Congress Interviews

United European Gastroenterology (UEG) Representatives Prof Drewes and Prof Castera spoke to EMJ about their roles in the society, as well as their personal research interests.

Prof Asbjørn Mohr Drewes

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Q1 You are a widely recognised expert in pancreatology, visceral pain, pharmacology, and gut-brain interactions, but what originally drew you to the field of gastroenterology?

It was coincidental as I was originally in training as a rheumatologist, but during a stay at the department of gastroenterology, I became fascinated with endoscopy and gastrointestinal (GI) diseases. To some degree, I believe it was also inherited as my father wrote his doctoral thesis on motility disorders and diabetes, which is also one of my main research areas.

Q2 As the Cofounder and Director of Mech-Sense at Aalborg University Hospital, could you please inform our readers as to why this research centre was established, and what are its long-term goals?

Like most things in life, it was also rather spontaneous. In Alborg, my colleague Prof Hans Gregersen was interested in gut biomechanics and my interests were pain and GI sensations in the gut. Therefore, we joined forces and founded Mech-Sense (focussing on gut mechanics and sensations) in 2003. Since then, our research has moved more towards motility disorders, diabetes, pharmacology, imaging, and especially pancreatology. The characteristics of the centre are that it is very multidisciplinary; among the 22 employees we have 10 specialities and collaborations with a vast number of national and international institutions. The long-term goal of the centre is similar to elsewhere, however, we wish to improve medicine using a multidisciplinary approach by bridging borders between specialities and using that to move science forward.

Q3 A major research interest of yours is gastrointestinal pain in health and disease and you sponsored the clinical trial 'A Study of Local Effect and Safety of a Single PPC-5650 Dose on Reflux Pain During Pain Stimulation in the Esophagus'. Why are you interested in this specific topic and what were the major outcomes of the trial?

Well, we have always had an interest in pharmacology and GI sensations, and we have participated in approximately 50 different trials including medications spanning from Phase 1b to 4, but we are mainly focussing on Phase 2 studies. The study mentioned investigated a new possible way to block acid-sensing ion channels. This was in line with our interests at that time, when we did a lot of research in oesophageal diseases. Since then our focus has moved more to the small and large intestine with associated organs.

Q4 In 2018 you received the prestigious "Hagedorn Prize" from the Danish Association of Internal Medicine in recognition of your excellent work in establishing the relationship between the brain and the gut. Could you elaborate further on this correlation?

The prize was given due to several aspects of my research and the brain-gut interactions was only one of them. I believe the main reasons was the model of our centre, spanning from basic and translational to clinical research, and because we then use this knowledge to provide new indications for medications or clinical guidelines. The brain-gut axis is of course crucial to understanding sensations in the gut and for more than 25 years, we have used electrophysiology and imaging methods to explore this area.

Q5 In your expert opinion, how has the current coronavirus disease (COVID-19) pandemic affected the field of gastroenterology, and is this something your research focusses on?

We are not doing research on COVID-19 specifically; however, we have had a lot of problems due to it. The pandemic resulted in a lockdown of our labs and patients not coming to the hospital unless necessary, which has heavily affected our ongoing research and ability to recruit patients for trials. Furthermore, we have a lot of international collaborations which have been halted due to the situation of the pandemic. Interactions have been greatly impacted; congresses and meetings have been cancelled and therefore networking, and particularly negotiating with industry partners, has become harder. The pandemic has also resulted in issues with us receiving permissions. Health authorities

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have prioritised COVID-19 studies, which means that we are waiting much longer for applications not related to the pandemic. Additionally, many big organisations have devoted their grants to COVID-19 research, making less available for other areas such as GI research. Lastly, a huge proportion of the hospital has been involved with COVID-19 patients and therefore they needed rooms and have taken some of our research laboratories away from us and so I only have one laboratory left currently, making it harder to do research.

Q6 How did you become involved with the UEG council and what was the goal you set out to achieve when you joined?

As member of the European Society of Neurogastroenterology and Motility (ESNM) I was elected as a member of the medical block where 11 societies are represented. Because there are now so many medical societies, two members have been allocated to the UEG Council and among the applicants from the medical block, I was elected as one of them. Although my areas of interest are neurogastroenterology and pain research, I represent the medical block and as such I have to represent as many of the 11 medical specialities in the block as possible. This is also why I am trying to promote more interdisciplinary work between these specialities at sessions at the UEG Week.

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Q7 What elements does your role as the United European Gastroenterology (UEG) Council General Gastroenterology Representative entail, how do you contribute to the annual congress, and what do you enjoy the most about the role?

There are many aspects, and it is difficult to rule one out. My main interest is to ensure that the medical block is heard in the council, and that diseases across the specialities are dealt with at our meetings. As such, I try to establish new sessions that are more interdisciplinary and involve, for example, the transition from childhood to adulthood or other interdisciplinary matters. At the UEG Week I try to be as active as possible, especially as a speaker in sessions within pain, motility, and pancreatology and I also aim to network and comment on posters and other news. If you ask me what I enjoy the most, I enjoy tandem sessions where we discuss different opinions for certain topics.

Q8 At UEG Week you presented and advocated for the surveillance of pancreatic cancer in the session "Long term management of patients with chronic pancreatitis: beyond pain." For those that did not attend, what were your arguments for surveillance?

It was an interesting session and I never tried a tandem session online before. I was not able to find evidence for cancer screening in patients with chronic pancreatitis in general, but the arguments I put forward were the following: 1) pancreatic cancer results in about 8% of the cancer deaths worldwide with a very bad prognosis; 2) some patients with chronic pancreatitis such as smokers and those with a family disposition and mutations (germline and *PRSS1*) have a higher risk and should be screened; however, other risk factors such as metabolic syndrome, alcohol, etc. should also be taken into consideration; 3) when discovered early, the prognosis is much better; however, the problem is that when patients are not screened the cancer progresses to an advanced stage; 4) new treatment options and surveillance of selected groups have shown to improve the prognosis dramatically; 5) new magnetic resonance and endoscopic ultrasound methods are promising, and in the near future, there may be blood tests that can be used as biomarkers. Therefore, it should soon be possible to screen outside very specialised centres especially for the patients with the risk factors I mentioned.