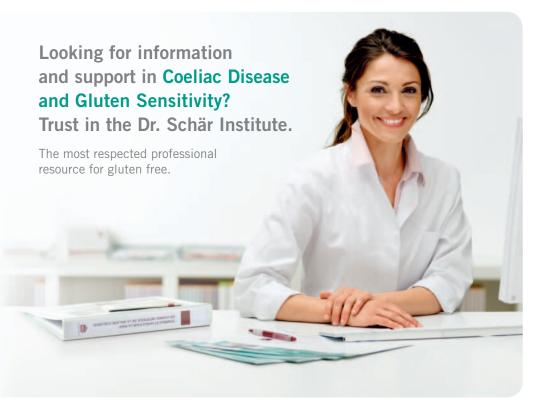


16th International Coeliac Disease Symposium

> June 21–24, 2015 Clarion Congress Hotel Prague

Final Programme





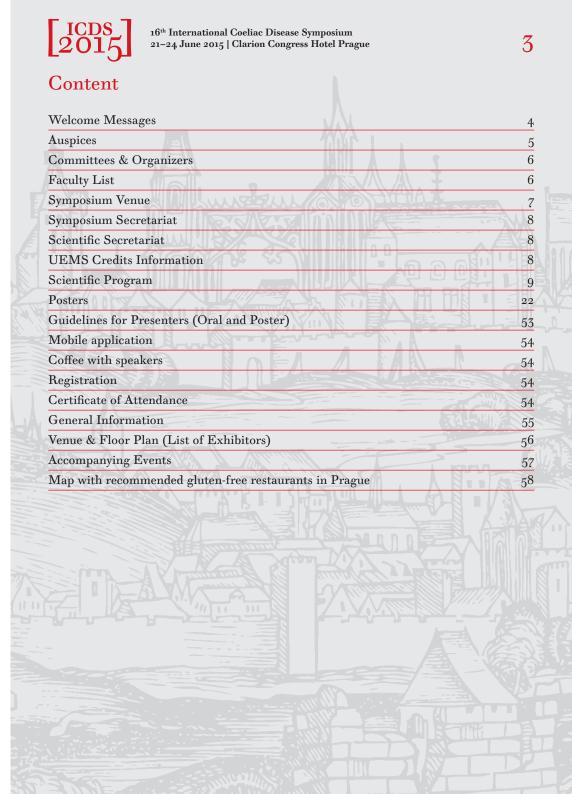
- Broad competence in coeliac disease and gluten sensitivity
- 30 years experience and professional know how in research and development for gluten free food products and services
- A range of more than 350 gluten-free products
- Close collaboration with an International scientific committee

The Dr. Schär Institute is a part of the service of Dr. Schär, the international market leader in Europe for products and services in gluten free.

Visit www.drschaer-institute.com to access

a number of resources for Coeliac Disease and Gluten Sensitivity.





Welcome Messages

Dear Colleagues,

I wish to extend a warm welcome to all participants of the $16^{\rm th}$ International Coeliac Disease Symposium.

Prague is often considered an ideal venue for the organization of any medical congress. Only in the field of digestive diseases we were in the past honoured to host several top meetings including the Falk symposia, EASL 2003, and even UEGW 2004. Several factors have contributed to the success of those meetings including a conveniently structured congress venue, easy transportation throughout the city, and experienced organizing agencies.

An added value making the meetings truly memorable and enjoyable has been the magic atmosphere and unique beauty of Prague with its countless sights and culinary opportunities. In addition, spirit of Mozart and Kafka is still there making Prague one the most remarkable European cultural centres. At last but not at least, the city is the birthplace of Zdeněk Mařatka, certainly one of the founders of modern gastroenterology and digestive endoscopy.

The Scientific Committee worked hard trying to develop a well-balanced programme composed of free papers from every part of the globe together with invited and state-of-the-art presentations meeting the needs and demands of all participants. As always, an important mission of the meeting is to stimulate young researchers in their effort to further extend the frontiers of our knowledge of coeliac disease. Excellence of their research will be underlined by awarding prizes for the best free papers. It is also to acknowledge the participation of patient groups who are the key stakeholders and beneficiaries of our research.

Certainly it is a meeting not to be missed!

Julius Špičák

Chairman of the Local Organising Committee



Dear colleagues,

It is with great pleasure that I welcome you to ICDS 2015, the 16^{th} International Celiac Disease Symposium. It is amazing to see how much we have learned since the first symposium.

Free exchange of idea's, data and (sometime heated) discussions during the international symposia have certainly contributed to this advance in our knowledge. The symposia have always attracted all those who are fascinated by this disease and give their best to improve our understanding of the mechanisms underlying disease development and finding ways to improve diagnostics procedure and nowadays even come up with novel therapeutic options.

I am confident that ICDS 2015 will be another great success and we owe great thanks to the organisers who have done their very best to ensure another great program in a perfect surrounding, the beautiful city of Prague.

I wish you all an enjoyable, productive and memorable meeting.

Frits Koning

President

International Society of the Study of Celiac Disease

Auspices

The 16th International Coeliac Disease Symposium is held under the auspices of



Ing. Andrej BABIŠ
The First Deputy Prime Minister
for the Economics, Minister of Finance



Prof. MUDr. Tomáš Zima, DrSc., MBA Rector of the Charles University

Committees & Organizers

International Organising Committee

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Alessio Fasano (USA)
Stefano Guandalini (USA)
Steffen Husby (Denmark)
Frits Koning (The Netherlands)
Knut E. A. Lundin (Norway)
Ludvig Magne Sollid (Norway)
Markku Mäki (Finland)
Chris Mulder (The Netherlands)
Riccardo Troncone (Italy)

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Julio C. Bai (Argentina) Christophe Benoist (USA) Gerd Bouma (The Netherlands) Jan Bureš (Czech Republic) Carlo Catassi (Italy) Christophe Cellier (France) Hertha Deutsch (Austria) Gerard Eberl (France) Peter R. Gibson (Australia) Marios Hadjivassiliou (U.K.) Anneli Ivarsson (Sweden) Bana Jabri (USA) Katri Kaukinen (Finland) Sibylle Koletzko (Germany) Vladimír Kořínek (Czech Republic) Benjamin Lebwohl (USA)

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Alina Popp (Romania)
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Bianca Rootsaert (The Netherlands)
David Sanders (U.K.)
Olof Sandström (Sweden)
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Carol Semrad (USA)
Sarah Sleet (Belgium)
Zdenka Ulčová-Gallová (Czech Republic)
Lori Welstead (USA)
Cisca Wijmenga (The Netherlands)

Symposium Venue

Clarion Congress Hotel Prague

Address: Freyova 33, 190 00 Prague 9

Tel.: +420 211 131 139

www.clarioncongresshotelprague.com



The 16th International Coeliac Disease Symposium is being held at the Clarion Congress Hotel Prague which is a state-of-the-art congress center providing high quality services for hosting variety of events.

Clarion Congress Hotel Prague is situated in a modern part of Prague – Vysočany, just 15 minutes from the historical centre of Prague. The excellent transport accessibility and perfect service facilities make it popular both with individual visitors and business clients.

Symposium Secretariat

GUARANT International spol. s r.o.

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Scientific Secretariat

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Hepatogastroenterology Department Vídeňská 1958/9 140 21 Prague 4 - Krč Czech Republic

UEMS Credits Information



16th International Coeliac Disease Symposium was granted 15 European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME). Event code is 12442.

The 16th International Coeliac Disease Symposium is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme



Scientific Program

Scientific Forum	Clinical Forum	Patient's Forum
Meridian Hall	Zenit Hall	Zenit Hall
Monday, June 22, 2015		
o8:30-09:00 Introduction		o8:30-09:00 Welcome and introduction
og:00-0g:30 Keynote lecture		09:00–10:30 Session I
og:30-10:30 Epidemiology		
10:30-11:00 Coffee break		10:30-11:00 Coffee break
11:00-12:30 Diagnosis		11:00-12:30 Session II
12:30-13:30 Lunch / Poster Session I		12:30-13:30 Lunch
13:30–15:00 Epithelial cells and		13:30–15:00 Session III
15:00–15:30 Coffee break	The state of the s	15:00–15:30 Coffee break
15:30–16:30 Genes		15:30-17:30 Session IV
16:30-17:30 Extraintestinal associations		
Tuesday, June 23, 2015		
o8:00-10:00 Pathogenesis II	o8:30-08:50 Introduction; Keynote lecture	A MONTH
	o8:50–10:00 Fundamental issues	ISSCD General
10:00–10:30 Coffee break	10:00–10:30 Coffee break	A Complete
10:30-11:00 Keynote lecture	10:30–12:00 Behind the intestine I	Assembly
11:00-12:20 Non-celiac gluten sensitivity		Nadir Hall
12:20-13:30 Lunch / Poster Session II	12:00–13:30 Lunch	12:30–13:15 ISSCD General Assembly
13:30–15:00 Mucosal healing, complications	13:30–15:00 Behind the intestine II	
15:00-15:30 Coffee break	15:00-15:30 Coffee break	
15:30-17:00 Refractory CD,	15:30–17:00 CD: Management: Current	
malignancies	approaches and perspectives	
Wednesday, June 24, 2015		
o8:30-10:00 Primary prevention and		2000
screening		- TI
10:00–10:30 Coffee break	The state of the s	
10 30-11:00 Keynote lecture		
11:00–12:30 Novel treatments	ペンジメーでAのことで	(DIFFERENCE CONTROL OF THE PARTY OF THE PART

Diagnosis

Scientific Forum

Monday, June 22, 2015, Meridian Hall

08:30-09:00 Introduction

Koning F, Špičák J, AOECS representatives

09:00-09:30 Keynote lecture

Antigen-specific T cell receptors and disease susceptibility

Price D (U.K.)

09:30-10:30 Epidemiology

Chairs: Ivarsson A, Makharia GK

What we have learned from the epidemiological studies 20 min

Ivarsson A (Sweden)

Celiac disease in Asia 20 min Makharia GK (India)

Genome, Environment, Microbiome, and Metabolome biomarkers 10 min

leading to the development of CD

Huedo-Medina TB, Leonard MM, Fasano F (USA)

Different habits on gluten consumption in young european children 10 min

> Crespo-Escobar P, Calvo-Lerma J, Auricchio R, Castillejo G, Korponay-Szabo I, Gyimesi J, Martinez-Ojinaga E, Vriezinga S, Werkstetter K, Koletzko S, Polanco I, Mearin ML, Troncone R,

Ribes-Koninckx C (Spain, Italy, Hungary, The Netherlands, Germany)

Coffee break 10:30-11:00



11:00-12:30

Chairs: Troncone R, Špičák J

Evolving imaging tools and diagnosis of celiac disease 20 min

Špičák J (Czech Republic)

Biomarkers for celiac disease 20 min

Troncone R (Italy)

10 min Prospective study on usefulness of duodenal bulb biopsies in coeliac

disease diagnosis

Taavela J, Popp A, Korponay-Szabo IR, Ene A, Vornanen M,

Saavalainen P, Lähdeaho ML, Ruuska T, Laurila K, Parvan A, Anca I,

Kurppa K, Mäki M (Finland, Romania, Hungary)

Search for gluten non-dependent prospective biomarkers for in vitro 10 min

diagnostic use

Korponay-Szabo IR, Kerekes-Tóth B, Gyimesi J, Barta-Tóth B, Bogáti

R, Király R, Caja Galan S, Nadalutti C, Lindfors K, Maki M, Fésüs L

(Hungary, Finland)

Celiac disease is underdiagnosed in sero-negative, gluten reacting, 10 min

> DQ2/8+ patients with Marsh I. Røseth A, Halstenesn T (Norway)

Clinical features and natural history of potential celiac disease in adults 10 min

Volta U, Caio G, De Giorgio R (Italy)

Presence of gluten peptides in urine reveals diet transgressions: 10 min

correlation with mucosal damage

Rodríguez Herrera A, Moreno Amador MDL, Cebolla Ramírez A,

Muñoz Suano A, Carrillo Carrión C, Comino Montilla I, Pizarro Moreno A, León F, Sousa Martín C (Spain, USA)

12:30-13:30 Lunch / Poster Session I

		_
	13:30-15:00	Epithelial cells and Pathogenesis I
		Chairs: Tlaskalova – Hogenován H, Cerf Bensussan N
	20 min	Wnt signaling in adult intestinal stem cells
		Kořínek V (Czech Republic)
S	20 min	T cells in celiac disease
cie	W.	Koning F (The Netherlands)
ä	20 min	B cells and celiac disease
ific		Sollid LM (Norway)
Scientific Forum	10 min	Identification and characterization of gluten reactive T cells from
9	P. Man	the immune repertoire
m		Yohannes DA, Freitag T, Kauwe A, Kurppa K, Wacklin P, Mäki M,
_	Sale By	Anderson R, Kaukinen K, Saavalainen P (Finland, Australia)
	10 min	COUR-NP-GLI induce immune tolerance to gliadin and reduce
		gluten-dependent enteropathy in a celiac mouse model
		Freitag TL, Messing M, Miller SD, Shae LD, Anderson LC, Meri S,
		Getts DR (Finland, USA)
	10 min	The specificity of the T cell response to gluten is stable in celiac disease
		irrespective of age
		Hardy M, Girardin A, Pizzey C, Cameron DJ, Watson K, Picascia S,
		Auricchio R, Greco L, Gianfrani C, La Gruta NL, Anderson RP,
		Tye-Din JA (Australia, Italy, USA)
Ħ		
	15:00-15:30	Coffee
5	15:30-16:30	Genes
		Chairs: Wijmenga C, Sollid LM
	20 min	Shared genetics in celiac disease and other autoimmunity disorders
		Wijmenga C (The Netherlands)
	10 min	Fine-mapping in the MHC accounts for 18% of additional genetic risk
		for celiac disease
		Zhernakova A, Gutierrez-Achury J, Pulit S, Trynka G, Hunt K,
		Romanos J, Raychaudhuri S, van Heel D, de Bakker P, Wijmenga C
		(The Netherlands, U.K., USA)
	10 min	Characterizing TCR γδ T cells in tissues and disease
	10 111111	Mayassi T, Ladell K, Gamboa R, McLaren J, Ciszewski C, Lesko K,
		Withoff S, Kupfer S, Semrad C, Guandalini S, Wijmenga C, Li Y, Price D,
Ħ		Jabri B (USA, U.K., The Netherlands)
Ĕ.	10 min	Search for high risk gene variants by linkage and targeted resequencing
	10 min	
		in extended CD pedigrees
Ö		Einarsdottir E, Yohannes D, Koskinen L, Mäki M, Kaukinen K,
Ē.		Korponay-Szabo I, Kurppa K, <u>Saavalainen P</u> (Finland, Hungary)
	10 min	Gene expression studies in pediatric and adult celiac disease
	10 min	Pascual V, Medrano LM, Bodas A, López-Palacios N, Cuevas D,
	10 min	



Tuesday, June 23, 2015, Meridian Hall

08:00-10:00	Pathogenesis II
	Chairs: Schuppan D, Jabri B
20 min	Towards optimal model of celiac disease pathogenesis
	Jabri B (USA)
20 min	Beyond gluten: Role of ATIs in NCWS
	Schuppan D (Germany)
20 min	IL-15 in the pathogenesis of celiac disease
	Cerf Bensussan N (France)
10 min	Role of Reovirus as an environmental trigger in the initiation of Celiac Disease
	Bouziat R, Hinterleitner R, Discepolo V, Ikizler M, Dermody T, Jabri B (USA)
10 min	Macrophages favor differentiation of regulatory gliadin-specific IL-10
	secreting Tr1 cells via IL-27
	van Leeuwen MA, <u>Costes LMM</u> , van Berkel LA, du Pré MF,
	Kozijn A, Raatgeep HC, Lindenbergh-Kortleve DJ, van Rooijen N,
	Koning F, Samsom JN (The Netherlands, Norway)
10 min	Small intestinal bacteria are involved in gluten metabolism in vivo
	<u>Caminero Fernandez A</u> , Galipeau HJ, McCarville JL, Herran AR,
	Casqueiro J, Surette MG, Verdu EF (Canada, Spain)
10 min	Impact of Interleukin 15 (IL-15) on the development of intestinal dysbiosis
	Meisel M, Koval J, O'Brien S, Mayassi T, Kim S, Fehlner-Peach H,
	Lesko K, Abadie V, Antonopoulos D, Jabri B (USA)
10 min	Mechanisms of Host-Viral Interactions Mediating Loss of Oral
	Tolerance a prerequisite for CD
	Hinterleitner R, Bouziat R, Stencel J, Brown J, Ng A, Dermody T, Jabri B (USA)
10 min	Intestinal epithelia lose barrier-function but gain migratory/invasive
	properties with IL-22
	Lebenheim L, Itzlinger A, Siegmund B, Schulzke JD, <u>Schumann M</u> (Germany)

10:00-10:30 Coffee break

	10:30-11:00	Keynote lecture
		Autoimmunity: back to basics Benoist C (USA)
	1	
တ္ခ	11:00-12:20	Non-celiac gluten sensitivity
≅. œ	X.	Chairs: Lundin K, Verdu E
entific Forum	15 min	Achievements and pitfalls of clinical studies
e C	15 min	Lundin K (Norway) Responses to gluton and notembraicless of IRS
F	15 min	Response to gluten and patophysiology of IBS
3	15 min	Verdu E (Canada) There is more to wheat than gluten and more to NCGS than IBS
3	15 11111	Gibson P (Australia)
	10 min	Response rate of functional patients after a double blind gluten challenge
	10 mm	Elli L, Branchi F, Ferretti F, Valiante F, Fini L, Forti E, Cannizzaro R,
		Londoni C, Lauri A, Fornaciari G, Lenoci N, Borgatta B, Buscarini E (Italy)
	10 min	Gluten-free diet in patients with irritable bowel syndrome:
		a double-blind randomized placebo-control study
		Shahbazkhani B, Sadeghi AS, Malekzadeh R, Rostami-Nejad M,
		Rostami K (Iran, U.K.)
	10 min	Experimental autoimmune encephalopathy enhanced by dietary
		alpha-amylase/trypsin inhibitors (ATIs)
Ε.		Zevallos V, Yogev N, Nikolaev A, Waisman A, Schuppan D (Germany, USA)
	12:20-13:00	Lunch / Poster Session II
	13:30-15:00	Mucosal healing, complications
	-3.31 -3.61	Chairs: Mulder CJ, Murray JA
	20 min	Mucosal healing and mortality
		Mulder CJ (The Netherlands)
	20 min	Modulation of intestinal epithelial repair
		Murray JA (USA)
	10 min	Prevalence of Comorbidities in Patients with Cœliac Disease
		Guandalini S, Tundia N, Thakkar R, Arunajadai S, Macaulay D,
		Essenmacher K, Fuldeore M (USA)
	10 min	Primary prevention of type-1 diabetes mellitus by coeliac mass screening
d		in children
Ĕ.		Korponay-Szabo IR, Szabados K, Pusztai J, Rózsáné Rigó É, Gyimesi J,
	10 min	Hyöty H, Maki M (Hungary, Finland) Celiac disease autoimmunity in patients undergoing renal biopsies
o d	10 min	Nurmi R, Mäkelä S, Metso M, Wirta O, Pörsti I, Niemelä O, Mustonen J,
		Kaukinen K (Finland)
	10 min	Prevalence and Predictors of Disordered Eating in Coeliac Disease
		Satherley R, Howard R, Higgs S (U.K.)
	10 min	Prevalence of functional GI symptoms among patients with celiac
		disease: a prospective study
		Silvester JA, Graff LA, Walker JR, Duerksen DR (Canada, USA)

15:00–15:30	Coffee break
15:30-17:00	Refractory CD, malignancies
	Chairs: Cellier C, Lebwohl B
20 min	T cell lymphoma: progress in diagnosis and treatment
	Cellier C (France)
20 min	Mechanisms and possible modulation of nonresponsive celiac disease Lebwohl B (USA)
10 min	IL-15 and notch drive the differentiation of sCD ₃ - IEL which undergo malignant transformation in CD
	Meresse B, Montcuquet N, Ettersperger J, Guegan N, Andre-Schmutz I,
	Di Santo J, Cellier C, Malamut G, Beldjord R, Cerf-Bensussan N (France
ıo min	TNF synergizes with IL2 and IL21 to induce proliferation of aberrant
	IEL from RCDII patients
	Kooy-Winkelaar Y, Bouwer D, Thompson A, Janssen G, de Ru A,
	Brugman M, van Gils T, Staal F, Bouma G, van Veelen P, Mulder CJ,
	Koning F, van Bergen J (The Netherlands)
io min	Autologous mesenchymal stem cell (MSC) infusions in refractory celia-
	disease (RCD): a case report
	Ciccocioppo R, Gallia A, Avanzini MA, Cangemi GC,
	Buonacera A, Brusamolino E, Racca F, Picone C, Vanoli A, Alvisi C,
	Biagi F, Bergamaschi G, Kruzliak P, Maccario R, Corazza GR
	(Italy, Czech Republic)
io min	Revisiting diagnostic features of refractory celiac disease of type I
	Malamut G, Meresse B, Rompteaux P, Khater S, Brousse N, Macintyre E
	Cerf-Bensussan N, Cellier C (France)
io min	Autologous Stem Cell Transplantation (ASCT) for refractory coeliac
	disease II: The Irish Experience
	Kumar S, Maheshwari P, Harkin G, Goulding C, Hayatt A, <u>Byrnes V</u> (Ireland)

10 min

10 min

Wednesday, June 24, 2015, Meridian Hall

08:30-10:00 Primary prevention and screening
Chairs: Mearin ML, Sandstrom O
20 min Screening for celiac disease: Yes, but...
Mearin ML (The Netherlands)
20 min Early infant feeding and prevention
Sandstrom O (Sweden)

Risk of celiac disease in the first degree relatives of patients with celiac

disease:A meta-analysis

Singh P, Arora S, Lal S, Strand T, <u>Makharia G</u> (USA, India, Norway)

Active Screening of Celiac Disease in At-Risk Children is Justified

Kivelä L, Kaukinen K, Hiltunen P, Ruuska T, Lähdeaho M-L, Mäki M,

Kurppa K (Finland)

10 min Screening for celiac disease in danish adults

Horwitz A, Skaaby T, Kårhus LL, Schwarz P, Jørgensen T, Rumessen JJ,

Linneberg A (Denmark)

10 min Elderly subjects screened for celiac disease adapt to and benefit

from a gluten free diet

Cartee AK, Van Dyke C, Brantner T, Larson J, Lahr B, Choung RS,

Rubio-Tapia A, Kyle R, Murray JA (USA)

10 min Primary care testing for coeliac serology is no better than population

screening

Chandler K, Robins G (U.K.)

10:00-10:30 Coffee break

10 30-11:00 Keynote lecture

Innate lymphoid cells in inflammation and immunity

Eberl G (France)



08:30-08:50 Introduction; Keynote lecture

What celiac patients expect from experts and community

Deutsch H (Austria)

08:50-10:10 Fundamental issues

Chairs: Koning F, Guandalini S

20 min Celiac disease in childhood and adults: 2014

Koning F (The Netherlands)

20 min New view on celiac iceberg - the "Prague" definition 2015

Ludvigsson JF (Sweden)

20 min Pathogenesis of celiac disease: orchestration of genetic and environmental

factors

Catassi C (Italy)

20 min Progress in diagnosis: Pitfalls in the ESPGAN-work-up

Husby S (Denmark)

10:10-10:30 **Coffee break**

10:30-12:00 Behind the intestine I

Chairs: Ulčová-Gallová Z, Kaukinen K

20 min Skin manifestation of celiac disease: not only dermatitis herpetiformis

Kaukinen K (Finland)

20 min Celiac disease and autoimunity associated conditions in reproductive

tract and other organs

Ulčová-Gallová Z (Czech Republic)

20 min Bone Alterations in Celiac Disease

Di Stefano M (Italy)

20 min Psychiatry and neurology

Hadjivassiliou M (U.K.)

10 min Do extra intestinal manifestations of celiac disease improve on GFD?

Sansotta N (USA)

12:00-13:30 Lunch



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13:30-15:10	Behind the intestine II
	Chairs: Lundin K, Bureš J
20 min	Celiac disease nd malignancies
	Sanders DS (U.K.)
20 min	Could we prevent celiac disease and associated autoimunity?
	Troncone R (Italy)
20 min	Eosinophil disease of GIT
	Bouma G (The Netherlands)
20 min	Other non-coeliac enteropathies
	Bureš J (Czech Republi)
20 min	Non celiac gluten sensitivity
	Lundin K (Norway)
15:10-15:30	Coffee break
15:30-17:10	CD: Management: Current approaches and perspectives
1 Enline	Chairs: Gibson PR, Sollid LM
20 min	Early diagnosis and prevention of CD - Is its relevance appraised
	in practice?
	Frič P (Czech Republic)
20 min	FODMAP: Non-nutritional effects of food
	Gibson PR (Australia)
20 min	Towards optimal gluten-free diet
	Welstead L (USA)
20 min	Progress in non-dietary therapies
Sur well	Sollid LM (Norway)
20 min	How to measure the response to gluten in clinical trials
	Schuppan D (Germany)

Patient's Forum

Monday, June 22, 2015, Zenit Hall

08:30-09:00 Welcome and introduction

Floriánová K, Lášková T

09:00-10:30 **SESSION** I

Chairs: Sleet S, Kubík M

Coeliac disease, Codex and legislative aspects in EU 20 min

Deutsch H (Austria)

Gluten-free food, testing, methods of analysis 20 min

Kubík M (Czech Republic)

Patient organizations in Europe 20 min

Rootsaert B (The Netherlands)

Assuring safety in the gluten-free diet to improve patient outcomes' 20 min

Sleet S (Belgium)

10:30-11:00 Coffee break

SESSION II 11:00-12:30

Chairs: Lundin K, Kohout P

Coeliac disease in adults - clinical presentation 20 min

Kohout P (Czech Republic)

Coeliac disease in children - clinical presentation 20 min

Popp A (Romania)

Coeliac disease autoimunity in relation to clinical symptoms 20 min

Koletzko S (Germany)

Allergy to gluten and non-coeliac gluten sensitivity 20 min

Lundin K (Norway)

Lunch 12:30-13:30

SESSION III 13:30-15:00

Chairs: Husby S, Sandström O

Is the number of coeliac disease patients increasing worldwide? 18 min

Ivarsson A (Sweden)

18 min Diagnosis of coeliac disease

Makharia G (India)

Specific aspects of coeliac disease diagnosis in children - new 18 min

> ESPGHAN criteria Husby S (Denmark)

The role of genetics in the coeliac disease diagnosis 18 min

Wijmenga C (The Netherlands)

Screening of coeliac disease 18 min

Sandström O (Sweden)



Coffee break 15:00-15:30

SESSION IV 15:30-17:30

Chairs: Mearin ML, Mulder C

Therapy of coeliac disease, gluten-free diet, oats 20 min

Semrad C (USA)

Prevention of coeliac disease, introduction of gluten into the 20 min

> complementary baby food Mearin ML (The Netherlands)

How to treat complicated coeliac disease? 20 min

Mulder C (The Netherlands)

Coeliac disease and malignancies 20 min

Sanders D (U.K.)

Posters

Poster Session I* (Poo1–Po89)

Monday, June 22 Date: Time: 12:30-13:30

Poster Area I (Aquarius+Taurus) Room:

Commorbities and extraintestinal manifestations Topics:

> Diagnosis Diet

Epidemiology

*Posters will be displayed throughout the whole Symposium. Please read Instructions for Posters on page 51.

Commorbities and extraintestinal manifestations

P-001

HEPATITIS B VACCINE NON-RESPONSE IN PEDIATRIC CELIAC DISEASE

Jatla M, Angirekula A

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THE PREVALENCE AND EFFECT OF CONCOMITANT TYPE 1 OR TYPE 2 DIABETES IN ADULT CELIAC DISEASE

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P-005 OSTEOPOROSIS AND BONE ALTERATIONS IN ADULT CELIAC DISEASE

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COMPARISON OF THE RELIABILITY OF CELIAC DISEASE SEROLOGY TO REFLECT INTESTINAL DAMAGE

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ANTI-NEO-EPITOPE tTg COMPLEXED TO GLIADIN ARE MORE RELIABLE THEN tTg FOR CELIAC DISEASE DIAGNOSIS

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PROSPECTIVE ASSESSMENT OF DUODENAL BULB BIOPSIES IN CELIAC DISEASE WITH QUANTITATIVE MORPHOMETRY

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TRICHOBEZOAR AS A PRESENTATION OF PEDIATRIC CELIAC DISEASE Jatla M. Gardiner L

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IMMUNE RESPONSES IN COELIAC DISEASE: COMPARISON OF MARSH 1 WITH MARSH 3 LESIONS

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THE MARSH III COELIAC MUCOSAL LESION DOES NOT NEED SUBDIVIDING

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PRE-ENDOSCOPY POINT OF CARE TESTING FOR COELIAC DISEASE IN ANAEMIA: A COST SAVING ECONOMIC MODEL

Mooney P¹, Svabe L², Andrews K², Moorea S², Haythem I³, Hoque S³, Elias J⁴, Bundhoo K⁴, Corbett G⁴, Lau M⁵, Wong L⁵, Tsai H⁵, Sanders D¹

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HIGH DEFINITION ENDOSCOPY BUT NOT I-SCAN SIGNIFICANTLY INCREASES THE DETECTION OF COELIAC DISEASE

Mooney P^1 , Patel N^2 , Burden M^1 , Wong S^1 , Teare J^2 , Sanders D^1 'Royal Hallamshire Hospital, Sheffield, U.K.; 'St Mary's Hospital, London, U.K.

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THE CLINICAL AND PHENOTYPIC ASSESSMENT OF ULTRA-SHORT COELIAC DISEASE

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COMPARISON OF THREE COMMERCIALLY AVAILABLE POINT OF CARE TESTS FOR COELIAC DISEASE

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CHANGES IN NUTRITIONAL STATUS OF CHILDREN WITH CELIAC DISEASE IN RUSSIA

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ARE DUODENAL BIOPSIES NECESSARY FOR THE DIAGNOSIS OF CELIAC DISEASE IN DIABETES MELLITUS TYPE 1 PATI

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CELIAC-LIKE ENTEROPATHY IN HELICOBACTER PYLORI INFECTED INDIVIDUALS CARRYING DQ2 AND DQ7 MOLECULES

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SMALL INTESTINE DIGITAL HISTOMORPHOMETRY FOR CELIAC DISEASE

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LEPTIN AND IGF-1 IN PEDIATRIC CELIAC DISEASE AND THEIR RELATIONSHIP WITH PARAMETERS AT DIAGNOSIS

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HIGH PREVALENCE OF EMA-NEGATIVE CELIAC DISEASE IN A TERTIARY CARE HOSPITAL

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CVID ENTEROPATHY MIMICKING COELIAC DISEASE: A CASE REPORT

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P-045 NORMALIZATION OF CELIAC SEROLOGY IN CHILDREN ON GFD WITH INITIAL TTG > 10 X UPPER LIMIT OF NORMAL

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CLINICAL UTILITY OF QUANTITATIVE MULTI-ANTIBODY POLYCHECK PANELS IN THE DIAGNOSIS OF COELIAC DISEASE

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THE USEFULNESS OF ANTI TTG IGG IN THE DIAGNOSIS OF CELIAC DISEASE WHEN ANTI TTG IGA IS NEGA

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DOES SEROLOGY ALONE HAVE PREDICTIVE VALUE FOR CELIAC **DISEASE DIAGNOSIS?**

Chugh PV, Gupta K, Erlichman J, Elci O, Verma R Children's Hospital of Philadelphia, USA

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PROTOTYPE I-FABP2 ASSAY FOR ASSESSING INTESTINAL DAMAGE IN CELIAC DISEASE PATIENTS

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EARLY DIAGNOSIS OF CELIAC DISEASE IN IgA DEFICIENT CHILDREN: CONTRIBUTION OF A POINT OF CARE TEST

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Diet

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PREDICTION OF ADHERENCE TO A GLUTEN-FREE DIET AMONG ADULTS WITH CELIAC DISEASE

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Poster Session I (Poo1–Po89), Monday, June

GLUTEN CONTENT OF WHEAT STARCHES

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IS THE PREVENTIVE LABELLING OF GLUTEN CONFUSING?

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GLUTEN CONTAMINATION IN COMMERCIAL SPICES IN THE UNITED STATES

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COST AND AVAILABILITY OF GLUTEN-FREE FOODS IN THE UK: IN STORE & ONLINE

Mooney P, Burden M, Blanshard R, White W, Cambray-Deakin D, Sanders D Royal Hallamshire Hospital, Sheffield, U.K.

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INULIN IN GLUTEN-FREE DIET OF DIFFERENT CALCIUM SUPPLY INFLUENCES CAECAL MICROBIOTA

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GLUTEN DETECTION IN FOOD USING AN R5 DIP-STICK SYSTEM: COLLABORATIVE STUDY

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A SHORT DIET ADHERENCE SCORE TESTED IN CHILDREN WITH COELIAC DISEASE

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GLUTEN-FREE DIET ADHERENCE IN CELIAC VERSUS NON-CELIAC AMERICAN ADULTS

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ADHERENCE TO MICRONUTRIENT SUPPLEMENTATION IN CHILDREN WITH CELIAC DISEASE

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GLUTEN-FREE PRODUCTS VS THEIR GLUTEN-CONTAINING COUNTERPARTS: AN EQUIVALENT NUTRITIONAL COMPOSITION?

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SEVERE ALLERGY TO CEREALS IN COELIAC PATIENT: A CASE REPORT

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ASSESSMENT OF BREAST MILK MYCOTOXIN CONTENT IN MOTHERS WITH CELIAC DISEASE: A PRELIMINARY OUTLINE

De Santis B⁵, Valitutti F¹, Nigri A³, Trovato CM¹, Iorfida D¹, Debegnach F³, Gregori E³, De Giacomo M³, De Luca P¹, Montuori M¹, Neuhold S⁴, Cucchiara S¹, Brera C³, Catassi C³ 'Sapienza University of Rome, Italy; 'Università Politecnica delle Marche, Ancona, Italy; 'Istituto Superiore Di Sanità, Veterinary Public Health And Food Safety Department, Rome, Italy; *Italian Celiac Society, Genova, Italy

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SELECTIVE CAPTURE OF CELIAC IMMUNOACTIVE PEPTIDES FROM HYDROLYZED GLUTEN BY THE G12 ANTIBODY

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PREVALENCE AND CHARACTERISTICS OF REACTIONS TO GLUTEN 6 MONTHS AFTER INITIATING A GLUTEN FREE DIET

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SELECTED BACTERIA AND FUNGAL ENZYMES TO MANUFACTURE OF GLUTEN-FREE BREAD FROM HYDROLIZED WHEAT FLOUR

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Epidemiology

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THE WORLD INCIDENCE OF CELIAC DISEASE HAS INCREASED OVER THE LAST SIX DECADES

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THE ANNUAL INCIDENCE/PREVALENCE OF AUTOIMMUNE DISEASES IS INCREASING WORLDWIDE

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MATERNAL INFECTIONS IN PREGNANCY AND RISK OF CELIAC DISEASE IN OFFSPRING: A NATIONWIDE COHORT STUDY

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SYMPTOMS AND MUCOSAL CHANGES STABLE DURING RAPID INCREASE OF PAEDIATRIC COELIAC DISEASE IN NORWAY

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DURATION OF BREASTFEEDING AND RISK OF COELIAC DISEASE IN THE MOBA COHORT

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GLUTEN CONSUMPTION AT EARLY AGE IS DIFFERENT AMONG INFANTS FROM DIFFERENT EUROPEAN COUNTRIES

Crespo-Escobar P¹, Calvo-Lerma J¹, Auricchio R², Castillejo G³, Korponay-Szabo I⁴, Gyimesi J⁴, Martinez-Ojinaga E⁵, Vriezinga S⁶, Werkstetter K⁷, Koletzko S⁷, Polanco I⁵, Mearin ML⁶, Troncone R², Ribes-Koninckx C¹

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AGE AT DIGNOSIS AND CLINICAL TYPE OF COELIAC DISEASE: A ROLE IN THE INCIDENCE OF COMPLICATIONS?

Biagi F¹, Schiepatti A¹, Balduzzi D¹, Maiorano G¹, Ciacci Z², Zingone F², Volta U³, Caio G³, Carroccio A⁴, Ambrosiano G⁵, Mansueto P⁵, Gobbi G¹, Corazza G¹ ¹University of Pavia, Policlinico San Matteo, Pavia, Italy; ²Dept of Medicine and Surgery, University of Salerno, Italy; Department of Medical and Surgical Sciences, St. Orsola-Malpighi University Hospital, Bologna, Italy; ⁴UO di Medicina, Ospedali Civili Riuniti di Sciacca, University of Palermo, Italy; ⁵Internal Medicine, University of Palermo, Italy

P-074 PREVALENCE OF CELIAC DISEASE IN INDIAN PATIENTS WITH IBS AND UNINVESTIGATED DYSPEPSIA

Sharma H, Verma AK, Das P, Datta Gupta S, Ahuja V, Makharia GK All India Institute of Medical Sciences, New Delhi, India

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THE EPIDEMIOLOGY OF CELIAC DISEASE IN ATHLETES: PREVALENCE ESTIMATES AND PRACTICE-BASED IMPLICATIONS

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GASTROENTERITIS ON THE RISK OF CELIAC DISEASE AUTOIMMUNITY IN YOUNG CHILDREN: THE TEDDY STUDY

Kemppainen KM¹, Lynch K², Liu E³, Lönnrot M⁴, Simell V⁵, Briese T⁶, Koletzko S⁷, Hagopian W⁸, Rewers M³, She J-X⁹, Simell O⁵, Toppari J^{5,10}, Ziegler A-G.^{11,12}, Akolkar B¹³, Krischer JP², Lernmark Å¹⁴, Hyöty H^{15,16}, Triplett EW¹, Agardh D¹⁴, TEDDY Study

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Poster Session I (Poo1-Po89), Monday, June 22

uesday, June 23

DIFFERENCES IN THE COELIAC DISEASE INCIDENCE BETWEEN TWO NEIGHBOURING COUNTRIES:THE DIABIMMUNE STUDY

Simre K^{1,2}, Uibo O^{1,3}, Peet A^{1,5}, Tillmann V^{1,5}, Hämäläinen AM⁴, Siljander H⁵, Knip M⁵, Uibo R²

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EPÍDEMIOLOY OF PEDIATRIC CELIAC DISEASE DURING 37 YEARS IN NAVARRA (SPAIN)

Etayo V¹, Diez V¹, Aznal E¹, Bandres E², Palacios M³, Martinez D¹, Justo A¹, Sanchez-Valverde F¹

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CELIAC DISEASE HLA AND NON-HLA RISK PREDICTION IN THE NORWEGIAN MOTHER AND CHILD COHORT STUDY

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HIGH COELIAC DISEASE PREVELANCE IN CYSTIC FIBROSIS

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P-081

COPING WITH CELIAC DISEASE: HOW MUCH IS THE BURDEN FOR CAREGIVERS?

Ferretti F, Branchi F, Locatelli M, Lombardo V, Conte D, Tomba C, Somalvico F, Elli L Fondazione IRCCS Ca' Granda, Milano, Italy

P-082

PATIENTS WITH TYPE 1 SPRUE HAVE MORE AUTOIMMUNE DISEASE THAN PATIENTS WITH CELIAC DISEASE

Escudié J.B.^{1,2}, Cellier C.¹, Malamut G.¹, <u>Khater S.</u>¹, Rance B.^{1,2}, Burgun A.^{1,2}, Jannot A.S.^{1,2} European Hospital Georges Pompidou, Paris, France; INSERM UMRS 1138, CRC cordeliers, Paris, France

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GLUTEN INTRODUCTION TO INFANT FEEDING AND CELIAC DISEASE RISK: SYSTEMATIC REVIEW AND META-ANALY

 $\underline{Pinto\text{-}Sanchez\ MI^{\scriptscriptstyle 1}},$ Verdu $EF^{\scriptscriptstyle 1},$ Liu $E^{\scriptscriptstyle 3},$ Bercik $P^{\scriptscriptstyle 1},$ Green $PH^{\scriptscriptstyle 2},$ Murray $J^{\scriptscriptstyle 4},$ Guandalini $S^{\scriptscriptstyle 5},$ Moayyedi $P^{\scriptscriptstyle 1}$

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ASSOCIATIONS BETWEEN THE USE OF ANTI-SECRETORY DRUGS AND SUBSEQUENT DEVELOPMENT OF CELIAC DISEASE

Maxim R¹, Trifan A¹, Ciortescu I¹, Plesa A¹, Stanciu C²

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IS ONE-TIME SCREENING OF CELIAC DISEASE (CD) SUFFICIENT TO IDENTIFY UNDETECTED CD IN ADULTS?

Choung RS, Khaleghi S, Rubio-Tapia A, Marietta EV, Larson JJ, Lahr VD, Rajkumar V, <u>Murray JA</u> *Mayo Clinic, Rochester, MN, USA*

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GEOGRAPHIC VARIATIONS IN PREVALENCE OF CELIAC DISEASE IN ADULTS IN INDIA

Ramakrishna B S¹, Makharia G², Chetri K³, Dutta S⁴, Ahuja V², Amarchand R², Anand K², Balamurugan R¹, Chowdhury S¹, Daniel D¹, Dutta Gupta S², George G¹, Hellen J¹, Kaur G², Pugazhendhi S¹

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HIGH PREVALENCE OF COELIAC DISEASE AMONG CHILDREN IN VAS COUNTY, HUNGARY DETECTED WITH RAPID TEST

Dolinšek J¹, <u>Oroszlan G</u>², Balogh M², Dolinšek J³, Mičetić-Turk D⁴, Krenčnik T¹

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Hungary; ³Municipality Of Maribor, Slovenia; ⁴Medical Faculty, University Of Maribor, Slovenia

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CHANGES IN DIAGNOSTIC DELAY AND CLINICAL PATTERN OF CHILDHOOD COELIAC DISEASE IN NE SLOVENIA

<u>Dolinšek J</u>¹, Krenčnik T¹, Ferant ޹, Pungartnik A¹, Dolinšek J², Mičetić-Turk D³ 1 University Medical Centre Maribor, Slovenia; 3 Municipality Of Maribor, Slovenia; 3 Medical Faculty, University Of Maribor, Slovenia

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PERSISTENCE OF IRON-DEFICIENCY ANEMIA IN LONG TERM RESPONDERS CELIAC PATIENTS

Khater S, Malamut G, Saadi R, Cellier C Hopital Européen Georges Pompidou, Paris, France

Poster Session II* (Pogo-Pig2)

Date: Tuesday, June 23 Time: 12:20-13:30

Room: Poster Area II (Leo+Virgo)

Topics: Future directions

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Non coeliac gluten sensitivity

Refractory disease

Screening Treatment Various

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Future directions

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THE IMPACT OF SOCIAL SUPPORT NETWORK PARTICIPATION ON QUALITY OF LIFE SCORES IN CELIAC DISEASE

Lee A^{1,2}, Green P², Wolf R², Verdeli L², Contento I² ¹Dr Schar USA, Lyndhurst, USA; ²Columbia University, New York, USA

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INCREASE USAGE OF FOOD INDUSTRY BACTERIAL TRANSGLUTAMINASE EXPLAINS THE SURGE IN CELIAC DISEASE

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INTESTINAL PERMEABILITY BREAK BY INDUSTRIAL FOOD ADDITIVES EXPLAINS THE RISING OF AUTOIMMUNITY

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z-DIMENSIONAL STRUCTURES OF HUMAN AND MICROBIAL TRANSGLUTAMINASES COMPLEXED TO GLIADIN ARE SIMILAR

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EPIDERMAL TRANSGLUTAMINASE ANTIBODIES ARE NOT GLUTEN-DEPENDENT IN COELIAC DISEASE

Salmi TT^{1,2}, Kurppa K^{2,1}, Hervonen K^{1,2}, Mäki M^{2,1}, Huhtala H², Laurila K^{2,1}, Collin P¹, Reunala T^{2,1}, Kaukinen K^{2,1}

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P-005

SEROLOGICAL MARKERS OF ENTEROCYTE IMPAIRMENT IN PATIENTS WITH CELIAC DISEASE AND DIABETES MELLITUS

Hoffmanová I¹, Sánchez D², Hábová V², Anděl M¹, Tučková L², Tlaskalová-Hogenová H² ¹Third Faculty of Medicine Charles University, Prague, Czech Republic; ²Laboratory of Cellular and Molecular Immunology, Institute of Microbiology, Academy of Sciences, Prague, Czech Republic

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DEVELOPMENT OF THE COELIAC DISEASE ASSESSMENT QUESTIONNAIRE (CDAQ)

Crocker H. Peters M. Jenkinson C University of Oxford, Headington, U.K.

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NOVEL APPROACH TO GLUTEN-FREE DIET EDUCATION: COOKING/ NUTRITION CLASSES FOR CHILDREN AND FAMILIES

Weisbrod V, Ryee M-Y, Stern L, Cines B, Snyder J Children's National Health System, Washington, DC, USA

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SAFETY STUDY OF ORAL IGY ANTIBODY IN CELIAC DISEASE PATIENTS

Sample D, Gujral N, Hoon HH

University of Alberta, Katz Group Centre for Pharm, Edmonton, Canada

P-ogg

SELF-COMPASSION AND PSYCHOSOCIAL COPING AMONG ADULTS WITH CELIAC DISEASE

Dowd AJ, Jung ME

University of British Columbia | Okanagan, Kelowna, Canada

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INCREASING ACCESS TO PSYCHOLOGY SUPPORT GROUPS FOR CHILDREN AND ADOLESCENTS WITH CELIAC DISEASE

Ryee M, Freedenberg V, Weisbrod V, Stern L, Hardiman L, Cines B, Synder J Children's National Health System, Washington DC, USA

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INCREASING THE AWARENESS AND TREATMENT OF THE PSYCHOLOGICAL NEEDS OF CHILDREN WITH CELIAC DISEASE

Ryee M, Weisbrod V, Stern L, Hardiman L, Cines B, Synder J Children's National Health System, Washington DC, USA

Genetics

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HAPLOTYPES ASSOCIATED WITH CELIAC DISEASE IN THE CZECH POPULATION

Blašková M, Koudová M, Bittóová M, Vlčková Z, Indráková V GHC GENETICS s.r.o., Prague, Czech Republic

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GENETIC VARIATION OF GENES CCL25 AND CCR9 IN COELIAC DISEASE

Airaksinen L^{1,2}, Saavalainen P³, Cerqueira JXM^{1,2}, Kaukinen K^{4,5}, Mäki M^{1,2}, Lindfors K^{1,2} ¹Tampere Center for Child Health Research, University of Tampere, Finland; ²Tampere University Hospital, Finland; ⁵Research Programs Unit, Immunobiology, and Haartman Institute, Department of Molecular Genetics, University of Helsinki, Finland; &School of Medicine, University of Tampere, Finland; Department of Internal Medicine, Tampere University Hospital, Finland

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SYSTEM GENETICS APPROACH IDENTIFIES NOVEL LNCRNA GENES AND IMPLICATES AUTOPHAGY IN CELIAC DISEASE

Ricano Ponce I¹, Zhernakova DV¹, Deelen P¹, Karjalainen J¹, Di Tommaso J¹, Borek Z¹, Zorro MM¹, Gutierrez-Achury J¹, BIOS consortium .², Jonkers IH¹, Withoff S¹, Li Y¹, Franke L1, Wiimenga C1, Kumar V1

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SETUP AND EVALUATION OF EFFICACY OF SYBR® GREEN REAL-TIME PCR TECHNIQUE TO DETECT THE HLA-DQ2/8

Mashayekhi K^{1,2}, Rostami-Nejad M¹, Azimzadeh P¹, Amani D², Pourhosseingholi MA¹, Nikzamir AR³, Zali MR¹

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HLA TESTING FOR DIAGNOSTICS OF COELIAC DISEASE

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GENETIC RISK FACTORS FOR THROMBOEMBOLIC COMPLICATIONS IN CELIAC DISEASE

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PERIPHERAL NEUROTENSIN EXPRESSION IN PEDIATRIC CELIAC DISEASE

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ISOLATION AND CHARACTERIZATION OF DQ2.5-GLIA-AIA-SPECIFIC ANTIBODIES

Høydahl LS^{1,2}, DuPre F^{1,2}, Bergseng E^{1,2}, Gunnarsen KS^{1,2}, Qiao SW^{1,2}, Sollid LM^{1,2}, Sandlie I1,2,3, Løset GÅ1,3,4

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EXPRESSION LEVEL OF CD PREDISPOSING DQA1*05 AND DQB1*02 ALLELES IN APC CARRYING DR₃-DQ_{2.5} HAPLOTYPE

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IRON DEFICIENCY IN TREATED CELIAC DISEASE: CONTRIBUTION OF TMPRSS6 RS855791 POLYMORPHISM

Elli L1, Poggiali E1,2, Branchi F1,2, Tomba C1,2, Andreozzi F2, Nava I1, Bardella MT1, Duca L1, Conte D1,2, Cappellini MD1,2

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CELIAC DISEASE ASSOCIATED GENES ARE INVOLVED IN INTESTINAL BARRIER FUNCTION

Zorro M, Medrano L, Kumar V, Jaroz L, Wijmenga C, Van IJzendoorn SCD, Withoff S UMCG Groningen University, The Netherlands

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GENETIC AND NON-GENETIC DETERMINANTS OF CO-OCCURRENCE OF TYPE 1 DIABETES AND CELIAC DISEASE IN TEDDY

Hagopian W¹, Liu E², Lee HS³, Rewers M², Ziegler AG⁴, She JX⁵, Lernmark A⁶, Simell O7, Rich SS8, Krischer J3, Erlich H9, Akolkar B10, Agardh D6

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Poster Session II (Pogo-P193), Tuesday, June 23

P-114 DYNAMIC EXPRESSION PROFILE OF LNCRNA GENES UPON STIMULATION OF HUMAN GLUTEN-SPECIFIC T-CELLS

Borek Z¹, van Bergen J², Kooy-Winkelaar I², Kumar V¹, Jonkers I¹, Wijmenga C¹, Koning F², Li Y¹, Withoff S¹

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Immunity and tolerance

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INDUSTRIAL FOOD ADDITIVE MICROBIAL TRANSGLUTAMINASE IS IMMUNOGENIC IN CHILDREN WITH CELIAC DISEASE

Lerner A^{1,2,3}, Matthias T⁴, Jeremias P⁴, Neidhöfer S⁴

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EPITOPES OF HUMAN AND MICROBIAL TRANSGLUTAMINASES ARE SIMILARLY RECOGNIZED BY CELIAC DISEASE SERA

Jeremias P4, Prager K5, Neidhöfer S5, Lerner A1,2,3, Matthias T4

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INJECTION OF TG2-AUTOANTIBODIES INDUCE MILD ENTEROPATHY IN MICE BUT NOT CLINICAL SYMPTOMS

Kalliokoski S^{1,2}, Sulic AM^{1,2}, Caja S^{1,2}, Frias R³, Laurila K^{1,2}, Mäki M^{1,2}, Kaukinen K^{1,2}, Sblattero D4, Korponay-Szabo IR^{1,5,6}, Lindfors K^{1,2}

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CHARACTERIZATION OF T-CELL RECEPTOR REPERTOIRE OF DQ2.5-GLIA-A2 AND DQ2.5-GLIA-Ω2 –REACTIVE T CELLS

Dahal-Koirala S^{1,2}, Risnes LF^{1,2}, Christophersen A^{1,2}, Lundin KEA^{1,2,3}, Sollid LM^{1,2}, Oiao SW1,2

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COMPREHENSIVE TCR REPERTOIRE ANALYSIS OF CD4+T CELLS IN GUT AND BLOOD AFTER 14-DAY GLUTEN CHALLENGE

Risnes LF^{1,2}, Dahal-Koirala S^{1,2}, Sarna VK^{1,2}, Lundin KEA^{1,2,3}, Sollid LM^{1,2}, Oiao SW^{1,2} *Centre for Immune Regulation, University of Oslo and Oslo University Hospital, Norway; *Department of Immunology, Oslo University Hospital - Rikshospitalet, Norway; Department of Transplantation Medicine, Oslo University Hospital - Rikshospitalet, Norway



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EFFECTS OF DIETARY GLUTEN ON MICE WITH ALTERED STRESS-RELATED BEHAVIOR AND IMMUNOSENESCENCE

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TG2 AND TG3 ANTIBODIES IN COELIAC DISEASE AND DERMATITIS HERPETIFORMIS - AN ORGAN CULTURE STUDY

Hietikko M1, Rauhavirta T1, Hervonen K1,2, Reunala T1,2, Salmi T1,2, Ilus T1,2, Laurila K¹, Collin P^{1,2}, Mäki M¹, Kaukinen K¹, Lindfors K¹ ¹University of Tampere, Finland; ²Tampere University Hospital, Finland

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GLIADIN-SPECIFIC MABS OF GUT PLASMA CELLS RECOGNIZE LONG PEPTIDES WITH REPEATED MOTIFS

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INTRAEPITHELIAL INNATE LYMPHOID CELL ALTERATIONS IN CELIAC DISEASE: ROLE IN MUCOSAL INFLAMMATION?

Bunin A, Lewis SK, Lebwohl B, Reizis B, Green PH, Bhagat G Columbia University, New York, USA

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NO GLIADIN IMMUNOREACTIVITY INDUCED BY HYDROLYZED WHEAT FLOUR IN CELIAC DISEASE CHILDREN

Auricchio R¹, Gianfrani C², Picasia S², Mandile R¹, Parrella C¹, Gobbetti M³, Greco L¹ Department of Traslational Medical Science, University Federico Ii, Naples, Italy; Institute of Protein Biochemistry, CNR, Avellino, Italy; Department of Soil, Plant and Food, University Aldo Moro, Bari, Italy

ABROGATION OF COELIAC IMMUNOGENICITY OF GLUTEN PEPTIDES BY AMINO ACID POINT SUBSTITUTIONS

Japelj N¹, Côrte-Real B¹, Šuligoj T¹, Zhang W², Messing J², Ciclitira P J¹ *King's College London, St Thomas' Hospital, London, U.K.; *Rutgers University, Waksman Institute of Microbiology, Piscataway, New Jersey, USA

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CYTOKINE PRODUCTION IN THE INTESTINAL MUCOSA OF CHILDREN IN A VERY EARLY PHASE OF COELIAC DISEASE

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COOPERATION BETWEEN GLUTEN-SPECIFIC B CELLS AND GLUTEN-SPECIFIC T CELLS IN CELIAC DISEASE

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ENHANCED B-CELL RECEPTOR RECOGNITION OF THE AUTOANTIGEN TG2 BY CATALYTIC SELF-MULTIMERIZATION

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IgA-CLASS SWITCH RECOMBINATION OCCURS AT MUCOSAL LEVEL AND IS INCREASED IN CELIAC DISEASE

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CXCR3 SPLICE VARIANTS IN CELIAC DISEASE

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GLIADIN AND FMLP INDUCE POTENT NEUTROPHIL CHEMOTAXIS BY ENGAGING THE FORMYL PEPTIDE RECEPTOR 1

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TRANSAMIDATION OF GLIADIN MEDIATES REVERSAL OF THE ANTIGEN-SPECIFIC IMMUNE PHENOTYPE IN DQ8 TG MICE.

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TRANSAMIDATED GLIADIN STIMULATES INTESTINAL IL-10 IN VITRO IN UNTREATED CD PATIENTS

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TRANSGENIC DQ2 MICE ON A TOTAL KNOCK OUT BACKGROUND HAVE A SUBOPTIMAL HUMORAL IMMUNE RESPONSE

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STUDY OF ANTIGLIADIN ANTIBODIES AND TOTAL IGA IN BREAST MILK FROM COELIAC AND NON-COELIAC MOTHERS

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CHARACTERIZATION OF THE T CELL RESPONSE AGAINST IMMUNODOMINANT DQ2.5 EPITOPES IN COELIAC DISEASE

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ARE ANTI-TRANSGLUTAMINASE ANTIBODIES RELATED ALWAYS TO GLUTEN INGESTION?

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DEVELOPMENT OF GLIADIN CONTAINING TOLEROGENIC IMMUNE MODIFYING NANOPARTICLES FOR CELIAC DISEASE

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HEALTHY HLA-DQ2.5+ INDIVIDUALS DO NOT MOUNT T-CELL RESPONSES TO GLUTEN EPITOPES

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SPECIFIC NON-GLUTEN PROTEINS OF WHEAT ARE NOVEL TARGET ANTIGENS IN CELIAC DISEASE HUMORAL RESPONSE

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P-141 LYMPHOCYTE POPULATIONS IN BIOPSIES AND GLUTEN-REACTIVE T CELL LINES FROM CELIAC DISEASE PATIENTS

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P-142 DIETARY WHEAT ATIS WORSEN INTESTINAL INFLAMMATION IN MICE WITH COLITIS

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P-143 THE IL15 AND GLUTEN-DEPENDENT ACTIVATION OF TRANSGLUTAMINASE 2

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Microbiota interactions

CDGEMM STUDY DESIGN:A MULTI-OMIC APPROACH TO UNCOVER FACTORS CONTRIBUTING TO THE DEVELOPMENT OF CD

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P-146 SHORT CHAIN FATTY ACIDS INFLUENCE THE BARRIER DYNAMICS OF CULTURED INTESTINAL CELLS

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CHARACTERIZATION OF THE ENTIRE CELIAC DISEASE INTESTINAL MICROBIOME BY NEXT GENERATION SEQUENCING

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THE EFFECT OF GLUTEN FREE DIET ON THE HUMAN MICROBIOME

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Molecular pathways

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GLIADIN INDUCED OXIDATIVE AND DNA DAMAGE IN CACO2 CELL LINE

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P_{31-4/3} AND VIRAL LIGAND LOXORIBINE EFFECTS ON THE ACTIVATION OF INNATE IMMUNITY IN CELIAC DISEASE

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TLR4/MyD88/TRIF/MAPK/NF-kB AND AN NLRP3 INFLAMMASOME ARE INVOLVED IN WHEAT PROTEINS SIGNALING

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LONGITUDINAL GENE EXPRESSION ANALYSIS OF CANDIDATE GENES IN COELIAC DISEASE

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Nrf2 ACTIVATION PREVENTS PRO-OXIDANT SIGNS IN A MOUSE MODEL OF GLIADIN-INDUCED ENTEROPATHY

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miRNA-REGULATED GENE EXPRESSION DIFFERS IN CELIAC DISEASE PATIENTS ACCORDING TO AGE OF PRESENTATION

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THE POLYCOMB COMPLEX PRC2 REGULATES THE INTESTINAL STEM CELL NICHE AND MATURATION OF THE ENTEROCYTES

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T. MONOCOCCUM OMEGA-GLIADIN PROTECTS AGAINST GLIADIN-INDUCED TOXICITY IN DIFFERENTIATED CACO-2 CELL

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EFFECTS OF IN VIVO GLUTEN CHALLENGE ON BLOOD LEUKOCYTE GENE EXPRESSION PROFILE IN DIET TREATED CELD

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P-158 CYTOKINES AND GLUTEN-RELATED PEPTIDES AFFECT THE EPITHELIUM SIMILARLY TO PT-GLIADIN DIGEST

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Non celiac gluten sensitivity

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IS THERE A RELATIONSHIP BETWEEN GLUTEN INGESTION AND POSTURAL TACHYCARDIA SYNDROME?

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DYSPEPSIA COULD BE THE MAIN PRESENTATION OF PATIENTS WITH NON-CELIAC GLUTEN SENSITIVITY

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A SINGLE-BLINDED STUDY EVALUATING THE EFFECTS OF A GLUTEN-FREE DIET IN IBS-D

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NON-CELIAC WHEAT SENSITIVITY, ANA POSITIVITY AND AUTOIMMUNE DISEASES: WHAT THE POSSIBLE CORRELATION?

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QUESTIONNAIRE SURVEY OF CELIAC DISEASE AND NCGS IN OUTPATIENTS COHORTS OF 3 GASTROENTEROLOGY CENTRES

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DEVELOPMENT OF IN VITRO STRATEGIES AS A DIAGNOSTIC TOOL IN GLUTEN-RELATED PATHOLOGIES

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P-165 GLUTEN CHALLENGE IN SUSPECTED NON-CELIAC GLUTEN **SENSITIVITY**

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GLUTEN-FREE DIET ADHERENCE IN CELIAC DISEASE AND NON-CELIAC **GLUTEN SENSITIVITY**

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COMPARISON OF IMMUNE RESPONSE TO S. CEREVISIAE IN CELIAC DISEASE AND NON-CELIAC GLUTEN SENSITIVITY

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ALPHA-AMYLASE/TRYPSIN INHIBITORS (ATIs) ACCELERATE MURINE SYSTEMIC LUPUS ERYTHEMATOSUS

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PREDICTING HISTOLOGICAL REMISSION IN PATIENTS WITH CELIAC DISEASE ON A GLUTEN FREE DIET

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REFRACTORY COELIAC DISEASE INDUCED BY IPILIMUMAB/NIVOLUMAB COMBINATION THERAPY

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P-171 IMPROVEMENT OF PROLYLENDOPEPTIDASE ACTIVITY BY SITE-SPECIFIC POLYMER CONJUGATION

Schulz J D, Patt M, Kries H, Hilvert D, Leroux J-C ETH Zurich, Switzerland

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PRIMARY CARE TESTING FOR COELIAC SEROLOGY IS NO BETTER THAN POPULATION SCREENING

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CHILDREN WITH TYPE 1 DIABETES SHOULD BE SYSTEMATICALLY SCREENED FOR CELIAC DISEASE

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P-174 CLINICAL VALUE OF HLA GENOTYPING IN SCREENING FOR CELIAC DISEASE: A FOLLOW-UP BIRTH COHORT STUDY

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COST-EFFECTIVENESS OF ROUTINE DUODENAL BIOPSY FOR CELIAC DISEASE TESTING DURING ENDOSCOPY FOR REFLUX

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CELIAC DISEASE SYMPTOMS IN ATHLETES: PREVALENCE AND INDICATORS OF PERCEIVED QUALITY OF LIFE

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AUTOIMMUNITY IN A HIGH RISK GROUP: BUILDING A FAMILY-BASED MODEL OF AUTOIMMUNE DISEASE

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INHIBITION OF GLIADIN INDUCED IMPAIRED INTESTINAL INTEGRITY AND INFLAMMATION USING EGG YOLK ANTIBODY

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ELEVATED BMI AT INITIAL DIAGNOSIS OF CELIAC DISEASE

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IMPLEMENTATIONS OF THE NEW ESPGHAN GUIDELINES OF CD IN THE NETHERLANDS

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HOW VALUABLE IS "10-TIME ULN THRESHOLD" FOR ATROPHY DETECTION IN SCREENING -DETECTED PATIENTS?

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PANDORA'S BOX: COELIAC DISEASE AMONG FIRST-DEGREE RELATIVES OF SCREENING-DETECTED CELIAC PATIENTS

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CELIAC DISEASE MANAGEMENT: A COMPARISON BETWEEN A CELIAC CENTER AND THE COMMUNITY SETTING

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A COMBINATION OF MSH₅ VARIANT ON 6P₂1. WITH HLA HAPLOTYPES IMPROVES COELIAC DISEASE RISK PREDICTION

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QUALITY OF LIFE IN CELIAC DISEASE: DO PATIENTS AND DOCTORS AGREE?

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PREVALENCE AND SEVERITY OF GASTROINTESTINAL SYMPTOMS IN LONG-TERM TREATED CELIAC DISEASE PATIENTS

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CHARACTERISTIC AND DIETARY RESPONSE IN CELIAC DISEASE PATIENTS PRESENTING WITH OR WITHOUT ANEMIA

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SHORT- AND LONG-TERM OUTCOME OF INCOMPLETE MUCOSAL RECOVERY IN CELIAC DISEASE

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CONTAMINATION OF PROBIOTICS WITH GLUTEN, DETECTED BY LIQUID CHROMATOGRAPHY-MASS SPECTROMETRY

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DIRECT COSTS IN PATIENTS WITH CŒLIAC DISEASE – A RETROSPECTIVE CLAIMS ANALYSIS

 $\underline{\text{Guandalini S}^1}$, Tundia N^2 , Thakkar R^2 , Arunajadai S^3 , Macaulay D^3 , Essenmacher K^4 , Fuldeore M^2

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NO BENEFIT OF FOOD-GRADE GLUTENASES IN COELIAC ADOLESCENTS TRANSGRESSING THE GLUTEN-FREE DIET

Korponay-Szabo I^{1,2}, Tumpek J², Gyimesi J², Laurila K³, Papp M¹, Maki M³, Khosla C⁴

¹University of Debrecen, Hungary; ²Heim Pál Children's Hospital, Budapest, Hungary; ³University of Tampere

Medical School, Tampere Center for Child Health Research, Finland; ⁴Stanford University, USA

Various

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CATERING GLUTEN-FREE WHEN SIMULTANEOUSLY USING WHEAT FLOUR

Miller K1, McGough N2, Urwin H3

*Food Policy Lead, Coeliac UK; *Director of Policy, Research and Campaigns, Coeliac UK; *Research Manager, Coeliac UK



Guidelines for Presenters (Oral and Poster)

Instructions for Speakers

How to Submit Presentations at the Symposium

Please come to the Speaker's Ready Room (QUADRANT) at least 1 ½ hour before the beginning of your session. In case your speech has been scheduled for a morning session please come to the Speakers' Ready Room (QUADRANT) one day before the day of your presentation. The Speakers' Ready Room (QUADRANT) location is marked in the Final Program.

The Speakers' Ready Room is located on the 3rd Floor of the Clarion Congress Hotel Prague in the Hall QUADRANT (see floorplan on page 56).

Opening Hours for the Speakers' Ready Room

Sunday, June 21, 2015	16:00-21:00
Monday, June 22, 2015	07:30-17:30
Tuesday, June 23, 2015	07:00-17:00
Wednesday, June 24, 2015	07:30-11:30

Instructions for Posters

Posters

Please plan to be at your poster, and available to answer questions from delegates, at the time of your assigned Poster Session.

Poster Board Numbers

Each poster receives a unique poster board number. You will find the list of posters including the poster board numbers in the Final Program (page 22-52) and also in the poster area.

Poster Area

Each poster is displayed for the whole duration of the Symposium. No guided tours through the poster area are being organized.

Poster Mounting Times

Set-up	Sunday, June 21, from 16:00 until 20:00	
Dismounting	Wednesday, June 24, until 10:30	

Posters on Display

Monday, June 22, 2015	09:00-17:30
Tuesday, June 23, 2015	08:30-17:30

Best Poster Prize

The Scientific Committee shall award a prize to the best posters. Three best posters will be announced during the Symposium. Authors of the best posters will receive certificates in PDF format by e-mail.

ICDS 2015

Mobile application

All participants will have a possibility to download mobile application of the ICDS 2015 Symposium. The ICDS 2015 mobile application will enable participants to ask questions to the speakers also during the session.

You can download the mobile application here (search the ICDS 2015):













Coffee with speakers

Lectures and discussions will be combined with short interactive meeting following all sessions, where you can share your experience with other participants, discuss new collaboration and create professional relationship. After every session all speakers presented will be invited to take a coffee in the designated area "Coffee with speakers" (please see the location at the Venue & Floor Plan at page 56) for at least 15 minutes. This would provide an ideal environment to share ideas and personal experiences.

Registration

The Registration Desk is located on the $3^{\rm rd}$ Floor of the Clarion Congress Hotel Prague.

Opening hours

Sunday, June 21, 2015	15:00-21:00
Monday, June 22, 2015	07:30-17:30
Tuesday, June 23, 2015	07:00-17:00
Wednesday, June 24, 2015	07:30-11:30

Certificate of Attendance

Certificates of attendance will be handed out to participants at the Registration Desk.



16th International Coeliac Disease Symposium 21–24 June 2015 | Clarion Congress Hotel Prague

General Information

Official Language

The official language for the Symposium is English. Interpreting is provided only for the Patient's Forum.

Insurance

The organisers do not accept responsibility for individual medical, travel or personal insurance. All participants are strongly advised to take out their own personal insurance before travelling to the Symposium.

Time Zone

The Czech Republic is on Central European Time (CET), which is Greenwich Mean Time (GMT) plus 1 hour. Note that April to October is summer time, i.e. GMT + 2 hours.

Transportation

Each registered participant receives one free public transportation pass at the Registration Desk when registering. This ticket is valid within the dates of the Symposium.

Parking

Free parking spaces in or at the Clarion Congress Hotel Prague are not provided to participants. Expenses for these and other parking space shall be covered by the participants on their own.

Important Telephone Numbers

112: General Emergency for Europe

150: Fire

155: Ambulance

156: Prague Municipal Police

158: Police

Free Wi-Fi

Free Wi-Fi is provided in all the Symposium areas and exhibition.



SSID: ICDS215

Password: no password needed

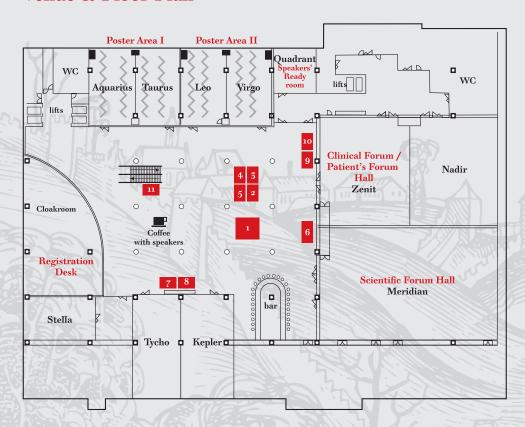
Taxi service

In the city centre, taxis are easy to take from the street but we strongly recommend you use hotel taxis or to call a taxi by phone through the radio taxi service.

We recommend you use following taxi companies:

AAA Taxi: +420 14 0 14 **Profi Taxi:** +420 14 0 15

Venue & Floor Plan



List of Exhibitors

Company	Stand No.
AbbVie s.r.o.	9
Agrofert a.s.	6
Biomedal S.L.	8-1-
Dr.Schär AG/SPA	T
EUROSPITAL S.P.A.	2
Fria Bröd AB	5
Hermann Kröner GmbH	4//
ICDS 2017	7
Labsystems Diagnostics Oy	10
R-Biopharm AG	3
TestLine Clinical Diagnostics s.r.o.	



Accompanying Events

Welcome Reception

Date: Sunday, June 21, 2015

Time: 17:30-21:30

Admission: Free for all registered participants but requires a confirmation during the

registration process.

Venue: Clarion Congress Hotel Prague, Freyova 33, Prague 9

16th International Coeliac Disease Symposium

21-24 June 2015 | Clarion Congress Hotel Prague

Program of the Welcome Reception

17:30-18:00 Welcome drink and canapés served in the foyer

18:00–18:05 Welcome Video 18:05–18:15 Introductions 18:15–18:30 Musical Performance

18:30-21:30 Dr. Schär Satellite Symposium

(registration required - you can see the detailed program above and

register yourself on www.drschaer-institute.com/en/congress/)

The Opening Reception will be held in the Meridian Hall of the Clarion Congress Hotel Prague. Welcome drink and canapés will be served in the foyer prior to the Welcome Reception. The Welcome Reception will be followed by Dr. Schär Satellite Symposium.

Evening River Cruise with dinner, music and sightseeing tour

Date: Tuesday, June 23, 2015

Time: 18:50-21:50 Admission*: 56 EUR

Pick-up: at 17:30 at the Reception Desk of the Clarion Congress Hotel Prague,

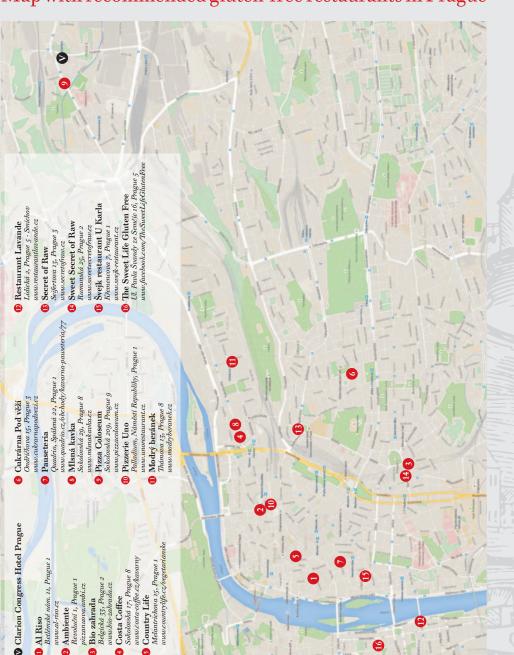
Freyova 33, Prague 9

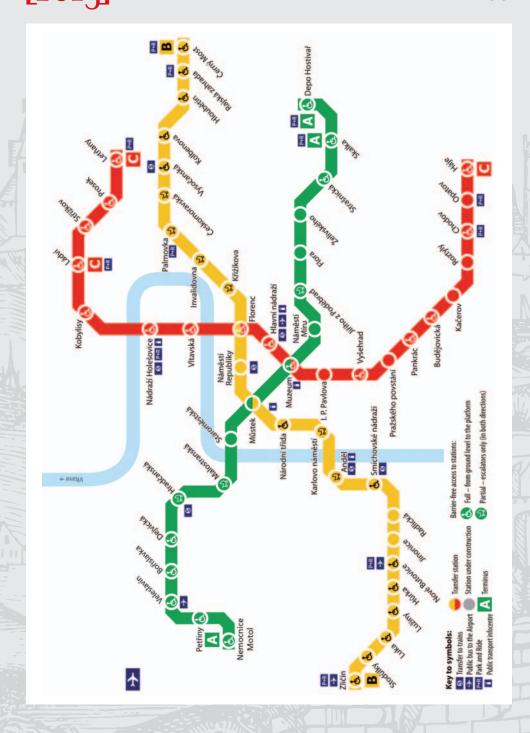
*Admission with a valid ticket only. The tickets can be bought at the Registration Desk on-site. Please note that the capacity of the boat is limited.

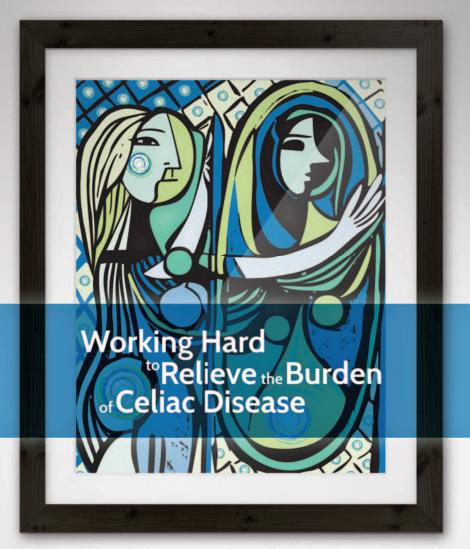
Price includes buffet-style dinner, welcome drink and live music

You don't have any plan for tonight yet? We would be pleased to take you by bus to our restaurant tour boat. During three-hour-cruise you can enjoy tasty dinner and live music. Our guide will be available the whole time to provide information about the beautifully illuminated monuments on both banks of the Vltava River as you pass them by. Of course, there is a bar with a wide assortment of alcoholic and nonalcoholic beverages and pleasant serving staff for you on call. The tour includes a short drive through Prague by an air-conditioned bus to show you the most beautiful places of the Old Town, the Jewish Quarter and the New Town. After the cruise you will be brought back to your hotel.

$Map\,with\,recommended\,gluten-free\,restaurants\,in\,Prague$







Celimmune is launching two Phase 2 trials within the next 12 months to test AMG 714 for diet non-responsive celiac disease and Type II refractory celiac disease (small bowel T cell lymphoma)

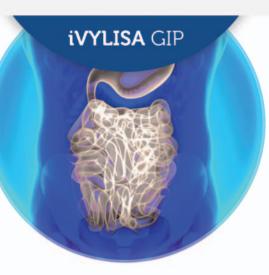
Please join us on June 24 at 11:00 for Dr. Francisco Leon's presentation "Rationale for AMG 714, an Anti-IL-15 mAb, in the Treatment of Celiac and Refractory Celiac Disease" in the Scientific Forum of ICDS



To learn more about us, visit www.celimmune.com







Immunodetection of gluten peptides in fecal samples to monitor gluten free diet (GFD) adherence. [1,2]

Why should GFD adherence be monitored?

- It is difficult to avoid gluten exposure because it is one of the most frequent food ingredients.
- Full adherence to GFD reduces long-term risk of complications such as nutritional deficiencies, low bone mineral density and lymphoma.
- More than 45% of patients still exhibit intestinal damage even after a year following a GFD. [4.5]
- Demonstration of strict GFD is needed in order to diagnosed Type II Refractory Celiac Disease, an in situ small bowel T cell lymphoma.

Why measuring gluten in stools?

Current non-invasive methods to assess compliance with the GFD (dietary questionnaires, serological tests, permeability and fecal calprotectin tests) are neither sensitive nor specific. Biopsy and histology are invasive and not practical to monitor exposure to GFD.

iVYLISA GIP directly detects Gluten Immunogenic Peptides (GIP) in stool samples.

Presence of GIP in human samples correlates with histology.

Most of celiac patients with no detectable GIP did not show any histological damage in the intestinal mucosa

Villous atrophy was observed in all celiac patients with high levels of GIP

Product Indications

- Assessment of compliance with GFD in celiac disease and gluten intolerance.
- Assessment of gluten contamination in recently diagnosed patients or in patients who show signs or symptoms suspicious of gluten exposure.
- Verification of gluten consumption prior to the diagnosis of celiac disease (avoid false negatives in cases when patients stop eating gluten before the formal diagnosis).



References

- 1. Auricchio. 2012. An innovative approach to measure compliance to a gluten-free diet. Am. J. Clin. Nutr. 95:537-538.
- 2. Comino et al. 2012. Monitoring of gluten-free diet complicance in celiac patients by assessment of gliadin 33-mer equivalent epitopes in feces. Am. J. Clin. Nutr. 95:670-677.
- 3. Lebwohl et al. 2013 Mucosal Healing and Risk for Lymphoproliferative Malignancy in Celiac Disease. An. Int. Med. 159:169-176.
- 4. Press Release. Alvine Pharmaceuticals Presents Celiac Disease Sumptom Frequency and Severity Study Results at the 2012 American College of Gastroenterology Meeting. http://www.alvinepharma.com/press-oct2412/ (Web visited 05/11/2013).

5. Hall et al. 2013. Intentional and inadvertent non-adherence in adult coeliac disease. A cross-sectional survey. Appetite 68: 56-62.

Vše o celiakii na jednom místě

LEPAC CONTROL OF THE PROPERTY OF THE PROPERTY

- Komplexní informace o onemocnění
- Novinky a trendy v léčbě
- Rady a tipy pro život s celiakií
- Bezlepkové recepty pro každý den
- Tipy na bezlepkové restaurace
- Zajímavosti a rozhovory
- + Velký katalog bezlepkových produktů na českém trhu

















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