hope we reciprocated
- Claire and her team were fantastic! Great work everyone.
- Bring it on the Wildlings from north of the Bombay Wall.
- If your department would like a set of the dinner photos please email NZSG at anna.pears@racp.org.nz

Jim Brooker
ASM Convenor

SAVE THE DATE

NZ Hepatitis Network Meeting 2017

Thursday 2nd March, 2017, Dinner
6.00-9.30pm
The Heritage Hotel, Hobson Street, Auckland

Mark these dates in your diary. An official invitation and programme coming soon via email.

Travel & Accommodation will be provided for delegates attending outside of Auckland

Any questions please contact: Claire Bark, Tangerine Events claire.bark@tangerineevents.co.nz
2016 NZSG ASM Dinner Photo Album

Bogan-Zombie Apocolypse
Merry Christmas and Happy New Year