



17TH ANNUAL
**SYDNEY INTERNATIONAL
ENDOSCOPY SYMPOSIUM**

SIES2026

19-20 March 2026 | ICC Sydney



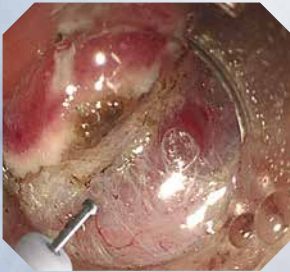
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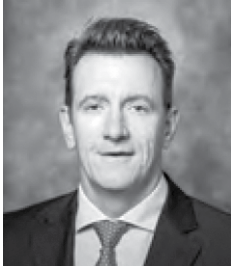
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WELCOME



Dear Friends and Colleagues,

It is my great pleasure to welcome you to the 17th Annual Sydney International Endoscopy Symposium. We are deeply excited to present to you the very best of gastrointestinal endoscopy in 2026.

The enthusiasm for in-person learning and networking remains strong, with nearly 700 delegates from Australia and around the world joining us last year.

The Symposium is a testament to the dedication and passion of our team. We have worked tirelessly to create an exceptional educational and networking experience, made possible by the ongoing support and collaboration of you – our delegates, our department, and our generous sponsors.

I sincerely thank you for your continued support and for choosing to be part of these two special days. Your participation is what makes this event truly remarkable.

Welcome to SIES 2026.

Prof Michael Bourke

Chairman SIES

Director Gastrointestinal Endoscopy

Westmead Hospital, Sydney, Australia

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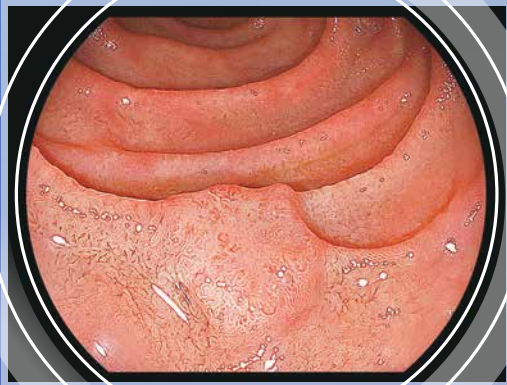
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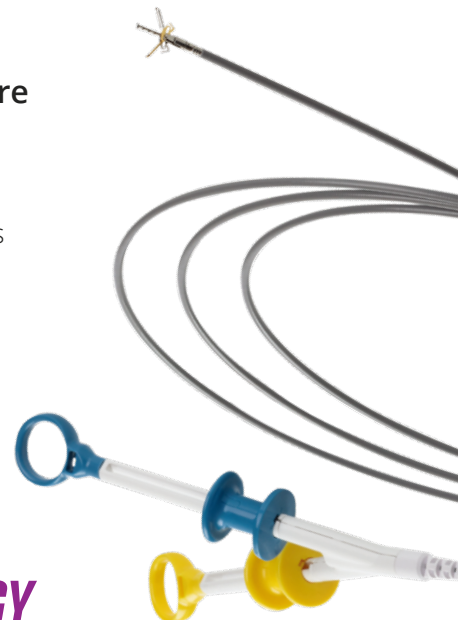
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- You will now be logged in for the duration of the conference and you will receive updates and alerts automatically
- Please visit the SIES Registration Desk if you need further assistance

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Take part in our Sponsor Passport Competition for your chance to win a \$250 gift card!

To enter, simply visit each sponsor booth and scan their QR code via the SIES App. The prizes will be drawn during the closing session on Friday from 3pm and the winners must be present to claim their prize.

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SIES 'MEET THE EXPERTS' BREAKFAST

Thanks to Cook Medical for hosting our breakfast sessions on Friday with Prof Motohiko Kato, Prof Stephen Tsao, Dr Varan Peranathan and Dr Peter Boyd.

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SIES IBD SYMPOSIUM SPONSOR

Join us for a case-based discussion on Thursday afternoon featuring expert insights from Dr Camerson Schauer and Dr Aviv Pudipeddi, with a practical focus on real-world IBD management.

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*Calculated by dividing Hemospray savings (\$1,224) by total standard care cost (\$8,005).

1. Cooper DM, Norton B, Hawkes ND, et al. Hemostatic powder TC-325 as first-line treatment option for malignant gastrointestinal bleeding: a cost-utility analysis in the United Kingdom. *Endoscopy*. 2025;57(6):583-592. doi:10.1055/a-2495-2813.



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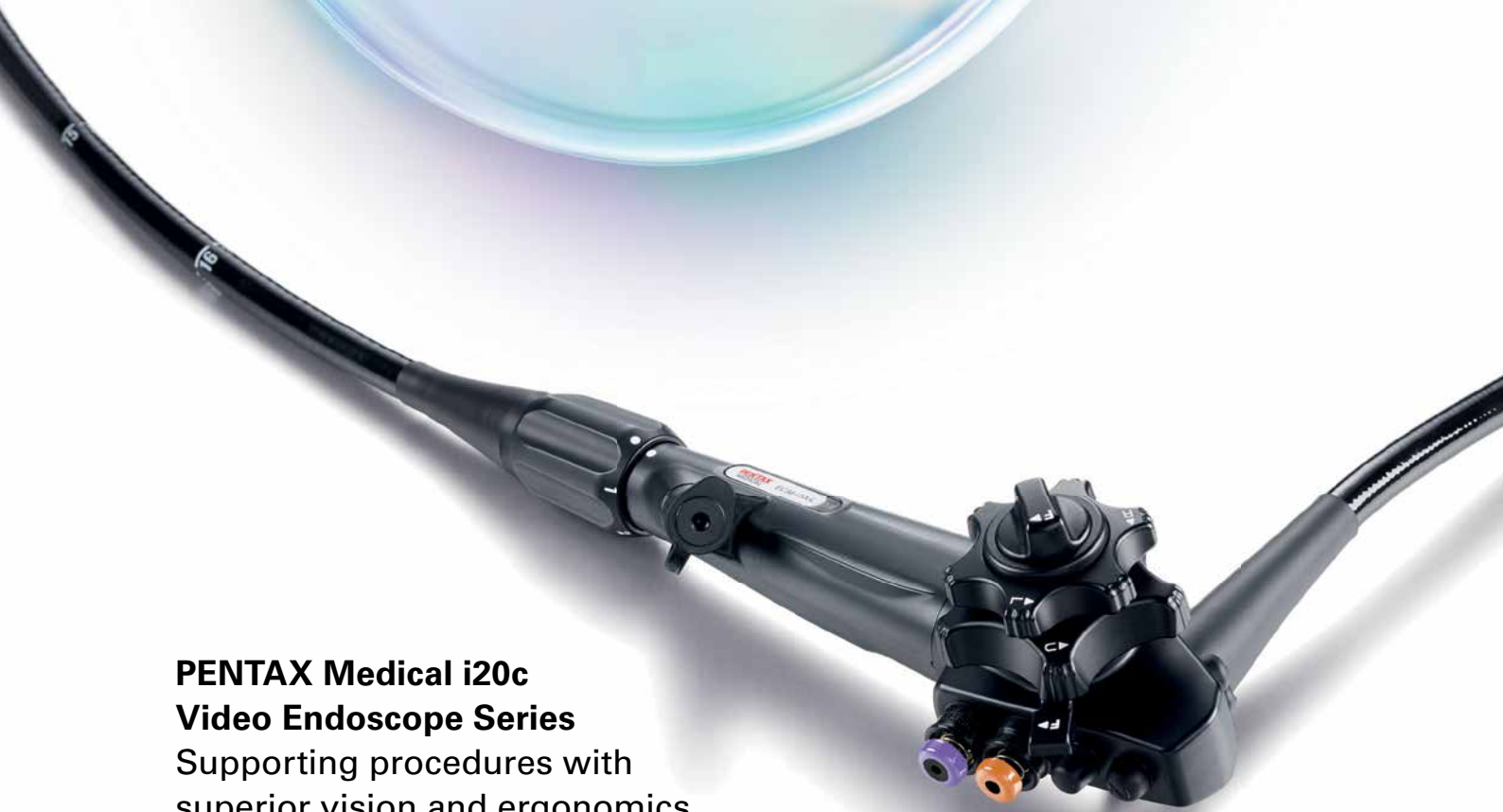


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We are delighted to announce our International Faculty for SIES 2026.



Prof Amrita Sethi

Northwestern Medicine, New York

Amrita Sethi is a Clinical Professor of Medicine at Northwestern Medicine and the Medical Director of the Northwestern Medicine Centre for Advanced Endoscopy

She completed her GI fellowship at Medical College of Virginia, and then her Advanced Endoscopy Fellowship at University of Colorado. She was an attending advanced endoscopist at Columbia since 2008 until her recent move to Northwestern. During her time there she has trained over 20 advanced endoscopy fellows. Her practice interests include ERCP and cholangioscopy, therapeutic EUS, ESD, POEM and other areas of third space endoscopy and endoscopic innovation.

In addition to her work with the national GI societies, such as the ASGE, AGA and ACG, she is the founder and president of Women in Endoscopy (WIE), a global organization started to foster mentorship and promote leadership for women in interventional endoscopy. She is the former chair of the AGA's Centre for GI Innovation and Technology, a past President of the NYSGE. In 2020 she received the ASGE Master Endoscopist Award, which recognizes her accomplishments and contributions to the endoscopic community.



Prof Jeremie Jacques

Le CHU de Limoges, France

Jeremie Jacques is a gastroenterologist specialising in therapeutic Endoscopy and is the Head of the Endoscopy department of the Limoges University hospital in France.

His research focus areas are about diagnostic and treatment of superficial gastrointestinal neoplasia, G-POEM for gastroparesis and therapeutic EUS.

Prof Jacques is responsible for the French national training of ESD and the French training of endoscopy for residents.



Dr Cameron Schauer

Consultant Gastroenterologist and Physician, New Zealand

Dr Cameron Schauer MBChB, FRACP is a gastroenterologist currently working in Auckland, New Zealand.

He is half German and half Chinese, was born in Japan, but grew up in Whangarei, New Zealand. He completed his medical training at Auckland University and has worked in hospitals around the North Island.

In 2019 he was awarded the Japanese Society of Gastroenterology Fellowship scholarship to learn ESD under Dr Ken Ohata at the NTT Medical Centre in Tokyo.

He also has interests in clinical based research and is undertaking a PhD on gastric cancer in New Zealand – looking at opportunities for prevention, early identification, diagnosis and treatment.

Dr Schauer is a lecturer at home to his 3 young children, and at the University of Auckland to the 2nd Year Medical students.



Prof Motohiko Kato

Prof. Motohiko Kato is a distinguished gastroenterologist and a key figure in the field of endoscopy. He has a rich academic background, having served as a professor at Keio University School of Medicine and the director

of the Endoscopy Center. His expertise lies in performing endoscopic exams, which are crucial for health screenings to detect issues such as polyps or cancer. Prof. Kato's work incorporates the latest technology, including AI, to ensure accurate and precise endoscopic examinations. His contributions to research and clinical practice have been significant, with numerous publications and studies that have advanced the understanding and treatment of gastrointestinal diseases.



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Prof Christopher Khor

Prof Stephen Khor's main practice areas are in pancreato-biliary endoscopy and endoscopic resection. He has a keen interest in endoscopic quality and education, and in promoting collaboration among the regional endoscopy community, and his work includes regular faculty invitations to regional centres to demonstrate and teach advanced endoscopy. Dr Khor's academic affiliation is as Clinical Associate Professor at the Duke-NUS Medical School, and he is credited with more than 90 Pubmed indexed publications. He is President of the GI-TAP Society, an Asia-Pacific group focused on EUS education and the engagement of women in endoscopy. Dr Khor is a past Chairman of the Chapter of Gastroenterologists, Academy of Medicine Singapore, and is a past President of the Gastroenterological Society of Singapore.



Dr Stephen Tsao

Prof Tsao is a Senior Consultant Gastroenterologist at AliveoMedical, Mount Elizabeth Hospital Singapore. His subspecialty interest is in advanced diagnostic and therapeutic endoscopy (EMR, ESD and POEM). He is the immediate past Director of Endoscopy at Tan Tock Seng Hospital, and he led the Advanced Endoscopic Resection service in the hospital. He was awarded the Japanese Society of Gastroenterology Fellowship in 2010 and spent 3 months at the University Hospital Kobe, Japan learning advance diagnostic endoscopy and endoscopic submucosal dissection (ESD). He is also the Course Director of Singapore International Advance Therapeutic Endoscopy Course (SIATEC) – this is an annual international seminar in advance endoscopy including hands-on training in ESD.

Prof Tsao has also been involved with various clinical studies and research projects throughout his career. He has been very active amongst local Gastroenterology fraternity, where he has served in different positions in the Gastroenterology Society of Singapore (GESS). He is the immediate Past President of GESS and the current Chairman of Chapter of Gastroenterologist, Academy of Medicine Singapore.



Dr Peter Boyd

Dr Peter Boyd has been longstanding Director of Medicine and Gastroenterology at Cairns Hospital.

He is a General Physician, Gastroenterologist and Interventional Endoscopist. He has been passionate in developing specialist services in regional areas.

His main research interest has been in the field of endoscopist directed sedation, an area where the Cairns model has been a bulwark for the nation.



Dr Varan Peranathan

Dr. Varan Peranathan, M.D., Ph.D., is a Senior Associate Consultant Gastroenterologist at Mayo Clinic in Rochester, Minnesota. He specializes in esophageal diseases, with a clinical and research focus on the endoscopic

management of achalasia, advanced therapeutic luminal endoscopy, complex reflux disease and strictures, and Barrett's esophagus.

Dr. Peranathan earned his medical degree from the University of New South Wales in Sydney, Australia. He completed his residency in internal medicine and fellowship training in gastroenterology and hepatology in Australia, followed by an advanced fellowship in esophageal diseases at Mayo Clinic in Rochester before joining the faculty.



Dr Aviv Pudipeddi

Dr Aviv Pudipeddi is a Staff Specialist Gastroenterologist at Concord Hospital, and a Clinical Senior Lecturer with the University of Sydney. He serves as a member on the Gastroenterological Society of Australia (GESA) IBD Faculty,

with a focus on education, and has been a previous convenor of Sydney Gut Club and member of the Young GESA committee. During this time, he was co-convenor of the inaugural GESA IBD Roundtable event and initiated a national mentorship program for gastroenterologists across Australia. He has also completed a NHMRC scholarship-supported PhD, investigating strategies to optimise the use of biological medications in inflammatory bowel disease, culminating in both national and international awards.



Dr Jeeves Perera

Dr Don Jeeves Perera is a Senior Anaesthetist who has the privilege of working at both The Children's Hospital at Westmead and Westmead adult Hospital. He serves as the Supervisor of Training for the internationally recognised fellowship program at the children's hospital, where he is dedicated to mentoring the next generation of anaesthetists.



Dr Clarence Kerrison

Dr Clarence Kerrison (Te Arawa, Tūwharetoa, and Ngāti Awa), brings a deep commitment to improving indigenous health honed in his practice as a Gastroenterologist and Endoscopist with Te Whatu Ora at Waikato Hospital.

He is currently a Postgraduate Fellow in Endoscopy at the Western Sydney Local Health District in Australia.

Dr Kerrison specialises in general endoscopy, bowel screening, inflammatory bowel disease (IBD), and liver related issues, offering comprehensive care to his patients. A passionate advocate for Māori health, Dr Kerrison is deeply invested in decolonising the healthcare system in Aotearoa. He actively identifies and works to eliminate racism and equity hotspots throughout the Colorectal Cancer (CRC) pathway, ensuring that all patients receive fair and equitable treatment.

Dr Clarence Kerrison serves as a valued member of Hei Ahuru Mowai. With his blend of clinical expertise, dedication to research, and commitment to advocacy, Clarence exemplifies excellence in his field and embodies the values of compassionate, patient-centred care.



Nicola Griffiths

Nicola has lived in Aotearoa for nine years and is a Matanga Tapuhi (Nurse Practitioner), and an Endoscopist and Clinical Nurse Lead for the National Bowel Screening Programme in Waikato. Nicole has been scoping for nearly 20 years and is a train the trainer and has trained Nurses, Gastro and Surgical Doctors for over a decade. With a passion for teaching/training endoscopy and peripheral management/care, Nicole believes that empowering trainees to become the very best way to achieve the best patient outcomes. She looks after patients with low anterior resection syndrome and other bowel conditions on top of her endoscopy role and has core values based around holistic care for individuals and their Whanau.



Daniel Lightowler

Daniel is a Clinical Nurse Consultant of Inflammatory Bowel Disease at the Royal Prince Alfred Hospital in Sydney, NSW. He started his career in gastroenterology in his hometown of Perth, WA at Fremantle Hospital, Fiona Stanley Hospital & St John of God Subiaco Hospital, working both in Inflammatory Bowel Disease & Intestinal Failure. Daniel is currently the President of GENCA, Education Lead for the IBDNA National Steering Committee and Member of the IBDNA.

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IN UC^{*}/CD⁺²⁻⁴

^{*}27% of ENTYVIO Q8W patients achieved lasting deep remission (ES=0, RBS=0, and decrease in SFS or no change from baseline) at Week 52 (p=0.0001 vs placebo) [GEMINI¹ post hoc^{a,b}]²
GEMINI 1 primary endpoint: clinical remission at Week 52 (≤2 points Mayo Clinic score with all subscores ≤1)³
²29% of patients with endoscopic assessment achieved lasting deep remission (clinical remission [complete resolution of CD symptoms] and mucosal healing [absence of ulcers and/or erosions]) at Week 52 with ENTYVIO [VICTORY Consortium]⁴

^{*}**GEMINI 1**: Phase 3, randomised double-blind, placebo-controlled study with separate induction and maintenance trials in adult patients with moderately to severely active UC. Induction trial: 374 patients (Cohort 1) received ENTYVIO IV (300 mg) or placebo at Weeks 0 and 2, and 521 patients (Cohort 2) received open-label ENTYVIO at Weeks 0 and 2, with disease evaluation at Week 6. Maintenance trial: additional patients were enrolled in Cohort 2 and received the same induction regimen as Cohort 1. The patients were randomly assigned to continue ENTYVIO IV every 8 or 4 weeks or to switch to placebo. The primary endpoint was clinical remission at Week 52 (≤2 points Mayo Clinic score with all subscores ≤1). Secondary endpoints included mucosal healing (ES ≤1).³ ^b**GEMINI 1 post hoc**: Analysis evaluated deep remission at Week 52 in the ITT population.² ⁴**VICTORY Consortium**: Retrospective single-arm study of 212 adults with moderate to severe CD treated with ENTYVIO, with follow-up after initiation. A minimum of 6 and 12 months of follow-up were available in 133 and 44 individuals, respectively. Predictors of clinical remission or mucosal healing with ENTYVIO were identified using the multivariable Cox proportional hazard analyses. Primary endpoint was the proportion of individuals achieving clinical remission or mucosal healing. Secondary endpoints included deep remission.⁴

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CD, Crohn's disease; **ES**, endoscopic score; **ITT**, intention-to-treat; **IV**, intravenous; **Q8W**, every 8 weeks; **RBS**, rectal bleeding score; **SFS**, stool frequency score; **TNF α** , tumour necrosis factor-alpha; **UC**, ulcerative colitis.

References: **1.** ENTYVIO Product Information. **2.** Sandborn WJ et al. *J Crohns Colitis* 2019; 13(2): 172–81. **3.** Feagan BG et al. *N Engl J Med* 2013; 369: 699–710.

4. Dulai P et al. *Am J Gastroenterol* 2016; 111: 1147–55.

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ADVANCED IMAGING FORUM

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Oesophageal (NZ and USA): Dr Schauer & Dr Peranathan

Stomach (East and West): Prof Kato & Prof Burgess

Biliary (USA and Asia): Prof Sethi & Prof Khor

Colon (Australia and France): Prof Bourke & Prof Jacques

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MEDICAL PROGRAM

THURSDAY 19 MARCH 2026

From 7.30am	Registration Opens Tea & Coffee available Explore the Trade Displays and Meet SIES Sponsors
8.30am – 8.35am <i>Parkside 1</i>	Conference Open and Welcome <i>Prof Michael Bourke</i>
8.35am – 9.30am <i>Parkside 1</i>	Towards Definitive Endoscopic Cure of Early Cancer The Game changers in Endoscopic Resection, history, reality and alternatives: Tandem Talk <i>Mr Christian Erbe</i> <i>Prof Michael Bourke</i> The new paradigm in CRC management, rectum and beyond. <i>Prof. Jeremie Jacques</i> Discussion (10mins)
9.30am – 10.30am <i>Parkside 1</i>	Live Endoscopy 1 –Barrett’s Oesophagus & Upper GI <i>Chairs: Dr Eric Lee, Prof Rajvinder Singh, Mavis Chan, Dr Mohan Ramchandani</i>
10.30am – 11.00am	Morning Tea & Trade Displays
11.00am – 1.00pm <i>Parkside 1</i>	Live Endoscopy 2 – Colon and Rectum <i>Chairs: Dr Naaz Sidhu, Dr Perveen Aslam, Prof Stephen Tsao, Dr Yuto Shimamura</i>
1.00pm – 2.00pm	Lunch & Trade Displays
2.00pm – 4.00pm <i>Parkside 1</i>	Live Endoscopy 3 – Potpourri & Pancreatico – Biliary <i>Chairs: A/Prof David van der Poorten, Dr Linda Zhang, Dr Anthony Whitfield, Dr Gong Wei</i>
4.00pm – 4.30pm	Afternoon Tea & Trade Displays
4.30pm – 5.30pm <i>Parkside 1</i>	IBD Mini Symposium sponsored by Takeda  From Crisis to Cancer Prevention: Updates in Ulcerative Colitis <i>Panellists – A/Prof David van der Poorten, Dr Aviv Pudipeddi, Dr Cameron Schaduer and Daniel Lightowler</i>
5.30pm – 5.45pm <i>Parkside 1</i>	General Endoscopy Quiz (Prizes awarded on Friday afternoon)
7.00pm – 9.30pm	Welcome Reception Venue: Sydney Opera House, Yallamundi Room Bennelong Point, Sydney NSW 2000

MEDICAL PROGRAM

FRIDAY 20 MARCH 2026

From 7.30am	Registration Opens Tea & Coffee available Explore the Trade Displays and Meet SIES Sponsors
7.15am – 8.15am	Meet the Experts Breakfast Sessions (3 concurrent talks) Pre-registration required 1. Tips & Tricks: UGI ESD – Getting Started & How I Do it <i>Prof Motohiko Kato and Prof Stephen Tsao</i> 2. From clinical suspicion to diagnosis - unravelling spastic oesophageal motor disorders <i>Dr. Varan Perananthan</i> 3. EDNAPS (Endoscopist-Directed, Nurse-Administered Propofol-Based Sedation): Update and Real-World Implementation at Your Facility. <i>A/Prof Peter Boyd</i>
8.30am – 8.50am <i>Parkside 1</i>	AI + Endoscopy: Is the truth out there? <i>Prof. Cesare Hassan</i>
8.50am – 9.00am <i>Parkside 1</i>	Panel Discussion <i>Chairs: Prof Luke Hourigan, A/Prof David Hewett, Dr Mark Bonnicksen</i>
9.00am – 10.30am <i>Parkside 1</i>	Live Endoscopy 4 – Rectum & Colon <i>Chairs: Prof Luke Hourigan, Dr Oliver Cronin, Dr Tim O'Sullivan, Dr Jiancong Hu</i>
10.30am – 11.00am	Morning Tea & Trade Displays
11.00am – 11:20am <i>Parkside 1</i>	EUS guided drainage and anastomosis in 2026: Transformative Innovations <i>Prof Amrita Sethi</i>
11:20am – 1:00pm <i>Parkside 1</i>	Live Endoscopy 5 – Upper GI & Pancreatico - Biliary <i>Chairs: A/Prof Vipul Aggarwal, Prof Amrita Sethi, Dr Lawrence Yuen, Dr Praka Sundaralingam</i>
1.00pm – 2.00pm	Lunch & Trade Displays
2.00pm – 3.00pm <i>Parkside 1</i>	Annual SIES Polyp Video Forum Audience vs Experts: <i>Prof Jeremie Jacques</i> <i>Prof Amrita Sethi</i> <i>Prof Michael Bourke: Chair</i>
3.00pm – 3.25pm <i>Parkside 1</i>	12 months follow up of SIES cases 2025 Recap of Symposium Cases 2026 Quiz answers and awards for the winners <i>Prof Nicholas Burgess and Prof Eric Lee</i>
3.25pm – 3.30pm <i>Parkside 1</i>	Summary and Conference Close <i>Prof Michael Bourke</i>

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WELCOME TO NURSES



Welcome to the **17th Annual Sydney International Endoscopy Symposium (SIES 2026)** at ICC Sydney! We are truly delighted to welcome you and grateful that you are joining us for two days of learning, connection, and shared passion for excellence in Gastroenterology and Endoscopy nursing.

This year's nursing program brings together an outstanding group of international and local speakers who are eager to share their knowledge, experience, and practical insights across a broad range of clinically relevant topics. A special highlight of the program is the live transmission from the Endoscopy Suite at Westmead Hospital — a unique opportunity to observe advanced techniques and innovation in real time.

We are also thrilled to welcome back our ever-popular Nurses Hands-On Workshops, running across both days of

the meeting. These interactive sessions provide a supportive environment to practise, refine, and build confidence in your procedural skills alongside colleagues and expert facilitators.

Beyond the educational program, SIES is about community. It is a chance to reconnect with familiar faces, meet new colleagues, exchange ideas, and strengthen the professional networks that support and inspire us all in our work.

We hope you find SIES 2026 both educational and uplifting, and that you leave feeling energised, connected, and proud of the important work you do every day. Thank you for your dedication to the field of endoscopy and for your ongoing commitment to providing exceptional care for your patients.

Warm regards,

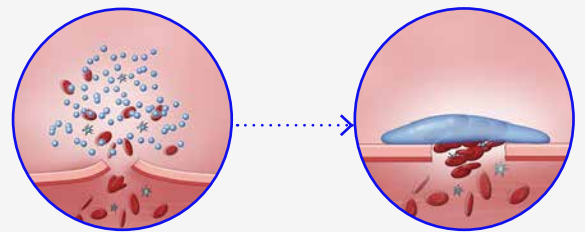
Mavis Chan

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NURSES PROGRAM

THURSDAY 19 MARCH 2026

From 7.30am	Registration Opens Tea & Coffee available Explore the Trade Displays and Meet SIES Sponsors
8.30am – 8.35am	Conference Open and Welcome <i>Prof Michael Bourke</i>
8.35am – 9.30am	Towards Definitive Endoscopic Cure of Early Cancer The Game changers in Endoscopic Resection, history, reality and alternatives: Tandem Talk <i>Mr Christian Erbe</i> <i>Prof Michael Bourke</i> The new paradigm in CRC management, rectum and beyond. <i>Prof. Jeremie Jacques</i> Discussion (15mins)
9.30am – 10.30am	Live Endoscopy 1 – Barrett’s Oesophagus & Upper GI <i>Chairs: Dr Eric Lee, Prof Rajvinder Singh, Mavis Chan, Dr Mohan Ramchandani</i>
10.30am – 11.00am	Morning Tea & Trade Displays
11.00am – 1.00pm	Nursing Plenary Talks: Topic TBA <i>Dr Jeeves Perera (Anaesthetist)</i> From Referral to Recovery: Delivering a Seamless Colonoscopy Patient Pathway <i>Nicola Griffiths</i> Live Endoscopy 2 – Rectum & Colon <i>Chairs: Maggie Zhao, Nicola Griffiths, Shani George</i>
1.00pm – 2.00pm	Lunch & Trade Displays
2.00pm – 4.00pm	Nurses Hands-on Workshop Day 1
4.00pm – 4.30pm	Afternoon Tea & Trade Displays
4.30pm – 5.00pm	IBD Mini Symposium sponsored by Takeda  From Crisis to Cancer Prevention: Updates in Ulcerative Colitis <i>Panellists – A/Prof David van der Poorten, Dr Aviv Pudipeddi, Dr Cameron Schaduer and Daniel Lightowler</i>
5.00pm – 5.15pm	General Endoscopy Quiz (Prizes awarded on Friday afternoon)
7.00pm – 09.30pm	Welcome Reception Venue: Sydney Opera House, Yallamundi Room Bennelong Point, Sydney NSW 2000

NURSES PROGRAM







FRIDAY 20 MARCH 2026

From 7.30am	Registration Opens Tea & Coffee available Explore the Trade Displays and Meet SIES Sponsors
7.15am – 8.15am	Meet the Experts Breakfast Sessions (3 concurrent talks) Pre-registration required 1. Tips & Tricks: UGI ESD – Getting Started & How I Do it <i>Prof Motohiko Kato and Prof Stephen Tsao</i> 2. From clinical suspicion to diagnosis - unravelling spastic oesophageal motor disorders <i>Dr Varan Perananthan</i> 3. EDNAPS (Endoscopist-Directed, Nurse-Administered Propofol-Based Sedation): Update and Real-World Implementation at Your Facility. <i>AVProf Peter Boyd</i>
8.30am – 9.00am	Welcome Nurses Program Day 2 Nursing Plenary Talk: Evolution of IBD nursing in Australia <i>Daniel Lightowler (IBD CNC)</i>
9.00am – 10.30am	Live Endoscopy 4 – Rectum & Colon <i>Chairs: Sandra Ko, Lea Wiggins, Dr Clarence Kerrison</i>
10.30am – 11.00am	Morning Tea & Trade Displays
11.00am – 1.00pm	Nurses Hands-on Workshop Day 2
1.00pm – 2.00pm	Lunch & Trade Displays
2.00pm – 2.30pm	Nursing Plenary Talk: Mastering EUS and ERCP nursing: Technical Excellence and Team-based Precision <i>Dr Clarence Kerrison</i>
2.30pm – 3.00pm	Q&A Session Nursing Stream Wrap Up
3.00pm – 3:25pm	12 months follow up of SIES cases 2025 Recap of Symposium cases 2026 Quiz answers and awards for the winners <i>Prof Nicholas Burgess and Prof Eric Lee</i>
3:25pm – 3:30pm	Summary and Conference Close <i>Prof Michael Bourke</i>

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NURSES PROGRAM PRACTICAL WORKSHOPS

THURSDAY 19 MARCH 2026

2.00pm – 4.00pm

Nurses Hands on Workshop (Day 1)

5 x hands-on stations, approximately 20 minutes at each

Topics:

- Endoscopy Thermal Therapy (APC, RFA, Goldprobe)
- Upper GI Bleeding Management/Haemostatic Spray/OTSC
- Variceal Treatment
- Endoluminal Stenting (oesophageal/duodenal/colonic)
- Foreign Body Removal

Workshops to be held on Level 3 in Rooms C3.3 & C3.4&C3.5

FRIDAY 20 MARCH 2026

11.00am – 1.00pm

Nurses Hands on Workshop (Day 2)

4 x hands-on stations, approximately 20 minutes at each

Topics:

- ERCP
- Endoscopic Submucosal Dissection
- Endoscopy Mucosal Resection
- Oesophageal Dilatation

Workshops to be held on Level 3 in Rooms C3.3 & C3.4&C3.5



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PBS Information: GLYCOPREP ORANGE, GLYCOPREP-O KIT, PICOPREP ORANGE & PREPKIT ORANGE are not PBS listed.

REFERENCES: 1. Picoprep Orange Approved Product Information, June 24, 2021. 2. Glycoprep Orange Approved Product Information, June 24, 2021. 3. Prepkit Orange Approved Product Information, June 24, 2021. 4. Glycoprep Orange Approved Product Information, June 24, 2021. 5. Data on File. Available on request (accessed July 7, 2021).

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BEFORE RECOMMENDING, PLEASE REVIEW FULL PRODUCT INFORMATION available from TGA website via the QR code:

Reference: 1. Hassan C, et al. *Endosc Int Open*. 2020;08:E928-E937.

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Evidence in Focus: Publication Summary

AI-Assisted Reading Tool for Video Small Bowel Endoscopy

A multicentre prospective study found that AI-assisted capsule endoscopy reading with the ProScan system was non-inferior and superior to standard reading for detecting potentially bleeding small bowel lesions, while significantly reducing reading time.

Spada C, Piccirelli S, Hassan C, et al. AI-assisted capsule endoscopy reading in suspected small bowel bleeding: a multicentre prospective study. *Lancet Digit Health*. Published online May 2024. Available at: [The Lancet Digital Health](#)

Results:

At per-patient analysis, compared with standard reading, AI-assisted reading demonstrated:

- Non-inferior and superior diagnostic yield for P1 and P2 lesions (73.7% vs 62.4%; $p=0.0213$)
- Significantly reduced mean small bowel reading time (3.8 min vs 33.7 min; $p<0.0001$)
- A significantly higher lesion detection rate (87.9% vs 64.8%; $p<0.0001$)
- Lower miss rate for P1 and P2 lesions (6.6% vs 21.0%; $p=0.0094$)
- No difference in specificity (100% in both reading modes)
- Automated ProScan system demonstrated 99.5% sensitivity for lesion detection

Conclusion:

In a large multicentre prospective study, AI-assisted capsule endoscopy reading using the ProScan system was shown to be non-inferior and superior to standard human reading for detecting significant small bowel bleeding lesions. AI also dramatically reduced reading time while maintaining high diagnostic accuracy and minimising lesion miss rates. These findings support AI integration into capsule endoscopy practice to enhance efficiency and diagnostic performance.

Help **CALM** UC chaos* †²⁻⁵



*A majority of patients (65%) surveyed felt that UC had control over their lives (n=2100).³
†In ELEVATE UC 52, significantly more patients achieved clinical remission compared to placebo at weeks 12 (27% vs 7%) and 52 (32% vs 7%) (co-primary endpoints; p<0.0001, n=433). Clinical remission was defined as a stool frequency subscore of 0 (or 1 with a ≥1-point decrease from baseline), a rectal bleeding subscore of 0, and an endoscopic subscore ≤1 (excluding friability).^{4,5}



EFFICACY: Significant clinical remission at week 12 and week 52 (p<0.0001)^{†4,5}



FAVOURABLE SAFETY: Generally mild to moderate AEs, with serious infection risk similar to placebo^{†4-7}

[†]In ELEVATE UC 52, the rate of serious infections was 1% (n=3) in the VELSIPITY group and 3% (n=5) in the placebo group. No serious infections were reported in ELEVATE UC 12.⁵ Some common adverse effects include: lymphopenia, headache, urinary tract infection, bradycardia, hypertension. See full PI for details.⁴



SIMPLICITY: One tablet, once-daily with no dose adjustment⁴

VELSIPITY is an oral S1P receptor modulator indicated for adults with moderately to severely active ulcerative colitis (UC) who have had inadequate response, loss of response, or intolerance to conventional, biologic, or Janus kinase (JAK) inhibitor therapies.⁴

▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/safety/reporting-problems.

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Abbreviations: AEs: adverse events; PBS: Pharmaceutical Benefits Scheme; S1P, sphingosine 1-phosphate; UC, ulcerative colitis.
References: 1. Pharmaceutical Benefits Scheme (PBS). Summary of changes - October 2024. Available at: <https://www.pbs.gov.au>. Accessed: 13 March 2025. 2. Peyrin-Biroulet L, et al. *Dig Liver Dis.* 2016;48(6):601-607. 3. Dubinsky MC, et al. *Inflamm Bowel Dis.* 2021;27(11):1747-1755. 4. VELSIPITY Product Information. 5. Sandborn WJ, et al. *Lancet.* 2023;401(10383):1159-1171. 6. Vermeire S, et al. Abstract presented at: Digestive Disease Week 2023; May 6-9 2023; Chicago, IL, USA. Presentation 948. 7. Vermeire S, et al. Digital oral presentation at: European Crohn's and Colitis Organisation Congress 2025; February 19-22 2025; Berlin, Germany. DOP018.

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***Clinical response (per pAMS)[§] at Week 2: U-ACHIEVE** (RINVOQ 45 mg QD 60% [N=319] vs placebo 27% [N=154]); **U-ACCOMPLISH** (RINVOQ 45 mg QD 63% [N=341] vs placebo 26% [N=174]); $p < 0.0001$ for both, secondary endpoint, NRI-C.^{1,2}

†**Clinical remission (per aMS):[†] Week 52** (RINVOQ 15 mg QD 42% [N=148], RINVOQ 30 mg QD 52% [N=154] vs placebo 12% [N=149]); $p < 0.0001$ for both, primary endpoint, NRI-C).^{1,2} **Among patients who remained on treatment and were assessed at LTE Week 144** (RINVOQ 15 mg QD 85% [N=82]; RINVOQ 30 mg QD 68% [N=126]; post-hoc, as observed data, no imputation for missing data).³ LTE Week 144 analyses were descriptive and not powered for statistical inference.⁴

‡**ESS ≤ 1 without friability:[‡] Week 52** (RINVOQ 15 mg QD 49% [N=148], RINVOQ 30 mg QD 62% [N=154] vs placebo 14% [N=149]); $p < 0.0001$ for both, secondary endpoint, NRI-C).^{1,2} **Among patients who remained on treatment and were assessed at LTE Week 144** (RINVOQ 15 mg QD 87% [N=85]; RINVOQ 30 mg QD 77% [N=136]; post-hoc, as observed data, no imputation for missing data).³ LTE Week 144 analyses were descriptive and not powered for statistical inference.⁴

Indication: RINVOQ is indicated for the treatment of adult patients with moderately to severely active UC, who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biological medicine.¹ RINVOQ met all primary endpoints of clinical remission (per aMS)[†] at induction Week 8 and maintenance Week 52.^{1,2}

[§]**Clinical response (per pAMS):** A decrease in pAMS of ≥ 1 point and $\geq 30\%$ from baseline with RBS decrease ≥ 1 from baseline or absolute RBS ≤ 1 .

[†]**Clinical remission (per aMS):** aMS ≤ 2 , SFS ≤ 1 and not greater than baseline, RBS=0, and ESS ≤ 1 without friability.¹

[‡]**Mucosal healing:** ESS ≤ 1 without friability (defined as endoscopic improvement in induction, maintenance and LTE protocols).²

Key precautions and risks of treatment include serious and opportunistic infections (incl. TB, HZ), MACE, thrombosis, malignancy, NMSC, pregnancy (category D) and others.¹ Refer to the PI for full safety information, initiation assessments, monitoring, and dosing recommendations.

WARNING: Based on the results from a post-marketing safety study of another JAK inhibitor, RINVOQ should only be used if no suitable treatment alternatives are available in patients:

- With history of atherosclerotic cardiovascular disease or other cardiovascular risk factors (such as current or past long-time smokers).
 - With malignancy risk factors (e.g. current malignancy or history of malignancy).
 - Who are 65 years of age and older.
- Refer to Product Information.

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▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems.

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aMS, adapted Mayo score; **ESS**, endoscopic subscore; **HZ**, herpes zoster; **LTE**, long-term extension; **MACE**, major adverse cardiac event; **NMSC**, nonmelanoma skin cancer; **NRI-C**, non-responder imputation incorporating multiple imputation to handle missing data due to COVID-19; **paMS**, partial adapted Mayo score; **QD**, once daily; **RBS**, rectal bleeding subscore; **SFS**, stool frequency subscore; **TB**, tuberculosis; **UC**, ulcerative colitis.

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ORIGINAL ARTICLES

Marsupialisation of a tunnel flap for a false oesophageal lumen post peroral endoscopic myotomy.

Ahmadzai H, Kerrison C, Kim JY, Lam B, Kim YS, Gupta S, Bourke MJ. *Endoscopy*. 2026 Mar;58(S 01):E57-E58. doi: 10.1055/a-2772-0195. Epub 2026 Jan 15. PMID: 41539337; PMCID: PMC12807576.

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Shahidi N, Sidhu M, Arnout van Hattem W, Vosko S, Bourke MJ. *Gastrointest Endosc*. 2020 Jun;91(6):1403-1405. doi: 10.1016/j.gie.2020.01.025. Epub 2020 Jan 23. PMID: 31981647 No abstract available.

Correction to: Pathological assessment of endoscopic resections of the gastrointestinal tract: a comprehensive clinicopathologic review.

Kumarasinghe MP, Bourke MJ, Brown I, Draganov PV, McLeod D, Streutker C, Raftopoulos S, Ushiku T, Lauwers GY. *Mod Pathol*. 2020 Jun;33(6):1236. doi: 10.1038/s41379-020-0460-0. PMID: 31937903

Pathological assessment of endoscopic resections of the gastrointestinal tract: a comprehensive clinicopathologic review.

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WESTMEAD ENDOSCOPY RESEARCH PUBLICATION 5 YEAR TRACK RECORD

Impact of en bloc resection on long-term outcomes after endoscopic mucosal resection: a matched cohort study.

Tate DJ, Sidhu M, Bar-Yishay I, Desomer L, Brown G, Hourigan LF, Lee EYT, Moss A, Raftopoulos S, Singh R, Williams SJ, Zanati S, Burgess N, Bourke MJ. *Gastrointest Endosc.* 2020 May;91(5):1155-1163.e1. doi: 10.1016/j.gie.2019.12.025. Epub 2019 Dec 28. PMID: 31887274 Clinical Trial.

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