Late last June, CDF representatives attended the 14th Annual International Coeliac [Celiac] Disease Symposium in Oslo, Norway. The 530 attendees came from 43 different countries, including the United States which had 53 people in attendance. There were 227 abstract posters of which 38 were also presented live. The roster of speakers, including those presenting at the pre-Conference sessions, was most impressive, counting among many others too numerous to list here, Dr. Peter H.R. Green (US); Dr. Annali Ivarsson (Sweden); Dr. Bana Jabri (US); Dr. Frits Koning (Netherlands); Dr. Markku Maki (Finland); Dr. Carlo Catassi (Italy); Dr. Joe Murray (US); Dr. Steffen Husby (Denmark); Dr. Bob Anderson (Australia); Dr. Alessio Fasano (US); Paul Ciclitira (UK); Dr. Knut E.A. Lundin (Norway); Dr. Daniel Leffler (US); Dr. Adrian Hayday (UK); Dr. Edwin Liu (US); Dr. Nadine Cerf-Bensussan (France); Dr. Chaitan Khosla (US). Dr. Stefano Guandalini, University of Chicago Celiac Disease Center, host of the 15th International Celiac Symposium gave the closing words, announcing the next Symposium's date and some of the exciting topics being considered for inclusion on the 2013 event's agenda.

Following is a synopsis of the key elements of the various sessions presented at the Oslo Symposium, covering a variety of topics.

Gluten Sensitivity (GS) and Celiac Disease (CD)

GS is not rare, it is a real health issue affecting 6% of the US population. What is it? At its basic definition, GS is present in cases of gluten reaction where no allergic and no autoimmune mechanisms exist. GS is indistinguishable from CD purely on clinical basis. Patients with GS fall within the category of "potential celiac disease" on the CD "iceberg," just above those in the healthy individuals group. What can be concluded is this: The two gluten associated disorders are district clinical entities; GS is characterized by the fact that it is an innate type of immune response vs. the involvement of the adaptive immune system present in CD

Can CD be prevented?

What would prevention look like? What would be involved? Following are the three key areas:

- Primary – avoiding the development of the disease; studies show that breastfeeding can

play an important role

- Secondary – early diagnosis/treatment and the wisdom of mass screenings
- Tertiary – reducing complications in those already diagnosed

Is Biopsy still necessary in the diagnosis of CD?

On the “pro” side, some points included the cost of the biopsy, the risk of false positive results and the improved serological tests which could stand alone. On the “con” side, it is still too risky to just go with serology tests. Conclusion is that at this time it is wisest to have both

Did Someone Say Wheat Starch?

Long a topic of discussion, “pro” and “con” presentations were made. Here’s a recap:

PRO – at very low gluten content not to exceed 100mg, it can be used as a basis for gf products. This would give patients a wider variety of products to include in their diet, leading to a stricter adherence to their lifestyle. There is no data showing that 100ppm is harmful and studies show that level can be tolerated.

CON – even 10 mg has the risk of negative effect; deglutenized wheat starch might be a promising ingredient for gf foods but more studies, research and assurances are needed before it can come to market

And What of GF Wheat?

Is that possible? The clear answer is NO

Is “safe” wheat possible? YES but…a) it is a very expensive process; b) there is the issue of

GMO in foods to overcome

Malignancies

While there is a risk of some cancer, no need to overdue the cancer risk in CD patients

CD patients have a lessened risk of developing breast cancer; this could be the result of lower weight

What's on the horizon from the science front?

Some exciting developments continue to make progress by various bio-medical and pharmaceutical companies such as Alvine Pharmaceuticals and Immusan T, Inc. At various stages of development/trials are the following:

1. Peptide vaccination which will target t-cells, heal the intestine quicker and more completely, improve the effectiveness of the gluten diet by reducing toxicity of inadvertent ingestion of gluten, such as in the case of possible cross-contamination
2. Therapeutic enzyme (Alvine Pharmaceutical's ALV003) to help break down peptides as well as help detoxify gluten ingestion