

Congress Interviews

EMJ spoke with Helena Cortez-Pinto and Joost Drenth about their influential roles in the United European Gastroenterology (UEG) and the impact this organisation has on wider practice. The following interviews also discuss their career highlights, challenges encountered, and what lies ahead in their respective research works.



Helena Cortez-Pinto

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Q1 What led you to pursue a career in gastroenterology, and was there a particular person or event that helped shape your progression to where you are today?

I considered, at the time, and still consider, that gastroenterology is a very interesting and diverse specialty. In fact, it has a practical component (endoscopic techniques) and a clinical more reflexive component, mostly in the hepatology area. Altogether, it gives a myriad of opportunities and varied activities. Furthermore, it is in constant development, what represents a challenge, and makes it even more exciting. Regarding persons, several persons shaped my progression. My first mentor, Pinto Correia, was an outstanding scientist and educator in gastroenterology and was certainly my role model.

Q2 As an educator, we have seen your progress recently in raising awareness in critical health topics such as alcohol and sugar-sweetened beverage consumption. Is this an area where we can expect to see your focus lie in the near future and, if not, which other topics merit greater attention?

During my career, I became aware that disease prevention is, in fact, much more significant in the public outreach than treatment after disease is present. Consequently, I became progressively more interested in public health, and how simple and effective measures in this area can make such a huge impact. So, I am looking forward to work more in this area. Furthermore, I am also interested in contributing to the creation of large networks or consortiums, to foster research and attract financing from the Europe Union (EU),

Q3 Can you highlight some of the key challenges and successes you have experienced from the roles you have had as an EU Policy Councillor for the European Association for the Study of Liver (EASL) and as the United European Gastroenterology (UEG) Vice-President?

During my term as the EASL EU Policy Councillor, we were able to create and disseminate policy statements regarding topics such as obesity and non-alcoholic fatty liver disease, the burden of alcohol-related liver disease, and an action plan on eliminating hepatitis C among our associates. We developed a project entitled Hepahealth, which evaluated the actual panorama of liver disease in Europe and what are the more effective policy measures. We also created a Public Health Committee, incorporating patients in the board. In fact, we have tried hard to approach the patients, either as patient groups or individually, since we consider that their contribution in scientific medical societies is of great importance.

Q4 How much of an impact do you believe the UEG has on the clinical practice of gastroenterology directly and indirectly in improving the experience of patients?

I believe UEG has a strong impact in the clinical practice of gastroenterologists (GI), probably more so in the young GIs. In fact, through the education-related activities and the

quality-of-care activities, GIs gain access to many educational activities, either during the UEG Week, or through webinars and master schools throughout the year. The recently developed app of GI guidelines is also extremely useful to GIs, and I'm sure improve their daily practice to the benefit of the patients. We are now creating a UEG Library that will make it even easier the access to all the pertinent information in a more organised fashion.

Q5 In the recently published article, 'A consensus integrated care pathway for patients with primary biliary cholangitis: a guideline-based approach to clinical care of patients', which you co-authored, what are the main findings you hoped to convey?

Firstly, information that it is possible and very useful to create a platform where doctors can register their patients and where we can retrieve information that can be worked with, published, and, in this way, increase knowledge in the area. I also wanted to highlight that although treatment with ursodeoxycholic acid significantly increases liver transplant-free time and is often enough to treat the primary biliary cholangitis patients, now that we have second line treatments available such as obeticholic acid or bezafibrate we need to be sure that patients achieved a complete response. If not, other lines of treatment must be considered and used.





Q6 What are the most exciting changes which have been implemented in this year's UEG Week?

The UEG Week 2021 is our second virtual meeting and, this time, it was planned as a virtual event from the beginning, which is an advantage. So, we had sessions like 'Gut Talk', which offer the ideal setting for clinicians to get a crash course on common, distinct topics of their daily clinical routine, or a 'Live Expert lunch'. All sessions had a lot of interactivity in order for participants to be as active as possible. Also, sessions like the Live Video Case Session showed unusual cases or new technologies based on diagnostic and therapeutic endoscopy.

Q7 Are there any innovations on the horizon in the field of gastroenterology that you think are particularly noteworthy?

I think the application of artificial intelligence to several fields of gastroenterology is going to make a great difference, as well as the concept and use of big data. Major advances are also being accomplished in endoscopy and ultrasound-guided endoscopy. It is mostly in advanced endoscopic therapeutic procedures that we are observing major developments, with the third-space concept in rapid evolution, including the management of gastrointestinal motility disorders. The area of bariatric related endoscopic procedures is also rapidly developing.

In the liver area, fatty liver disease has gained great importance in all aspects, and I believe we will soon have results from the many ongoing clinical trials. Also, techniques to evaluate liver

fibrosis in easy and accessible ways are going to undergo major improvements. Inflammatory bowel disease is also an area of increasing interest and research, with increasing availability of effective oral delivery biological drugs.

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Q8 Looking back at your career, what has been your proudest achievement to date, and what advice would you give out to a younger-self or aspiring gastroenterologist aiming to establish themselves in the specialty?

Our group was one of the first to describe the association of non-alcoholic fatty disease with the metabolic syndrome and several of its aspects in 1999. Very early on, we recognised the importance that fatty diseases were going to have in the following years.

As advice, I would recommend dedicating to a particular area, although, of course, being aware of all the others, and be very focused on that area. There is often the temptation to do too many things at the same time, which is not good. I also recommend being patient and resilient, since you don't always get you want immediately. If it's worth it, don't give up. ■