

# Annual Report

1 January – 31 December

# 2021



ABN 44 001 171 115

The 2021 Annual Report of the Gastroenterological Society of Australia (GESA) documents the Society's strategic activities and member accomplishments achieved against the backdrop of another extraordinary year. This report covers the period from 1 January to 31 December 2021.

## About GESA

GESA sets, promotes and continuously improves the standards of practice, training and research in gastroenterology and hepatology in Australia.

## Our Shared Purpose

Our ultimate **goal** is optimal gastrointestinal and liver health for all.

We exist to **promote** optimal health through prevention, control and treatment of gastrointestinal and liver disease in humans.

Our decisions are **guided** by excellence, equity, leadership and fellowship.

## Working Together

We actively **collaborate** to ensure our clinical and research practices are world class.

We **care** deeply about our patients and continue to find innovative ways to benefit their wellbeing.

We **seek** to provide true fellowship and support to our members.

## Be a part of the peak professional organisation for gut and liver health in Australia

**Be a Member:** Join GESA and be a part of Australia's largest community of health care professionals and researchers in the fields of gastroenterology and hepatology.

**Be Active:** Be part of our Board, faculties, networks or special interest groups, volunteer your expertise, join a committee or express your interest in supporting our many education activities.

**Be Informed:** Enjoy a range of publications, news updates, member-only emails and journals that keep you abreast of important developments in gastroenterology and hepatology.

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# GESA Board of Directors

## Current Directors (Sep 2021 – 2023)



**Professor Benedict Devereaux** President, MBBS, MPhil, FACG, FASGE, FRACP

Benedict (Ben) Devereaux is Professor of Medicine at the University of Queensland and a senior consultant and gastroenterologist at Royal Brisbane and Women's Hospital.

He trained at the University of Queensland and Royal Brisbane Hospital before completing fellowships in advanced endoscopy, particularly endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS), at Indiana University Medical Center in Indianapolis, USA, where he developed a specific interest in the staging and management of pancreatic cancer.

Ben is actively engaged in clinical research in the areas of pancreaticobiliary endoscopy and pancreatic cancer screening, diagnosis and patient care pathways. He is a contributor to Australian health clinical updates and standards, the Editor of the second edition of the *Handbook of Clinical Pancreatology* and Chair of the GESA Infection Control in Endoscopy Committee.



**Professor Alex Boussioutas** President-Elect/Vice President, MBBS, PhD, FRACP, AGAF

Alex Boussioutas is Director of Gastroenterology at The Alfred, a tenured academic clinician at the Monash University Central Clinical School, Program Director of Specialty Medicine at Alfred Health and Head of Gastrointestinal Risk Management at Peter MacCallum Cancer Centre.

Alex leads a research program in upper gastrointestinal cancer at Monash University and The Alfred. His research encompasses population health and screening, use of novel technologies to aid early detection of cancer and using genomics in the investigation of molecular pathology of gastric cancer.

He was the only Australian collaborator in The Cancer Genome Atlas Network in Upper Gastrointestinal Cancer, which led to landmark studies of the characterisation of gastric and oesophageal cancer, published in *Nature*. Alex is one of Australia's leading experts in inherited cancer of the upper and lower gastrointestinal tract.



**Professor Jane Andrews** Professional Relations 2021–2023; Education Program 2019–2021, MBBS, FRACP, PhD, AGAF, MAICD

Jane Andrews is the Medical Lead for Gastroenterology, General and Gastrointestinal Surgery for the Central Adelaide Local Health Network, a senior gastroenterologist at the Royal Adelaide Hospital and Clinical Professor in the School of Medicine at the University of Adelaide.

Her research interests and clinical experience focus on inflammatory bowel disease (IBD) and other luminal, especially functional, gastrointestinal disorders. She has an interest in clinical audit, value in care, clinical outcomes and health care system innovation and management.

Jane is the Board Chair of Crohn's Colitis Cure, an IBD-focused charity, and a member of the Australia New Zealand IBD Consortium. She has been an active GESA member for more than two decades, through GESA's educational arm, twice chairing the GESA AGW Scientific Program Committee and as an inaugural member and then Chair of the IBD Faculty.

# GESA Board of Directors

## Current Directors (Sep 2021 – 2023)



**Associate Professor Jakob Begun** Education Program 2021–2023; Chair, IBD Faculty 2019–2021, BSc, MPhil, MD, PhD

Jakob Begun is Director of Gastroenterology at Brisbane's Mater Hospital, IBD Group Leader at the Mater Research Institute and Associate Professor in the University of Queensland School of Medicine. He completed his MD and PhD in genetics at Harvard Medical School and his advanced training in gastroenterology and IBD at Massachusetts General Hospital.

Jakob leads a basic and translational laboratory at the Translational Research Institute, investigating the interaction between the innate immune system and the gut microbiome, as well as genetic contributions to disease. His clinical research examines predictors of response to therapy, minimising barriers to care for young people with IBD and intestinal ultrasound in IBD.

He is the Chair of the Australia New Zealand IBD Consortium, Past Chair of the GESA IBD Faculty and Past President of the Gastroenterological Network of Intestinal Ultrasound.

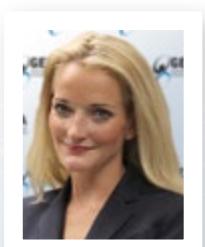


**Dr Kirsty Campbell** Regional, Remote and Indigenous Network; Gut School, MBBS, FRACP

Kirsty Campbell is the Clinical Lead of Gastroenterology at Royal Darwin Hospital. She trained in Darwin and Adelaide, obtained a fellowship in gastroenterology via the Royal Australasian College of Physicians (RACP) in 2016 and has been a staff specialist gastroenterologist since 2017.

Her research interests pertain to regional gastroenterology and the differences in health care outcomes, particularly relating to hepatocellular carcinoma (HCC). Kirsty is passionate about working to improve health care outcomes for Aboriginal and Torres Strait Islander Australians and others living in rural and remote regions.

She was a member of the foundation committee of the Young GESA Network, is the foundation Co-Chair of GESA's Regional, Remote and Indigenous Network, sits on the Specialty Training Pathway Committee of the RACP and is the Regional Examiner for the RACP Clinical Examination for Royal Darwin Hospital.



**Associate Professor Britt Christensen** Chair, IBD Faculty, BSc, MBBS(Hons), FRACP, MPH, PhD

Britt Christensen is Head of the IBD Unit at the Royal Melbourne Hospital and Clinical Associate Professor at the University of Melbourne. After her gastroenterology training, she was awarded the Joseph B Kirsner Fellowship and completed her PhD at the University of Chicago and an intestinal ultrasound fellowship at the Ospedale Luigi Sacco in Milan, Italy.

She runs an IBD clinical and research fellowship at Royal Melbourne Hospital and is involved in multiple clinical trials. Britt's IBD interests include intestinal ultrasound, inflammation and pregnancy outcomes, vaccine immune response and COVID-19, novel biomarkers and pathways of inflammation and the effect of inflammation on cognitive function.

Britt is a member of the International Bowel Ultrasound Group Board. She has been an invited speaker at international conferences and has more than 100 peer-reviewed journal articles and conference abstracts.

# GESA Board of Directors

## Current Directors (Sep 2021 – 2023)



### **Professor Jacob George** Chair, Liver Faculty, MBBS, FRACP, PhD, FAASLD, FAAHMS

Jacob George is Professor of Medicine at the Westmead Institute for Medical Research, University of Sydney, and Head of the Department of Gastroenterology and Hepatology at Westmead Hospital.

He undertakes basic and clinical research on metabolic dysfunction-associated fatty liver disease (MAFLD), hepatitis C, liver cancer and hepatic fibrosis. Jacob has mentored numerous undergraduate and postgraduate students and gastroenterology trainees during his career.



### **Associate Professor John Lubel** Chair, AGW Scientific Program Committee, BDS, FDSRCS (Eng), MBBS, MRCP (UK), FRACP, PhD

John Lubel is a gastroenterologist and hepatologist at The Alfred and Epworth hospitals and Monash University Central Clinical School. He studied medicine at King's College Hospital in London before arriving in Australia in 2001.

John completed advanced training at the Victorian Liver Transplant Unit and was awarded the GESA Young Investigator Award in 2005. In 2008, he returned to the UK for 18 months and was Senior Clinical Fellow in IBD at the John Radcliffe Hospital, Oxford.

John has written guidelines on the management of hepatitis B and C and non-invasive assessment of hepatic fibrosis. He is the Co-Chair of the GESA HCC and hepatitis B consensus statement committees and has served on the GESA Liver Faculty Committee. John has been an invited speaker at international conferences and has more than 200 peer-reviewed journal articles and conference abstracts.



### **Professor Paul Pavli AM** Co-Chair 2021–2023 and Deputy Chair 2019–2021, Research and Grants Committee, MBBS(Hons), PhD, FRACP

Paul Pavli is a senior consultant in the Gastroenterology and Hepatology Unit at Canberra Hospital and a Professor in the Australian National University Medical School.

His research interests are in the clinical and basic scientific aspects of IBD. Paul's main focus is the interaction between the intestinal microbiota and the innate immune system, particularly intestinal macrophages, in Crohn's disease.

Paul has served on many committees and boards of governmental and professional bodies, including the National Health and Medical Research Council (NHMRC), the Medical Research Future Fund, the Advisory Committee on Medicines of the Therapeutic Goods Administration, writing committees of *Therapeutic Guidelines: Gastrointestinal* and *Therapeutic Guidelines: Antibiotics* and the editorial board of the *Journal of Gastroenterology and Hepatology*. He is a Director of the Board of Crohn's & Colitis Australia.

# GESA Board of Directors

## Current Directors (Sep 2021 – 2023)



### Dr Matthew Remedios Chair, Endoscopy Faculty, MBBS, FRACP

Matthew Remedios is a gastroenterologist at Royal Brisbane and Women's Hospital and a gastroenterologist and therapeutic endoscopist at Wesley Hospital. He followed his gastroenterology training in Queensland with fellowships in ERCP at the Princess Alexandra Hospital and interventional endoscopy at St Michael's Hospital in Toronto, Canada, before returning to Australia in 2005.

His interests include ERCP, Barrett's oesophagus, resection and ablative techniques and small bowel enteroscopy. He performs and teaches advanced endoscopy and established the Barrett's radiofrequency ablation service at Royal Brisbane and Women's Hospital.

Matthew is on the organising committee of the Australia and New Zealand Endoscopy Leaders Forum and served as a member of the GESA Endoscopy Faculty from 2020 to 2021, before taking up the role of Chair.



### Professor Alex Thompson Chair, Finance, Audit and Risk Committee, MBBS(Hons), PhD, FRACP, FAASLD

Alex Thompson is Professor and Director of the Department of Gastroenterology at St Vincent's Hospital Melbourne and the University of Melbourne, an NHMRC Practitioner Fellow, Adjunct Assistant Professor of the Department of Gastroenterology, Duke University Medical Center, and Program Director for the Victorian Statewide Hepatitis Service.

His research focuses on improving outcomes for people living with hepatitis. He was involved in the discovery of IL28B polymorphism as a predictor of treatment outcome in hepatitis C and is a clinical investigator in trials evaluating the efficacy of direct-acting antivirals. He has been actively pursuing new models of care for people with hepatitis C, with a focus on prisoners and treatment as prevention.

Alex has published widely in journals including *Nature*, *New England Journal of Medicine*, *Journal of the American Medical Association*, *Gastroenterology*, *Hepatology*, *Gut* and *Journal of Hepatology*.



### Professor Nina Tirnitz-Parker Strategic Governance, MSc, PhD, GAICD

Nina Tirnitz-Parker is a translational researcher and Professor at Curtin University Medical School and Cancer Domain Lead and Head of the Liver Disease and Regeneration Laboratory at the Curtin Health Innovation Research Institute. She is also Director of the WA Liver Cancer Collaborative, a large, multidisciplinary consortium involving hepatologists, oncologists, interventional radiologists, nurses, computational scientists and cancer researchers.

Her research focuses on cellular crosstalk of hepatic cell types during chronic liver disease and tumour niche formation and has received uninterrupted NHMRC support since 2012.

Nina is a member of the steering committee for the Australian National Liver Cancer Collaborative and has served in many GESA roles, including as invited speaker or session chair, abstract ranking committee member, conference organising committee member or convener, and member or Chair of the Research and Grants Committee.



# GESA Board of Directors

## Retired Directors (2019 – Sep 2021)



### **Associate Professor Simone Strasser** President 2019–2021, MBBS(Hons), MD, FRACP, FAASLD

Simone Strasser is a senior staff specialist in the AW Morrow Gastroenterology and Liver Centre and the Australian National Liver Transplant Unit and Director of Hepatology Clinical Trials at Royal Prince Alfred Hospital and a Clinical Associate Professor in the Central Clinical School (Medicine) at the University of Sydney.

Simone has a major clinical and research interest in primary liver cancer, viral hepatitis, MAFLD, advanced liver disease and liver transplantation. She is site principal investigator on multiple clinical trials of new therapies for patients with liver disease and liver cancer.

Simone is a regular speaker in national and local educational programs and sits on many educational, advisory, editorial and administrative boards and committees in Australia and internationally. Her publications include book chapters and more than 165 publications in peer-reviewed journals.



### **Associate Professor William Connell** Advocacy and Government Relations 2019–2021, MBBS, MD, FRACP

William (Bill) Connell is a visiting gastroenterologist and Director of the IBD Service at St Vincent's Hospital Melbourne and an Honorary Principal Fellow at the University of Melbourne.

He is employed on a session basis to attend outpatients, endoscopy patients and inpatients. Bill is also a private gastroenterologist with an office at St Vincent's Private Hospital in Melbourne.



### **Conjoint Professor Anne Duggan** Chair, Finance, Audit and Risk Committee 2019–2021, BA(Hons), DipEd, BMed, MHP, PhD, FRACP, FRACMA, GAICD

Anne Duggan is a gastroenterologist with significant operational and leadership experience. She is the Chief Medical Officer at the Australian Commission on Safety and Quality in Health Care (ACSQHC), where she leads the development of the *Australian Atlas of Healthcare Variation* series, and a Conjoint Professor in the School of Medicine and Public Health at the University of Newcastle.

Anne is passionate about improving health care services through sharing knowledge and collaborating across all aspects of the health system. She has a significant role in providing leadership and education on the latest evidence for safety and quality in health care.

Anne is Chair of the new Australian Government Medicare Benefits Schedule (MBS) Review Advisory Committee and a member of the Australian Health Practitioner Regulation Agency and Medical Board of Australia Review of the Regulation of Health Practitioners in Cosmetic Surgery Expert Panel.

# GESA Board of Directors

## Retired Directors (2019 – Sep 2021)



### **Associate Professor Arthur Kaffes** Chair, Endoscopy Faculty 2019–2021, MBBS, FRACP

Arthur Kaffes is a gastroenterologist and therapeutic endoscopist at the Royal Prince Alfred and Prince of Wales hospitals in Sydney and Clinical Associate Professor at the University of Sydney Clinical School.

He has a keen interest in pancreaticobiliary endoscopy, which has led to new techniques and devices for metallic stenting in benign disease, side-port EUS fine needle aspiration and ERCP in altered anatomy. Arthur performed the first balloon enteroscopy procedure in Australia. Colonoscopy quality and maximising polyp detection are key research interests.

Arthur hosts a large national live endoscopy meeting annually at Royal Prince Alfred Hospital, where these techniques are often presented and discussed. He has published and presented papers and abstracts in both local forums and international meetings.



### **Associate Professor Stephen Pianko** Advocacy and Government Relations 2019–2021, MBBS, PhD(Hons), FRACP

Stephen Pianko is an Adjunct Associate Professor in Gastroenterology at Monash Health. Following a postdoctoral fellowship in San Diego, USA, he returned to Melbourne and has been instrumental in establishing a robust and dynamic clinical research team at Monash Health.

He is a passionate advocate for improving patient access to new therapies. He has also been involved in interventional colonoscopy and teaches colonoscopy at Monash Health and a private ambulatory care and endoscopy facility.

Stephen's involvement in clinical research in liver disease and new strategies in health care delivery has resulted in more than 50 peer-reviewed publications. He was involved with writing the initial GESA–Australian Liver Association hepatitis C guidelines. Stephen has been invited to present his work at national and international meetings.



### **Associate Professor William Tam** Advocacy and Government Relations 2019–2021, MBBS, FRACP, PhD

William Tam is an Associate Professor in the School of Medicine, University of Adelaide, and a gastroenterologist at the Royal Adelaide and Lyell McEwin hospitals. He also provides gastroenterological services to rural patients.

As a faculty member of the National Endoscopy Training Initiative (NETI), William is committed to strengthening and promoting safety and quality in endoscopy. His interests include gastrointestinal malignancies, endoscopic imaging and interventional endoscopy. He is on the editorial board of *Endoscopic Ultrasound* and is frequently involved in national and international educational meetings and webinars.

William is Immediate Past President of the Australian Medical Association (South Australia) and Past President of the Australasian Council of Chinese Medical Associations. He is also a member of the volunteer Australian & New Zealand Gastroenterology International Training Association (ANZGITA).

# President's Report



## Board of Directors Sep 2021 – 2023

Benedict Devereaux (President)

GESA remains very active in the service of its members and in supporting patients and the wider community by advocating on all aspects of gastrointestinal and liver health and disease. The 2021 Annual Report provides an update on the Society's activities, from its Board to the faculties, committees, networks and special interest groups. I commend this report to you.

Until Australian Gastroenterology Week (AGW) in September 2021, the Society was led by **Simone Strasser**. Simone guided us through the COVID-19 pandemic and all the challenges and restrictions it presented. Her commitment, intellect, focus and incredible work ethic provided the leadership infrastructure needed to pivot on short notice and ensure the Society's productivity remained on track as we delivered on our key responsibilities. I also acknowledge and thank the Directors who retired from the Board in 2021: Bill Connell, Anne Duggan, Arthur Kaffes, Stephen Pianko and William Tam. They were all remarkable contributors.

I am delighted with the commitment and progress of the **current Board**. For the first time in the Society's history, we have Directors from every mainland state and territory: Nina Tirnitz-Parker (Western Australia), Kirsty Campbell (Northern Territory), Paul Pavli (Australian Capital Territory), Jacob George (New South Wales), Alex Boussioutas, John Lubel, Alex Thompson and Britt Christensen (Victoria), Jane Andrews (South Australia) and Matthew Remedios, Jakob Begun and me (Queensland). The Board is also well balanced across disciplines and academic, public and private roles.

My responsibility as President, and indeed the **responsibility of all Directors**, is to constantly monitor and improve GESA's operations as a company, attending to Board structure and governance and all GESA activities. We continually look to the future to disrupt the status quo, as needed, to create a more contemporary and relevant Society. If change is required at any level, it is our responsibility to effect that change. The Board is reflecting on the Society's Constitution, so it remains up-to-date and allows appropriate representation of an increasing number of subspecialty interests. The Board has also reviewed the Strategic Plan, Operational Plan and Risk Register to ensure GESA provides a safe and productive workplace for all our employees.

We monitor the **Society's financial status** to enable optimal growth of our investment reserves, while committing appropriate expenditure to member-focused initiatives. As this internal, business-as-usual work is vital to the sustainability and security of the Society, it remains a clear focus of the Board. This was never more relevant than when deciding to once again present a virtual AGW in 2021. Many variables were considered and, clearly, the correct decision was made. The success of AGW 2021, which is a core educational, fellowship and financial priority of the Society, was realised thanks to Greg Moore's leadership and the work of the entire Scientific Program Committee.

The Board has continued to provide services to members guided by our strategic priorities of **Leadership, Best Practice, Advocacy and Members**.

At GESA's core are **membership services**. In addition to our dedicated policy work and production of clinical and practice updates, we attend to many individual enquiries and communicate to our members across various media. In 2021, we released 98,800 communication advisories to members and colleagues via Snapshot, emails and SMS, as well as managing 3,650 phone and email enquiries. Views of our combined websites totalled about 485,000.

We continue to lead and advocate on all aspects of **best practice** in gastrointestinal and liver health and disease. In our dealings with government, we have supported the need for accessibility to, and Medicare item numbers for, telehealth. This was particularly time-critical with the upswing of the Omicron wave of COVID-19 in the days leading up to Christmas 2021, when we achieved an urgent meeting with the Commonwealth Department of Health to emphasise the necessity of reinstating the Medicare item numbers that had just been modified. In the context of members' concerns, we also argued strongly regarding proposed changes to gastroenterology-relevant items (e.g. endoscopic haemostatic clips) on the Prostheses List. We continue



# President's Report

to engage with government about colonoscopy (and other endoscopic) Medicare item numbers and Pharmaceutical Benefits Scheme (PBS) listings of important therapeutic agents.

Following discussions at AGW 2021, the Board established the **GESA Sustainability Network**, led by Chris Hair, and is engaging with national and international partners in this area. We also continue to build our Young GESA, Paediatric and Private Practice Networks (led by David Prince, Ajay Sharma and Anil Asthana, respectively), underscoring our commitment to our junior colleagues and those members contributing to the largest service-provision sector in the specialty.

As detailed in the **Professional Resources** section of this report, GESA has produced many useful publications in the past year. The Society, in collaboration with the Gastroenterological Nurses College of Australia (GENCA), released *Infection Prevention and Control in Endoscopy 2021* at AGW 2021. This updated document guides every endoscopy unit in the country, and, for the first time, the document has received endorsement from all contributing organisations. The second edition of the *Handbook of Clinical Pancreatology* was digitally published in 2021 and is available internationally on Google Play or Apple Books. In addition, a committee led by John Lubel finalised the *Australian consensus recommendations for the management of hepatitis B infection*. Many patient resources were also created or updated, reinforcing the Society's commitment to health promotion and patient care.

GESA has continued to work with the Royal Australasian College of Surgeons (RACS) and the RACP in establishing the **Conjoint Committee for Recertification in Colonoscopy**. This will replace the GESA Colonoscopy Recertification Program Committee, which was established by GESA in 2015. The Colonoscopy Recertification Program Committee, led by Dr Mark Schoeman, has recertified more than 1,300 colonoscopists, and I thank Mark and the committee for their commitment. The evolution to a conjoint committee is essential to maintain the success of this now mandated process. With equal representation from physicians and surgeons, we embrace the reality that we are not physician or surgeon proceduralists; rather, "we are all colonoscopists". The user-friendly functionality of the committee will remain unchanged. We look to the future to explore a joint approach to training in endoscopy, not just in large metropolitan centres but also in regional areas.

The GESA Board is increasing its impact on health provision in regional and remote Australia and in support of Indigenous health. The **Regional, Remote and Indigenous Network**, led by Kirsty Campbell and Julian Rong, is exploring important new initiatives. It is a priority of the Board to enhance our support of service provision, education and career opportunities in regional and remote Australia.

The **GESA Grants and Fellowships** program awarded more than \$250,000 in grants to clinical and basic researchers in 2021. I congratulate the recipients of the Society's awards and grants over the past 12 months. We look forward to benefiting from the fruits of this support over the coming months and years. I thank Vicki Whitehall and Paul Pavli for their work in overseeing the GESA Research and Grants Committee.

On behalf of the GESA Board and membership, I express my thanks to our CEO, Fiona Bailey, for her ongoing commitment to the Society, and to all our staff, who remained committed and productive despite the challenges presented by the COVID-19 pandemic.

It is important to document, and reflect on, the Society's work and achievements, as detailed in this annual report. For a Society of our size and resources, we realise a remarkable national and international impact. However, the opportunities for us to further contribute to gastrointestinal and liver health in Australia and internationally are immense. I encourage all members to engage with GESA more deeply and to actively recruit new members into the Society. Membership numbers count when it comes to advocating to government and industry. GESA is extremely active, but its impact will be augmented by a larger membership.

**Benedict Devereaux**

# CEO's Report



Fiona K Bailey (GESA CEO)

## Website and communication

- 94 email campaigns with an audience of 101,000 reached
- Nearly 200,000 unique GESA website visits (patient and clinical resources pages most popular)
- 22 myInteract messages

Welcome to GESA's Annual Report for the 2021 calendar and financial year. Annual reports serve as **chapters in the history of an organisation**. The chapter for 2021 gives a history of numbers, especially for those in Melbourne. Many of these numbers are daunting, while others are extremely pleasing. Among the former are the number of COVID-19 cases, number of lockdowns, number of days spent locked down, number of businesses closing, number of staff losing their jobs, number of non-COVID-19 patients affected and number of disruptions — either slowing or improving health care practices as we know them.

GESA was fortunate among these challenges to also experience positive numbers. Despite the multiple lockdowns for the Melbourne-based GESA office, we continued to provide members with uninterrupted support and services, ultimately resulting in another successful year, both financially and operationally. Against industry trends, we were able to retain all our staff and experienced zero staff turnover during the 2-year period of COVID-19.

Other positive numbers include a 97% renewal rate for members during the 2021 membership renewal campaign, \$16k in member donations received for the Members' Donation Philanthropic Grant and Members' Research Grant funds, nearly 250 members volunteering in one way or another and responses to 3,650 enquiries from both members and the public.

The Board is undertaking further **strategic planning** to adjust GESA's strategy to reflect the change in needs driven by the past 2 years and to ensure our activities provide the best outcomes for members and the community. GESA has finalised its first Business Plan and Business Continuity Plan this year. The ongoing upgrading of governance requirements of the Australian Securities and Investments Commission, Australian Charities and Not-for-profits Commission (ACNC), Australian Taxation Office and Fair Work Commission continues to be implemented in the organisation.

Our **advocacy work** was a key focus for the year, with active engagement across the Department of Health and Minister for Health's office, as detailed in the President's report. Media outlets continued to seek comment from GESA on a range of issues and to profile the work of the Society.

**GESA AGW 2021 Virtual** was a success, with many sponsors showing their ongoing support, more than 1,100 delegates attending virtually and over 30% of sessions viewed on-demand after the event. More details are available in the GESA AGW 2021 Virtual report.

We have also introduced an **online learning module**, with content being regularly added, and have upgraded various systems and processes to improve efficiency and servicing.

The **Society continues to evolve** to make the changes that members seek, and an enormous personal commitment is made by the chairs and committees of the Endoscopy, IBD and Liver Faculties; Finance, Audit and Risk Committee; GESA AGW Scientific Program Committee; Research and Grants Committee; Clinical Research Network; Paediatric Network; Private Practice Network; Regional, Remote and Indigenous Network; and Young GESA Network. There are also multiple projects in progress and representation of GESA on external committees. We welcome the GESA Sustainability Network, which demonstrates GESA's

## Advocacy

- Department of Health:
  - Urged the Commonwealth Government to keep telehealth consultation items a permanent feature of the Australian health care system
  - Medical Costs Finder project website
  - Prostheses List reform – keeping endoscopic devices (haemostatic and closure clips) for privately insured patients on the Prostheses List
  - National Medicines Policy Review
  - National Health (Highly Specialised Drugs Program) Special Arrangement
- Medical Services Advisory Committee: MBS Item 1559 – Endoscopic mucosal resection
- Therapeutic Goods Administration: Medicine Shortages Taskforce on short supply of hydrogen
- NSW Health: Nurse-led Endoscopy meeting



# CEO's Report

commitment to an environmentally conscious approach to medicine and patient care.

We continue to work with **a wide range of partners**, including international societies, such as the World Gastroenterology Organisation, World Endoscopy Organization, Asian Pacific Association of Gastroenterology, Asian-Pacific Society for Digestive Endoscopy, Asian Pacific Association for the Study of the Liver and the New Zealand Society of Gastroenterology, and local professional organisations, including the RACP, RACS, Royal Australian College of General Practitioners (RACGP), Colorectal Surgical Society of Australia and New Zealand, Royal Australian and New Zealand College of Radiologists, GENCA and the ACSQHC. We also work with state and federal health departments, including the Medical Services Advisory Committee, Pharmaceutical Benefits Advisory Committee and Therapeutic Goods Administration, and consumer organisations, such as Crohn's & Colitis Australia, the Liver Foundation, Hepatitis Australia and ANZGITA. Strong collaborative relationships exist with our industry partners, hospitals and their industry associations, universities, publishing houses (Wiley) and media outlets, including *the limbic*, *The Australian* and the ABC.

Thanks must go to the numerous members of more than 20 **committees** within GESA, and to our representatives on various external committees, for your contribution and collegiality. GESA is testimony to what being the sum-of-our-parts can achieve.

Thanks also to Simone Strasser who, until September 2021, was a **President** with clarity of vision, quiet wisdom, grace and (very) good humour. Our new President, Ben Devereaux, and **Directors** for 2021–2023 will build on the blocks laid down by the past Boards, by expanding the reach and remit for GESA to go actively beyond the capital cities into regional and remote Australia, embellishing our education program and focusing on Indigenous care.

My thanks also to our retiring Directors, in particular Stephen Pianko, and ongoing GESA Directors for their support and wisdom.

Finally, I commend the **GESA staff** who continue to provide loyal service and make us shine as an organisation. Every day, each team member shows that working at GESA is more than "just a job" through their commitment, dedication and professionalism towards our members and our mission. It is a joy to work alongside them. Thank you, team.

**Fiona K Bailey**

## Peer-to-peer education

- GESA AGW Virtual 2021 – nearly 1,200 delegates
- Capsule Endoscopy Workshop Virtual – 41 delegates
- Additional modules added to the GESA Learning Management System (LMS)
- Gut School Virtual:
  - 45 delegates from around Australia
  - Gut School Virtual available on-demand via the GESA LMS, enabling attendees to review and revisit sessions and two post-event registrations
- GESA Education Working Group established

## Credentialling

### CCRTGE

- Just under 400 logbooks assessed (record)
- New Chair and Chair-Elect appointed
- Preparation for introduction of Direct Observation of Procedural Skills forms in early 2022

### Recertification

- Almost 300 new enrolments
- Nealy 500 logbooks submitted for review (record)
- 438 logbooks assessed and participants recertified (record)
- 60 logbooks audited
- Addition of dedicated paediatric reviewer to committee

## Professional resources

- 18 new IBD resources for patients
- 5 updated patient resources from the Liver Faculty
- 5 new COVID-19 resources
- *Infection Prevention and Control in Endoscopy 2021*
- *Handbook of Clinical Pancreatology*, second edition
- *Australian consensus recommendations for the management of hepatitis B infection*
- GP Aware Project (collaboration with Crohn's & Colitis Australia and Australian General Practice Accreditation Limited) – IBD management summary
- Collaboration with NPS MedicineWise – algorithm for faecal calprotectin in IBD
- Collaboration with Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine – commentary on managing hepatitis C in children

# Members

We are delighted to extend a warm welcome to our 48 new members:

Sadia Afrin  
Ashwin Bhana  
Kim Canale  
Melissa Carroll  
Georgina Cunningham  
Kedar Deshpande  
Eva Devantier  
Benjamin Dwyer  
Maree Ferguson  
Monique Fernandez  
Sarah Gardner  
Madeleine Gill  
Charlene Grosse  
Tony He  
Angela Khera  
Matthew Kim  
Hellen Kuo  
Suong Le  
Raphael Luber  
Michael MacIsaac  
Adrian Maher  
Nathan Main  
Fadak Mohammadi  
Jeevinesh Naidu

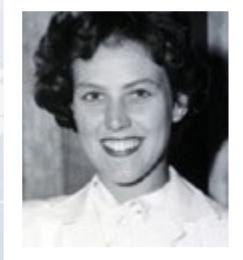
Kate Naphtali  
Vi Nguyen  
Kurvi Patwala  
Krishan Pratap  
Manshi Rai  
Emmanouel Roussos  
Prabha Selvanathan  
Ankur Sharma  
Daniel So  
Chang Su  
Delo Subhaharan  
Lauren Tang  
Myo Jin Tang  
Belaynew Taye  
Benson Trinh  
Brianna Twomey  
Luke Vlismas  
Laura Vrbanac  
Jeffrey Wang  
Christine Welch  
Thomas Williams  
Angela Youmes  
Faraz Yuduf  
Thant Zaw

## Vale

- Professor Kevin Gaskin, GESA member for over 25 years, NSW
- Professor June Halliday, GESA member for over 25 years, Qld
- Dr Margaret Gillis, GESA member for over 25 years, NSW
- Professor Don Cameron, GESA member for over 25 years and Past President (2013–2015), Vic



Professor Kevin Gaskin



Professor June Halliday



Professor Don Cameron

# Finance, Audit and Risk Committee Report

## Finance, Audit and Risk (FAR) Committee

### 2019 – Sep 2021

Anne Duggan (Chair)  
Andrew Polson (Deputy Chair, Independent Member)  
Benedict Devereaux (President-Elect)  
Ray Boyapati (GESA Member)

### Sep 2021 – 2023

Alex Thompson (Chair)  
Andrew Polson (Deputy Chair, Independent Member)  
Alex Boussioutas (President-Elect)  
Ray Boyapati (GESA Member)

GESA is a company limited by guarantee. It operates as a Non-Profit Company with Health Promotion Charity substatus and is registered with, and reports to, the ACNC. Directors are listed on the ACNC website.

GESA complies with all legislation, either state or federal, as required. Its operations are governed by a Constitution, By-laws and policies.

The FAR Committee (established 2018) assists the GESA Board in maintaining a sound corporate governance framework and undertaking its fiduciary duties and responsibilities.

The objectives of the FAR Committee are to review and advise the Board on the financial management and sustainability of the organisation, including the:

- effectiveness of risk management identification and control
- integrity of financial statements
- effectiveness of internal controls over financial reporting
- level of compliance with legal and regulatory requirements
- independent auditors' qualifications and independence
- performance of the internal and external auditors.

**Specific activities of the FAR Committee** in 2021 included:

- review of audited 2020 financial results and review of quarterly management financial reports
- recertification program governance review
- risk plan and policy review of content and structure
- review of investment policy, including environmental, social and governance (ESG) overlays
- review and recommendations to the GESA Board on FAR Committee structure.

### GESA audit

The GESA financial year runs from 1 January to 31 December. The independent audit of the statutory accounts of GESA was undertaken by auditors C. W. Stirling & Co and signed by the GESA Board pursuant to s. 60.15 of the Australian Charities and Not-for-profits Commission Regulation 2013.

The audit included a review of financial governance (i.e. policies and procedures relating to fiscal management, Directors' meeting attendance and the Contracts and Asset Registers).

The Financial Statements are available for review in the Members Lounge on the GESA website:

[gesa.org.au](http://gesa.org.au) > Members > Members Lounge

# Finance, Audit and Risk Committee Report

## Revenue and expenditure

The accounts reflect the revenue and expenditure for the period 1 January to 31 December 2021 for GESA.

GESA continues as a financially secure entity, with the resources to pursue its purpose in the areas of leadership, best practice, education, research and advocacy.

GESA was operationally profitable and reports a profit for the financial period.

GESA works on accrual accounting principles. If a project is not completed at the time of reporting, the revenue and expenditure are deferred into liabilities and assets in the balance sheet, then brought into the profit and loss statements and recognised when the “event” has occurred.

Business activity statements for GESA are submitted and paid on time each quarter. Fringe benefits tax (FBT) is payable at the end of each FBT year (April). All business insurances, including Directors and Officers insurance, are reviewed and renewed annually. Membership renewals are issued on the anniversary date of a member joining the Society.

## Financial summary

Overall total equity was \$19.24m on 31 December 2021, up from \$17.62m in 2020. The total comprehensive income, consisting of net profit for the period and other comprehensive income, was \$1.62m, up from \$1.35m in 2020.

GESA manages a range of projects for which the funds are defined as “tied funds” (i.e. the funds for these projects are committed entirely to these projects or awards, grants or fellowships). These funds are accrued from financial period to financial period until project completion.

The expenses incurred to deliver all GESA services and projects were \$2.37m, down from \$2.74m in 2020. The expense of GESA staff time is applied to projects (via activity-based costing) to accurately reflect the full cost of delivering GESA projects.

## Points of interest as of 31 December 2021

- GESA had a total of 1,080 members, of whom 967 were financial, in 2021. This is an increase in total membership from 991 in 2020. Income from membership for 2021 was \$496k.
- Members donated \$16,100, up from \$10,700 in 2020. Donations are split between the Members’ Donation Philanthropic Grant (\$8,350) and Members’ Research Grant (\$7,750). Separately, several members have donated honoraria and other funds to GESA.
- The COVID-19 pandemic had a significant impact on GESA AGW 2021. The virtual conference and the cancellation or reformatting of other events resulted in an overall decrease in revenue and expenses, while still generating a surplus to assist in organisational operations.
- GESA researchers were awarded over \$250k by way of grants, awards and other initiatives.
- Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) income is separated from general GESA revenue and expenses. In recognition of CCRTGE being a conjoint entity, accumulated surpluses are classified as a current liability in the balance sheet. Income from CCRTGE applications and registration was \$299k (up from \$289k in 2020) and expenditure was \$250k (up from \$157k in 2020).



# Finance, Audit and Risk Committee Report

## GESA investment portfolios

- GESA has two investment portfolios: the Research Portfolio, to support research activity, and the Operations Portfolio, to support other GESA activity. Cumulatively, these funds reached \$17.43m at year end.
- The investment portfolios are managed by Morgan Stanley. The portfolios are managed to be consistent with the Board-approved investment strategy, which includes ethical and conflict of-interest filters and the distribution of funds beyond what is needed to maintain the real value of the portfolios.
- With positive market movements in 2021, the net return on the investment portfolios, inclusive of realised and unrealised changes in market value of investments, was 8.98% before inclusion of franking credits (marginally down from 9.07% in 2020). This performance was equivalent to the benchmark organisation Morningstar Balanced Investment Portfolio return of 9.01% for the calendar year and is significantly ahead on the 3-year and longer returns.
- The GESA portfolios are managed with an ESG policy, such that investments are consistent with the Society's purposes. A review with the investment adviser indicated that GESA's investment portfolios are considered at or above industry standards. Small changes were made to reduce some infrastructure funds that were relatively carbon-intense, to further align with GESA ESG principles.

## Donations

GESA has deductible gift recipient (DGR) status, such that donations made to it are fully tax deductible. GESA may call for donations directly from its members but not from the general public. Hence, the donations button is visible only in the Members Lounge area of the website. However, GESA may receive unsolicited donations from the public and other entities.

## Offshore payments

On occasion, GESA makes payments to overseas entities. The companies, organisations and individuals (typically speakers) are generally paid on invoice and are known to GESA professionally.

## Risk

GESA actively manages risk with regular reviews of its activities and maintenance of a risk register.

The 2021 financial year saw a continued focus on risk from multiple directions, including the delivery of GESA AGW as an online event and the reformatting, deferral or cancellation of most other planned in-person events.

## Procurement review

GESA has a schedule of review of its large and significant suppliers to examine them for effectiveness and value. This continued in 2021, although review of suppliers relating to the delivery of a physical AGW event was deferred until after this occurs.

Thanks go to retired FAR Committee members Anne Duggan (Past Chair) and Benedict Devereaux for their contributions to this committee.

**Alex Thompson**

## FINANCIAL STATEMENTS CAN BE ACCESSED BY GESA MEMBERS ONLY

**To read the latest statements, please visit**

[gesa.org.au](http://gesa.org.au) > Members > Members Lounge

# GESA AGW 2021

## Highlights



### GESA AGW Scientific Program Committee 2020–2021

Greg Moore (Chair)  
Vipul Aggarwal (Endoscopy)  
Golo Ahlenstiel (Liver, Research and Grants)  
Jake Begun (IBD)  
Kim Bridle (Liver, Research and Grants)  
Winita Hardikar (Paediatric Network)

David Prince (Young GESA)  
Mark Ward (IBD)  
Fiona Bailey (GESA CEO)  
Fotini Bakas (GESA)  
Loretta York (GESA)

For the second year in a row, **GESA AGW 2021** was a virtual meeting. Undeterred by daunting disruptions and an uncertain pandemic landscape, the Scientific Program Committee delivered a program packed with a great mix of both international and national speakers, providing state-of-the-art updates on what is new in the science and practice of gastroenterology and hepatology.

The meeting was held over two weekends in September, with each of the major clinical streams (Endoscopy, IBD, Liver) held on single days, along with selected paediatric sessions. The fourth and final day of AGW comprised the Plenary session, GESA AGM (open to members only) and the Young Investigator Awards (YIAs).

Our thanks go to the nearly 1,200 GESA AGW attendees who watched live presentations and interacted with expert presenters from around Australia and the world. Attendees showed support for their colleagues and the Society, while keeping up to date with the latest advances in gastroenterology and hepatology practice, live or on-demand.

An additional thank you to our 112 speakers (including seven international speakers), 33 session chairs and the authors of 290 submitted abstracts. We also express enormous gratitude to our sponsors, exhibitors and collaborating organisations for their unwavering support of AGW and, in particular, for the necessary virtual format.



### Program highlights

#### Plenary speakers

- Jonel Trebicka gave the Bushell Foundation Lecture, speaking about pathophysiology and therapeutic approaches in portal hypertension
- Ted O'Loughlin accepted the Outstanding Clinician Award
- Finlay Macrae was awarded the Distinguished Researcher Prize
- Zoë Raos continued a longstanding tradition between the two societies of Australia and New Zealand by presenting the Trans-Tasman Lecture on Indigenous health and regional inequities in Aotearoa New Zealand.

#### Core program

In addition to the usual outstanding international and national speakers giving state-of-the-art updates and sharing their clinical insights, a new session dedicated to IBD Intestinal Ultrasound was launched in 2021.

*“It is terrific that meetings like AGW can be online now, and still keep education happening and lift collective spirits even in these difficult days ... so thanks for all you’re doing.”*

Zoë Raos

### GESA AGW 2021 International Speakers

Bushell Foundation Lecture: Jonel Trebicka (Germany)  
Trans-Tasman Lecture: Zoë Raos (New Zealand)  
Endoscopy: Vivek Kumbhari (USA)  
Endoscopy: Anthony YB Teoh (Hong Kong)  
IBD: James Lindsay (UK)  
Liver: Zobair Younossi (USA)  
Liver: Emmanuel Tsochatzis (UK)

# GESAGW 2021

## Highlights

There continued to be a focus on the challenges in private practice, specifically in the IBD and Endoscopy sessions. At the end of each of these two days, 1-hour live sessions were run to discuss the many current and emerging issues.

Partner organisation GENCA held a wrap-up session tailored for nurses in the field.

GESAGSA continued its tradition of fostering and promoting research for our members. The YIA session returned to encourage young researchers in the field. The most outstanding abstracts were offered free papers and woven throughout the program. E-posters and digital slide presentations were available for viewing on the AGW Virtual website.

**AGMs:** Most annual general meetings for the various organisations and faculties were held before GESAGW 2021 Virtual.

**Media:** A variety of sessions and articles were covered by the media, with articles printed in the online health care news publication *the limbic*.

**Virtual Exhibition Hall:** The GESAGW Virtual Exhibition Hall was a one-stop opportunity to learn about the latest industry advances and updates on products, equipment and services. The Exhibit Hall featured more than 20 exhibitors.

I would personally like to take this opportunity to thank the Scientific Program Committee for their great flexibility and commitment to delivering yet another cutting-edge program catering to the needs of our members and the wider gastroenterology community.

Finally, I would particularly like to thank the GESAGW members and our other colleagues for their ongoing support of AGW Virtual as a guiding light in a sea of global online educational offerings. Your engagement and support, and ownership of our AGW, have seen it continue to evolve and go from strength to strength.

Greg Moore

### Abstracts submitted for GESAGW 2021:

- 281 abstracts published in the GESAGW 2021 supplement to *Journal of Gastroenterology and Hepatology* (Volume 36, Issue S3)
- 55 YIA submissions, including 19 in Basic Science
- 30 digital slide presentation offers accepted for AGW
- 196 E-poster offers accepted for AGW



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# GESA AGW 2021

## Bushell Foundation Lecture

### BUSHELL FOUNDATION LECTURE



The Philip Bushell Foundation has been a long-term sponsor of landmark lectures by international speakers at GESA AGW.

Philip Bushell, synonymous with tea, was a great supporter of medical research and education in Australia. The Philip Bushell Foundation has supported GESA over many years, providing funding for research fellowships and educational activities.

The annual Bushell Foundation Lecture is a crucially important method for showcasing Australian gastroenterology to the world and exposing Australian gastroenterologists to international developments.

The Philip Bushell Foundation generously endows funds for a selected international speaker to give a state-of-the-art lecture. The esteemed Bushell Lecturer is considered the keynote speaker during the opening Plenary session of AGW.

Lecturers are chosen based on their excellence in different areas of gastroenterology, ranging from liver and small bowel diseases to surgery and endoscopy.



**Professor Jonel Trebicka** is a Consultant and Professor of Translational Hepatology in the Department of Internal Medicine at the University Clinic Frankfurt in Germany.

After finalising his medical degree at the University of Bonn, he specialised in internal medicine at the University Clinic Bonn. In 2013, he took his board examination in gastroenterology and hepatology. A year later, Jonel received his PhD at the University of Copenhagen in Denmark. He was Adjunct Professor for Gastroenterology and Hepatology at the University of Southern Denmark in Odense, Denmark, in 2015. Since 2017, he has been a Visiting Professor at the Institute for Bioengineering of Catalonia in Barcelona, Spain. From 2013 to 2018, Jonel held the position of Head of TIPS-outpatient Clinic of the Department of Internal Medicine at the University Clinic Bonn.

Jonel is a member of the German Society of Internal Medicine, the American Association for the Study of Liver Diseases, the German Society for Gastroenterology and Hepatology and the European Association for the Study of the Liver, among others.

He is an Associate Editor of the *Journal of Hepatology*, *Liver Transplantation* and *Scientific Reports*, as well as a member of the boards of several journals, including *Gastroenterology*, *Gut* and *Journal of Hepatology*.

Jonel has published more than 600 abstracts in the proceedings of national and international conferences since 2002 and has been invited to speak at more than 65 of these events. His fields of interest and publications include basic and clinical research on end-stage liver diseases (acute-on-chronic liver failure and portal hypertension), HIV and vascular liver diseases, with special emphasis on chronic inflammation, genetic mechanisms and intracellular signalling. He has more than 200 citations in PubMed (H-Index, 33).

The title of the Bushell Foundation Lecture was “Pathophysiology and therapeutic approaches in portal hypertension”.

# GESA AGW 2021

## Trans-Tasman Lecture

### TRANS-TASMAN LECTURE

GESA and the New Zealand Society of Gastroenterology have a philosophy of sharing information, mentoring and building capacity to ultimately strengthen the relationship between the two societies. The Trans-Tasman Lecturer exchange is an arrangement between the societies wherein, each year, a visiting member delivers a lecture at a home conference. This exchange occurs in both directions. The Trans-Tasman Lecture is delivered during the opening Plenary session at each society's annual scientific meeting by the visiting Trans-Tasman President or esteemed other.

**Dr Zoë Raos** (Te Ātiawa) is the President of the New Zealand Society of Gastroenterology. She is a gastroenterologist at Waitemata District Health Board and in private practice. Zoë lives in Auckland with her husband, two kids and their dog. She loves running (slowly) and skiing (fairly quickly).

Zoë completed a fellowship in IBD, endoscopy and hepatology at the John Radcliffe Hospital in Oxford. Her research, special interests and publications include patient care pathways, physician training, morbidity and mortality and IBD transition of care. She is also a clinical examiner for the RACP. Zoë hopes to use her presidency to create equity in gastroenterology, particularly for Māori, for women and for people living with IBD.

The title of the Trans-Tasman Lecture was "Equity: why it matters to gastroenterology in Aotearoa/NZ".



# GESAGW 2021

## Board Honours

### DISTINGUISHED RESEARCHER PRIZE

The Distinguished Researcher Prize recognises a GESA member's outstanding contribution to research. It is awarded on the merit of demonstrated leadership, mentoring and development of other researchers. It acknowledges the development of clinical practices that have delivered improvements to patient outcomes, processes or safety, with a willingness to share knowledge and findings with colleagues.



#### Plenary Presentation: On the journey to the prevention of bowel cancer: networking, mentors and mentees

**Professor Finlay Macrae AO** received the Distinguished Researcher Prize for his outstanding contribution to research. He has had a career-long research interest in early detection and prevention of colorectal cancer, commencing as an NHMRC Postgraduate Scholar at the Royal Melbourne Hospital, then as an NHMRC Applied Health Sciences Fellow at St Mark's in London. Finlay's seminal MD research on bleeding patterns from colorectal cancers and adenomas underpinned the approach to early detection of colorectal neoplasia through faecal occult blood testing, now implemented as the National Bowel Cancer Screening Program, and, later, randomised controlled trials of diet and aspirin to prevent colorectal cancer. Each of these trials has been translated into national recommendations on prevention of colorectal cancer. More recently, he has been pivotal in establishing international committees to address the interpretation of DNA variation in the genes predisposing to colorectal cancer and in

international consortia to provide best estimates of cancer penetrance in Lynch syndrome. These and other research studies in genetics and genomics were recognised through his award of the Order of Australia (AO) in 2016.

### OUTSTANDING CLINICIAN AWARD

The Outstanding Clinician Award recognises a GESA member's outstanding contribution to clinical gastroenterology. It is awarded on the merit of demonstrated leadership, mentoring and development of other clinicians. It acknowledges the quality, outcomes and impact of clinical research or programs developed that have made a significant and measurable improvement to patient outcomes, processes, safety or clinical practices.



#### Plenary Presentation: Observations over 40 years of paediatric gastroenterology

**Dr Edward (Ted) O'Loughlin** received this prestigious award for consistently demonstrating admirable characteristics throughout his career. He graduated from Sydney University Medical School in 1977 and undertook his paediatric training at the Royal Alexandra Hospital for Children in Camperdown, followed by a gastrointestinal fellowship in Calgary, Canada. Ted has practised as a paediatric gastroenterologist since 1986. From 1986 to 1990, he was a senior lecturer in the University of Sydney Department of Paediatrics at the Royal Alexandra Hospital for Children, then was the first staff specialist in paediatric gastroenterology at John Hunter Hospital in Newcastle from 1991 to 1995. He has been at the Children's Hospital at Westmead since 1995. Ted has extensive experience across a range of paediatric gastrointestinal areas, including liver disease, liver transplantation, gastrointestinal motility and functional disorders, luminal diseases such as chronic IBD and allergic disease, nutritional disorders and artificial nutrition. He also has a special interest in the gastrointestinal and nutritional disorders of children with developmental disorders. He is experienced in upper and lower endoscopic procedures, including some interventional endoscopy. Ted is heavily engaged in teaching junior doctors the finer points of gastroenterology and has published widely in the field, with more than a hundred peer-reviewed publications. While not a great admirer of bureaucracy, he did serve as head of the Department of Gastroenterology for 6 years.

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# GESA AGW 2021

## GESA Young Investigator Judges Awards

### GESA YOUNG INVESTIGATOR AWARDS

The purpose of the **GESA Young Investigator Awards** is to stimulate interest in research training by rewarding excellence among those involved in research training or in the early stages of their independent research activities. The GESA YIAs are designed to acknowledge and recognise outstanding performance and leadership potential by early career researchers.

The winner of the GESA YIA for Basic Science receives the June Halliday Award, and the winner of the GESA YIA for Clinical Research receives the Douglas Piper Award.

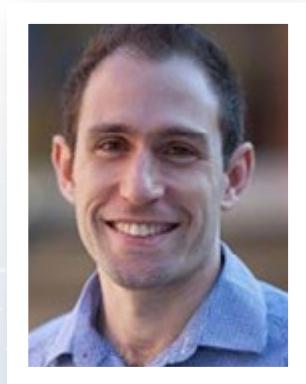
Eight young investigators were selected to present their research in a dedicated YIA session at GESA AGW 2021 Virtual. A judging panel selected the winners in the Basic Science and Clinical Research categories.



#### JUNE HALLIDAY YOUNG INVESTIGATOR AWARD BASIC SCIENCE

**Winner:** **Dr Lochlan Fennell**

**Topic:** *Braf* mutation induces rapid neoplastic transformation in the aged and aberrantly methylated intestinal epithelium



#### DOUGLAS PIPER YOUNG INVESTIGATOR AWARD CLINICAL RESEARCH

**Winner:** **Dr Julien Schulberg**

**Topic:** Crohn's disease strictures are responsive to drug treatment: randomised controlled trial (STRIDENT) comparing standard anti-TNF with intense combination therapy



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# GESA AGW 2021

## GESA Young Investigator People's Choice Awards

The GESA YIA People's Choice Awards were held at the end of the YIA session. Winners in the Basic Science and Clinical Research categories were selected by the YIA audience and recognised with a certificate and complimentary registration to GESA AGW in the following year.

In 2021, the winner of the June Halliday Award also won the GESA YIA People's Choice Award for Basic Science.



### GESA YIA PEOPLE'S CHOICE AWARD BASIC SCIENCE

**Winner:** **Dr Lochlan Fennell**

**Topic:** *Braf* mutation induces rapid neoplastic transformation in the aged and aberrantly methylated intestinal epithelium



### GESA YIA PEOPLE'S CHOICE AWARD CLINICAL RESEARCH

**Winner:** **Dr Rebecca Smith**

**Topic:** Predictive value of early gastrointestinal ultrasound after initiation of new therapy for patients with IBD

### POSTER OF MERIT

The Poster of Merit for 2021 was cancelled due to the COVID-19 pandemic.



# GESAGW 2021

## Abstract Reviewers

Our thanks to the many GESA AGW 2021 abstract reviewers

Leon Adams  
Golo Ahlenstiel  
Minoti Apte  
Oyekoya Ayonrinde  
Karen Barclay  
Alex Barnes  
Gavin Barr  
John Bate  
Jakob Begun  
Kim Bridle  
Gregor Brown  
Daniel Burger  
Luis Calzadilla Bertot  
Rodrigo Carlessi  
Natalia Castaño Rodríguez  
Elizabeth Chow  
Charles Cock  
Jo Collins  
Richard Couper  
Andrew Day  
Tim Elliott  
Daniel Enosi Tuipulotu  
Mayur Garg  
Simon Ghaly  
David Gilbert  
Ed Giles  
Rimma Goldberg  
Mark Gorrell  
Michael Grimm  
Arun Gupta  
Craig Haifer  
Amy Hamilton  
Simon Hew

Rupert Hinds  
Shaun Ho  
Georgina Hold  
Jacinta Holmes  
Darcy Holt  
Gordon Howarth  
Jessica Howell  
Mariko Howlett  
Jason Huang  
Katharine Irvine  
Sahar Keshvari  
Ian Kronborg  
Steven Leach  
Barbara Leggett  
Rupert Leong  
Miriam Levy  
Diana Lewis  
Gary Lim  
Finlay Macrae  
Avik Majumdar  
Christopher McCue  
Gregory Moore  
Kate Muller  
Amanda Nicoll  
Albert Nwaba  
James O'Beirne  
Sam O'Connor  
Paul Pavli  
Callum Pearce  
Chamini Perera  
Sherman Picardo  
Emilia Prakoso  
Lani Prideaux

David Prince  
Krish Ragunath  
Chris Rayner  
Marno Ryan  
Jeevithan Sabanathan  
Rohit Sawhney  
David Scott  
Muhammad Asif Shahzad  
Rebecca Smith  
Shanelia Sooben  
Miles Sparrow  
Michael Stormon  
Katherine Stuart  
Kavitha Subramaniam  
Michael Swan  
Erin Symonds  
William Tam  
James Thomas  
Alexander Thompson  
David Topping  
Ian Turner  
Patricia Valery  
Mark Ward  
Vicky Whitehall  
Jean Winter  
May Yue Wai Wong  
Susan Woods  
Linda Yang  
Sern Wei Yeoh  
Ian Yusoff  
Amany Zekry



# Research and Grants Committee Report

## Research and Grants Committee

### 2019 – Sep 2021

Nina Tirnitz-Parker (Chair, resigned 2020, GESA Board, Liver)  
Paul Pavli (Chair, GESA Board, IBD)  
Minoti Apte (Deputy Chair, Pancreatic Disease)  
Golo Ahlenstiel (Liver)  
John Argyrides (Endoscopy)  
Kim Bridle (Liver)  
Britt Christensen (IBD)  
Simon Ghaly (IBD)  
Edward Giles (Paediatric Gastroenterology)  
Bronte Holt (Endoscopy)  
Vicki Whitehall (Colorectal Cancer)  
Susi Woods (Gastric Cancer)

### Sep 2021 – 2023

Paul Pavli (Co-Chair, GESA Board, IBD)  
Vicki Whitehall (Co-Chair, Colorectal Cancer)  
Leon Adams (Liver)  
Golo Ahlenstiel (Liver)  
Minoti Apte (Pancreatic Disease)  
Kim Bridle (Basic Science, Liver)  
Georgina Hold (IBD, Microbiome)  
Tamara Mogilevski (IBD)  
Nam Nguyen (Endoscopy)  
Keith Ooi (Paediatric Gastroenterology)  
Krish Ragunath (Endoscopy)  
Susi Woods (Gastric Cancer)

In 2021, the Research and Grants Committee awarded more than \$250,000 in **grants, fellowships and awards** on behalf of the Society. These funds are in addition to the \$2.4 million awarded by the Society to its members since January 2015.

At GESA AGW 2021 Virtual, the committee awarded the **June Halliday YIA for Basic Science** to Lochlan Fennell, and the **Douglas Piper YIA for Clinical Research** to Julien Schulberg. The corresponding YIA People's Choice Awards were won by Lochlan Fennell and Rebecca Smith.

In 2021, there were 41 expressions of interest for **GESA Project Grants**. Of these, 18 full applications were reviewed, and funding was awarded to five people, who each received a GESA Project Grant of \$30,000: Charlotte Keung, Jacinta Holmes, Lochlan Fennell, Rodrigo Carlessi and Yong Sheng. The other recipients of research funding in 2021 are listed in the following pages.

A list of current and past awardees is available on the GESA website: [gesa.org.au](http://gesa.org.au) > Research > Funding Recipients

The committee or its subcommittees also:

- reviewed and updated the criteria for grants and awards
- reviewed and rated all 55 abstracts submitted for the YIAs at GESA AGW and assessed the YIA posters and presentations
- reviewed the committee's role in the Society.

The planned 2021 **Research Workshop** was deferred to 2022, and \$62,000 of cumulative funding was held over to support this event. The Research Workshop, convened by Vicki Whitehall and Susi Woods, is now planned to be held as a face-to-face event in Sydney on 8–9 September 2022. Funds have been made available to encourage the participation of researchers at all stages of their careers, and the workshop will give members the opportunity to interact and develop new collaborations. The committee continues to actively pursue strategies to boost membership and increase involvement of career scientists and basic researchers with GESA.

Thanks to Nina Tirnitz-Parker for chairing and to John Argyrides, Britt Christensen, Simon Ghaly, Edward Giles and Bronte Holt for their contributions as members of the committee from 2019 to 2021.

**Paul Pavli and Vicki Whitehall**



# GESA Research Grants and Fellowship Recipients

In 2021, GESA awarded grants and fellowships totalling more than \$250,000 to GESA members.

## 2021 GESA ROSE AMARANT GRANT



This grant has been donated to GESA by the Amarant Rabinov Charitable Committee annually since 2018. Its purpose is to provide funding to a gastroenterology unit or practice that treats patients with IBD for an IBD clinical project, based on the Quality Use of Medicines (QUM) principles, or that is related to the broader clinical aspects of IBD management (e.g. a QUM project, patient wellbeing apps, paediatric or young teen project).

**Recipient:** Associate Professor Britt Christensen (Royal Melbourne Hospital, Vic)

**Project:** Immune response to SARS-CoV-2 vaccination in immunocompromised hosts (IRVAX)

**Value:** 6-month grant of \$5,000

## 2021 GESA MOSTYN FAMILY GRANT



This grant aims to support innovative research to improve outcomes for patients with colorectal and pancreatic cancer in Australia. This can range from basic science to applied translational research in either field and can include epidemiological studies.

**Recipient:** Dr Yong Sheng (Mater Research Institute, Qld)

**Project:** Targeting MUC1 cell surface mucin to sensitise colorectal cancer to therapy

**Value:** \$30,000

## 2021 GESA MEMBERS' DONATION PHILANTHROPIC GRANT



This grant aims to support the sustainable improvement of gastrointestinal health care in remote or disadvantaged areas of Australia or to contribute to gastrointestinal health care in the Asia-Pacific region by providing financial support for young gastroenterologists who are not GESA members but have been nominated by a GESA member to attend GESA AGW.

**Recipient:** Professor Finlay Macrae (ANZGITA)

**Project:** Professional learning visits and GESA AGW attendance for senior Solomon Islands physician Dr Elizabeth Wore

**Value:** \$10,000

# GESA Research Grants and Fellowship Recipients

## 2021 GESA BOSTON SCIENTIFIC ENDOSCOPY FELLOWSHIP



This fellowship funds an advanced trainee to further their training as a fellow in endoscopy-related gastroenterology. It aims to help train a future leader in the field, who will promote clinical excellence, and to accelerate the recipient's education and leadership in endoscopy.

**Recipient:** Dr Kevin Kyung Ho Choi (Royal Prince Alfred Hospital, NSW)

**Project:** Innovative and disruptive endoscopic techniques for enhancing patient outcomes

**Value:** \$40,000

The Endoscopy Fellowship is supported by Boston Scientific



## 2021 GESA OLYMPUS ENDOSCOPY FELLOWSHIP



This fellowship assists a trainee to further their training as a fellow in endoscopy-related gastroenterology. It aims to help train a future leader in the field, who will promote clinical excellence, and to accelerate the recipient's education and leadership in endoscopy.

**Recipient:** Dr Andrew Trinh (Royal Melbourne Hospital, Vic)

**Project:** Investigating the diagnosis, characteristics and management of low phospholipid-associated cholelithiasis

**Value:** \$20,000

The Endoscopy Fellowship is supported by Olympus



# GESA Research Grants and Fellowship Recipients

In 2021, five GESA Project Grants of \$30,000 each were awarded to investigators in the fields of gastroenterology, hepatology, pancreatology and related areas to undertake research that may lead to future grants.

## 2021 GESA PROJECT GRANTS



**Recipient:**  
**Dr Rodrigo Carlessi**  
(Curtin University, WA)

**Project:**  
Methylation signature of precancerous hepatocytes in circulating free DNA as a new biomarker to predict HCC before its development



**Recipient:**  
**Dr Charlotte Keung**  
(Monash University, Vic)

**Project:**  
Beyond visible endoscopy: a point-of-care biochemical imaging for inflammation and fibrosis in IBD using near-infrared spectroscopy



**Recipient:**  
**Dr Lochlan Fennell**  
(QIMR Berghofer Medical Research Institute, Qld)

**Project:**  
Microbes and malignancy: deciphering the host-microbe interactions of *Fusobacterium nucleatum* via spatial transcriptomics



**Recipient:**  
**Dr Yong Sheng**  
(Mater Research Institute, Qld)

**Project:**  
Examining the therapeutic potential of MUC1 inhibition in IBD



**Recipient:**  
**Dr Jacinta Holmes**  
(St Vincent's Hospital Melbourne, Vic)

**Project:**  
Novel methods to assess and define portal hypertension: tools to improve clinical outcomes in patients with cirrhosis



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# Inflammatory Bowel Disease Faculty Report

## IBD Faculty Committee

### 2019 – Sep 2021

Jakob Begun (Chair)  
Britt Christensen (Chair-Elect)  
Robert Bryant  
Sam Costello  
Simon Ghaly  
Peter Lewindon  
Mark Ward

### Sep 2021 – 2023

Britt Christensen (Chair)  
Robert Bryant  
Crispin Corte  
Simon Ghaly  
Peter Lewindon  
Tamara Mogilevski  
Kavitha Subramaniam  
Susi Woods (Gastric Cancer)

The GESA IBD Faculty was again busy in 2021, with the COVID-19 pandemic continuing to require flexibility and realignment of the Faculty's aims.

The **GESA AGW 2021** IBD stream was very successful, highly rated and well attended. The meeting highlighted our international presenter — James Lindsay from the UK — as well as mini-presentations on “hot topics in IBD” and selected abstracts. In conjunction with the meeting, an IBD Faculty meeting covered the year’s activities and plans for the coming year.

As was the case in 2020, a priority for 2021 was ensuring that the IBD patient and physician communities were well informed about **COVID-19**, its implications for treatment and disease activity, as well as vaccine recommendations for patients with IBD. With the assistance and support of the IBD Faculty, guidelines on COVID-19 vaccination in patients with IBD were published (*GastroHep* 2021; 3: 212-228).

The IBD Faculty has also finalised a unified collection of **patient handouts** that will be available to gastroenterologists and patients through the GESA website in 2022. This involved a large working group, with input from gastroenterologists, colorectal surgeons, nurses, dietitians, psychologists, IBD nurses, stoma therapists and patient representatives.

In 2021, the IBD Faculty was proud to support the creation of the **GESA Dr Falk Pharma Research Grant**, which aims to support promising young investigators in IBD research.

The IBD Faculty has continued its **advocacy** stance for reimbursement for both telehealth and biological infusions in private hospitals. Faecal calprotectin testing has now become available as an MBS item, and the aim in future is to expand this to become available for IBD monitoring.

Finally, the IBD Faculty has continued to support several **educational initiatives**, including a collaborative project with Crohn’s & Colitis Australia to develop educational IBD materials for GPs and general gastroenterologists. In addition, the Faculty has continued to support an educational program for gastroenterologists to optimise use of medications in patients with IBD, including conventional and biological therapies, in collaboration with NPS MedicineWise.

The IBD Faculty’s priorities for 2022 include:

- **Advocacy:** improving access for patients by continuing telehealth reimbursement for patient visits, ensuring reimbursement for biological infusions in private hospitals so patients do not experience financial hardship, continuing to support reimbursement for faecal calprotectin testing and advocating for listing new medications for IBD on the PBS that have shown benefit to patients
- **Education:** updating the IBD guidelines and progressing the documentation of IBD fellowship requirements
- **Fellowship/collegiality:** improving support for regional gastroenterologists, strengthening interactions with allied health groups and developing IBD-specific interest groups
- **Information:** making available the portfolio of patient handouts on dietary advice, mental health awareness, surgical interventions, sexual health and medical treatments for patients with IBD, and continuing to provide GESA members with COVID-19 updates.

Britt Christensen

# Liver Faculty Report

## Liver Faculty Committee

### 2019 – Sep 2021

Jacob George (Chair)  
Leon Adams  
Golo Ahlenstiel  
Miriam Levy  
John Lubel  
Avik Majumdar  
Kate Muller

### Sep 2021 – 2023

Jacob George (Chair)  
Leon Adams  
Golo Ahlenstiel  
Jessica Howell  
Katharine Irvine  
Miriam Levy  
Avik Majumdar

The Liver Faculty was busy in 2021, with **several publications** being finalised, while work on others is underway. All available resources can be found on the GESA website at gesa.org.au > Education & Resources > Clinical Practice Resources

A summary of the *Australian recommendations for the management of hepatocellular carcinoma: a consensus statement* was published in the *Medical Journal of Australia* in 2021 (*Med J Aust* 2021; 214: 475-483; doi: 10.5694/mja2.50885).

The *Australian consensus recommendations for the management of hepatitis B infection* were finalised for publication in early 2022. A summary has been accepted for publication in the *MJA*. A face-to-face meeting held in Melbourne in May 2021 to consolidate the recommendations was attended by 38 delegates in person and 19 online. The consensus recommendations have been approved by the GESA Board and fully endorsed by eight other organisations.

Australian paediatric hepatitis C virus (HCV) guidelines, titled *HCV in children: Australian commentary on AASLD-IDSA guidance*, have been endorsed by GESA. The full document provides recommendations for testing, managing and treating hepatitis C in children. A two-page summary titled *Decision making – hepatitis C in children* is also available.

Work is underway on a consensus statement for MAFLD, which aims to provide strong evidence-based recommendations and statements for GPs on the assessment of, and appropriate referral for, adult MAFLD. A steering committee, chaired by Leon Adams and Jacob George, has been formed and held its first meeting in December 2021. Working parties are being formed, with the aim of releasing the consensus statement in 2022.

The **Portal Hypertension Working Group**, led by Golo Ahlenstiel and Avik Majumdar, is working towards understanding current practice in tertiary and non-tertiary centres in Australia. Two surveys will be used to identify a description of current practice: one directed at centres that perform transjugular intrahepatic portosystemic shunts (TIPSS) and one at other units that may not do TIPSS. Ethics approval for the questionnaire has been received. The survey will be followed by a hybrid face-to-face meeting, including a Delphi process to develop guidance documents and quality indicators based on how TIPSS should be used.

**GESA COVID-19 guidance** for patients with gastrointestinal and liver disease has been regularly updated. The Faculty acknowledges the support of Steven Bollipo and Simone Strasser in this.

### Strategic objectives

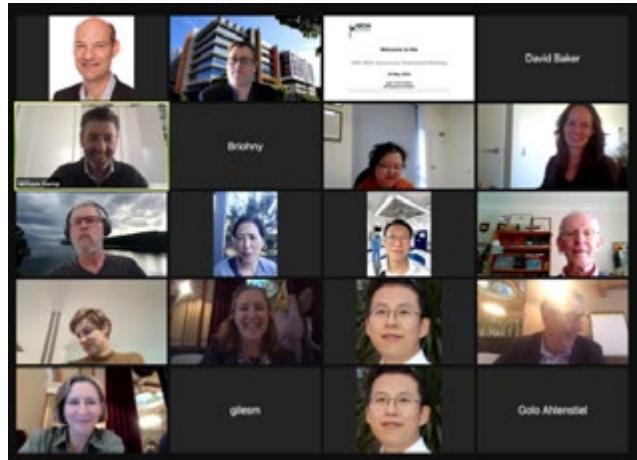
- Promote high standards of training and practice among liver disease practitioners
- Convene workshops pertinent to laboratory-based and clinical research into liver disease
- Assist in the development of educational materials relevant to the specialty
- Actively engage in and contribute to the development of government policy on technology and treatment pertinent to liver disease
- Promote and assist with the development of professional standards
- Collaborate with international bodies pertinent to the liver and liver diseases

# Liver Faculty Report

Several **factsheets for patients** have been rewritten or updated and are available at gesa.org.au > Education & Resources > Patient Resources:

- Gallstones
- A high-protein, high-energy diet
- Fatty liver disease/MAFLD
- A reduced-salt diet
- Hepatitis A

Updated or new factsheets on FibroScan, primary sclerosing cholangitis and treatment of hepatitis B are in progress. The Faculty thanks all the content experts, both within and outside GESA, who have helped in this process.



The Liver Faculty was involved in some important **collaborations** in 2021. From November 2020 to January 2021, GESA partnered with the Singapore Hepatology Conference to host a series of webinars on advanced liver disease. At the RACP Congress in April–May 2021, Golo Ahlenstiel gave a well-received talk about liver disease and the obesity epidemic, and the implications for all physicians, on behalf of GESA.

The Faculty undertook its annual **review of performance** in the previous year, which was considered satisfactory and as meeting its strategic objectives.

In May 2021, GESA submitted a **grant application** to the federal government Health Peak and Advisory Bodies Program to fund the MAFLD consensus statement, with the aim to inform policy and enact interventions and behaviour change programs in priority populations. Unfortunately, this application was unsuccessful.

The GESA Liver Faculty's **goals in 2022** are to:

- finalise the MAFLD consensus statement
- work towards a guidance statement on TIPSS
- provide ongoing updates of COVID-19 guidance for patients with liver disease
- update and develop GESA online factsheets and guidelines
- work with various stakeholders, including government and cancer associations, to improve all aspects of the patient journey for patients with HCC.

**Jacob George**



# Liver Clinical Research Network Report



## Liver Clinical Research Network (CRN) Committee

Stuart Roberts (Chair)	Miriam Levy
Wendy Cheng	Geoffrey McCaughan
Paul Clark	William Sievert
Jacob George	Simone Strasser
Barbara Leggett	Alex Thompson

The Liver CRN continued to be productive in 2021, despite the challenges of COVID-19. Among the developments was the completion of the **Management, Outcomes and Survival of an Australian IgG4-Sclerosing Cholangitis Cohort (MOSAIC)** study. Led by Will Kemp, the project was completed and published (*Liver Int* 2021; 41: 2934-2943). This nationwide study of 67 patients from 22 liver centres confirmed the preponderance of IgG4-sclerosing cholangitis in men and highlighted its steroid-responsive nature, although relapse is common after steroid cessation. However, progression to malignancy was uncommon.

The **National Observational Epidemiological and Clinical Quality HCC Registry (ORACLES)** made substantial progress in 2021. The registry, which is being run in collaboration with Monash University and the Australian National Liver Cancer Collaborative, with nominal support from GESA, involves 25 liver centres in all mainland states and is being overseen by a 16-person steering committee chaired by Stuart Roberts. During 2021, preliminary database mapping was undertaken at several sites, along with the selection of 23 clinical quality indicators via a modified Delphi consensus process among the working group and experts involved in the management of HCC, as well as consumers. Facilitated by John Lubel, these clinical indicators include nine related to the initial diagnosis and staging, 13 related to treatment and management and one on outcome assessment. The final clinical indicators will be used to help benchmark the quality of HCC care at the sites. A manuscript has been prepared from this work for submission to the *Journal of Hepatology*.

The **Observational Prospective Epidemiological Registry in Australia of HCV Liver Disease (OPERA-C)** is now closed to recruitment, with prospective follow-up data still incoming. At closure, the OPERA-C database consists of 3,727 individual patient records. The final (second) data linkage to national databases, such as Medicare, the PBS and the National Death Index, is underway, which will provide definitive outcome data for patients with treated HCV infection. The main descriptive manuscript regarding treatment outcomes has now been published (*Dig Dis Sci* 2022; doi: 10.1007/s10620-022-07483-y). A second manuscript on treatment outcomes for First Nations people is with the GESA Board for approval. OPERA-C is also formally listed with the ACSQHC (ACSQHC-ARCR-109). A contract with the Commonwealth Department of Health has provided additional financial support (\$418,000) for the project, to assist the Commonwealth's assessment of the impact of PBS-funded antiviral therapies. Paul Clark has also approached the Commonwealth regarding support for future data linkage.

Led by Amanda Nicoll, the **Australian Drug-Induced Liver Injury Network (AusDILIN)** project is evaluating cases of severe drug-induced liver injury in 14 liver centres around Australia, with an enrolment of more than 100 patients.

A small project led by Stuart Roberts in 2020–2021 involved a **survey of Liver CRN members**: hepatologists were asked their opinion on when to give prophylactic fresh frozen plasma and platelets to patients with cirrhosis undergoing invasive procedures under various clinical scenarios. The results of this have been analysed, and a manuscript is in preparation.

After extensive consultation, **Terms of Reference** for the Liver CRN have been developed and approved by the Board.

**Stuart Roberts**

# Liver Clinical Research Network Report

## About the Liver CRN

The GESA Liver CRN, previously known as the Australian Liver Association Clinical Research Network, was established in 2010 as a forum for GESA members interested in liver-related research.

The CRN facilitates national, multicentre, investigator-initiated research projects, including the development of liver disease registries in areas of unmet need.

The objectives of the Liver CRN are to:

- provide a national framework for clinical research in liver disease
- develop and maintain a network of investigators and sites for clinical and translational research, disease registries and clinical trials related to liver disease
- develop or contribute to the design, conduct and implementation of registries, research studies and clinical trials related to liver disease
- develop interest and skills in clinical research in liver disease among emerging gastroenterologists and hepatologists.

Professor Stuart Roberts was instrumental in establishing a **National Registry of Chronic Liver Disease**.

The Liver CRN reports to the Liver Faculty.

# Endoscopy Faculty Report

## Endoscopy Faculty Committee

### 2019 – Sep 2021

Arthur Kaffles (Chair)  
Matthew Remedios (Chair-Elect)  
Vipul Aggarwal  
John Argyrides  
Bronte Holt  
Sneha John  
Payal Saxena

### Sep 2021 – 2023

Matthew Remedios (Chair)  
Vipul Aggarwal  
Nicholas Burgess  
Saurabh Gupta  
Sneha John  
Nam Nguyen  
Krish Ragunath  
Christine Welch

It is with pleasure that I provide an update on behalf of the Endoscopy Faculty.

As a profession, we continued to face ongoing challenges in 2021 due to the impact of the **COVID-19** pandemic. We appreciate the associated impact on our colleagues, endoscopic services and, most importantly, our patients. I wish to thank the Endoscopy Faculty and GESA Board for their efforts in developing documents that helped shape our response to COVID-19 and that continue to be updated as the pandemic evolves.

The Endoscopy Faculty remains keen to develop and address key areas of endoscopic practice and engagement with stakeholders. We are strategically involved in matters affecting the endoscopic community.

The Endoscopy Faculty has been active in engaging with government on the impact of the new **MBS item numbers** for colonoscopy. We were pleased to announce the new colonoscopy item number for endoscopic mucosal resection of large colonic lesions. We will continue engagement with Medicare on finessing optimisation of this item number. With the support of the GESA Board, the Endoscopy Faculty will endeavour to advocate for additional MBS item numbers in cholangioscopy, therapeutic small bowel enteroscopy (non-bleeding) and enteral stenting.

A significant issue is the **Prostheses List** reform agenda. There is the potential for significant impact on our patients, specifically with regard to endoscopic haemostatic clips. As we consider patient advocacy essential, GESA and the Endoscopy Faculty are actively engaged in ensuring appropriate funding for haemostatic clips as a priority.

The Endoscopy Faculty has been focused on several **position statements**. In 2021, we updated the GESA position statement on nurse endoscopy in Australia. We are actively involved in reviewing the recommendations on endoscopy in patients with diabetes and sedation guidelines. We hope to release further position statements to continue to optimise the practice of quality endoscopy in Australia.

The GESA **patient information** resources are also being updated, including a new brochure on EUS, and we hope to have these available for the community by the first half of 2022.

I would like to thank Vipul Aggarwal, who was the lead for planning the Endoscopy program for **GESAGW 2021** and coordinated an excellent virtual meeting. Planning for the 2022 GESA AGW Endoscopy program is now well underway. I also extend a special thanks to Arthur Kaffles for his leadership as Chair of the Endoscopy Faculty. As the new Chair, I look forward to continuing his excellent work.

**Matthew Remedios**

## NETI

Due to the COVID-19 pandemic, no NETI courses were conducted in 2021.

# Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) Report

## CCRTGE Committee 2021

Sulman Ahmed (Chair, RACS)  
Gregor Brown (Chair, retired Apr 2021, GESA, RACP)  
Darren Pavey (Chair-Elect, RACP)  
Looi Ee (Paediatric, RACP)  
Sam O'Connor (Rural, RACP)  
Iain Skinner (RACS)  
Melinda Van Oosterum (Rural Rep, RACS)  
Daniel Croagh (RACS)

The CCRTGE was established in 1990 by three parent bodies: GESA, the RACS and the RACP. CCRTGE recognises training in gastroscopy, colonoscopy, ERCP, EUS and capsule endoscopy for physicians and surgeons of all colleges.

Despite the challenges presented during 2021, **demand for certification** remains high, with a 15.9% increase to a new record of 399 logbook approvals (from 247 practitioners: 95 physicians and 152 surgeons), with the vast majority being for colonoscopy and gastroscopy. The standard of applications remains high, with 96% of this year's applications approved at the meeting or shortly thereafter. Due to the continuation of COVID-19 travel restrictions, both meetings of the committee were conducted via teleconference (Zoom).

While the requirements of the ACSQHC Colonoscopy Clinical Care Standard continue to be implemented by health facilities, the number of **applications from experienced practitioners** fell in 2021, as expected, to 38, representing a decreased proportion of 7% of total applications. It is anticipated that the ratio of logbooks submitted via the experienced practitioner pathway will continue to decrease in the future.

The committee continues its role in reviewing the currency and practicality of the **standards for certification** of endoscopic procedures.

An independent **review of the website application** was completed in 2021 and found that redevelopment of the logging website was not required, as the existing platform was stable and secure. Instead, some modifications were made to its existing function, and the website was supplemented with additional features. These improvements were completed at 7%–14% of the projected cost of website redevelopment and produced a website that is fit for purpose both now and into the future.

Also in 2021, preparation was made for the introduction of the **Direct Observation of Procedural Skills forms** as a submission criterion for gastroscopy and colonoscopy logbooks on the Australian advanced trainee pathway (effective February 2022).

**Sulman Ahmed**

### CCRTGE Help Desk Enquiries

Enquiries	2016	2017	2018	2019	2020	2021
Email	1,114	1,000	569	647	752	531
Phone	312	374	316	428	443	557
<b>Total</b>	<b>1,426</b>	<b>1,374</b>	<b>885</b>	<b>1,075</b>	<b>1,195</b>	<b>1,088</b>

### CCRTGE Assessments

Applications	2016	2017	2018	2019	2020	2021
Received	420	251	274	351	357	399
Approved*	337	237	260	341	346	382

\* Approved at meeting (meetings held in April and November 2021); unapproved applications were returned to applicants for revision and resubmission.



# Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) Report

## CCRTGE Applications and Outcomes as at 31 December 2021

Logbooks and applications			Logbooks and applications by fellowship			
Procedure	Received	Approved*	RACP (pending <sup>†</sup> )	RACS (pending <sup>†</sup> )	ACRRM (pending <sup>†</sup> )	RACGP (pending <sup>†</sup> )
Capsule endoscopy "grandfather"	0	0	—	—	—	—
Capsule endoscopy	10	10	9 (1)	—	—	—
Colonoscopy (adult)	188	180	6 (62)	62 (58)	—	—
Colonoscopy (paediatric)	3	3	0 (3)	—	—	—
ERCP	13	11	9 (2)	1 (1)	—	—
EUS	9	9	7 (2)	—	—	—
Gastroscopy (adult)	171	164	4 (64)	57 (46)	—	—
Gastroscopy (paediatric)	5	5	1 (4)	—	—	—
<b>Total</b>	<b>399</b>	<b>382</b>	<b>36 (138)</b>	<b>120 (105)</b>		
Pathway	Received	Approved*				
Australian advanced trainees	324	317	—	—	—	—
New Zealand CCRTGE-recognised	5	5	—	—	—	—
Overseas-trained specialist	32	22	—	—	—	—
Experienced practitioner	38	38	—	—	—	—

\* Approved at meeting (meetings held in April and November 2021); unapproved applications were returned to applicants for revision and resubmission.

† Pending fellowship at the date of assessment.

# Colonoscopy Recertification Program Report

## Colonoscopy Recertification Program Committee

### Jan – Sep 2021

Mark Schoeman (Chair, GESA)  
Melissa Jennings (GES)  
Peter Katelaris (GES)  
Iain Skinner (Surgeon Rep)  
Brian Kirkby (Surgeon Rep)  
David Scott (Rural, GESA)  
Looi Ee (Paediatric Rep, as needed)  
Fiona Bailey (GES, ex officio)

Despite the continued uncertainty, confusion and restrictions to practice caused by COVID-19 during 2021, the **Colonoscopy Recertification Program** has continued to grow, with now more than 1,900 colonoscopists registered and 1,430 practitioners recertified by the program. With the program entering its fifth year of operation, an increasing proportion of participants are now being recertified for a second time.

As 2021 was the third year since the program was effectively mandated by the federal government through its inclusion in the revised ACSQHC Colonoscopy Clinical Care Standard, which came into force on 1 January 2019, participation by practitioners has continued to increase.

The overall **standard of applications** has been high, with average performance well in excess of the requirements for adenoma and sessile serrated adenoma (SSA)/polyp detection. Both metric averages continued to increase throughout the year.

Several challenges have been encountered, all of which were addressed and resolved at the monthly meetings of the committee. While most applicants have been successfully recertified, a significant proportion of submissions have been audited, and it is pleasing that the supporting documentation provided has been excellent. There have been a very small number of applicants whose submissions have required more detailed review, and we are working hard to improve the quality of these submissions so these applicants can be recertified.

Some applicants have found it difficult to provide **photo documentation** of colonoscopy landmarks because image capture facilities were not available. It is pleasing to note that recertification requirements have helped their applications for this equipment to be provided at their endoscopy units.

GES and the RACP jointly signed a **memorandum of understanding** (MOU) in May 2021, which follows a similar MOU with RACS in November 2020, to formalise the joint nature of the program. Although this was expected to be finalised in 2021, further negotiations with the three parties in the partnership are ongoing. The partnership should be formalised in a final solution in 2022, with the view to form a conjoint committee, similar to the CCRTGE.

In August 2021, the committee and GES received legal advice confirming that the program has robust systems for ensuring the security of practitioner and depersonalised patient data, while exceeding the requirement for safeguarding participants' privacy. The program also has well-structured and rigorous measures for ensuring that participants provide data that is secure and fully consented.

### Sep – Dec 2021

Mark Schoeman (Chair, GES)  
Nitin Gupta (Paediatric Specialist, RACP)  
Melissa Jennings (GES)  
Peter Katelaris (GES)  
Brian Kirkby (Surgeon Rep)  
David Scott (Rural, GES)  
Iain Skinner (Surgeon Rep)



# Colonoscopy Recertification Program Report

With more than 330,000 colonoscopies logged in the system, these data are a valuable resource for research and program improvement. **Analysis of these data** to deliver improvements in patient health is considered an important part of the program. The GESA Board has given provisional approval for this data analysis, and it is a goal of the committee to publish findings in a peer-reviewed journal in 2022.

A list of all recertified practitioners is available at <https://recert.gesa.org.au/recertifiedAU.php>

## Key statistics (as at December 2021)

- Registered colonoscopists: 1,914
- Recertified colonoscopists: 1,431 (including 31 paediatric)
- Complementary certifications by CCRTGE-recognised new registrants: 209
- Logbooks submitted for assessment in 2021: 490
- Renewal of previously recognised participants (successfully recertified): 221
- Logbooks assessed in 2021: 438
- Procedures logged in 2021: ~90,000
- Average adenoma detection rate: 41% in adult patients (unchanged from 2020)
- Average SSA detection rate: 12% in adult patients (unchanged from 2020)
- Caecal intubation rate: 98% (unchanged from 2020)
- Terminal ileum intubation rate: 71% (unchanged from 2020)
- Cancer detection rate: 1.5% (0.1% decrease from 2020)

Mark Schoeman



# Practitioners Recertified in 2021

Practitioner	
1	Saleh Abbas
2	Shehan Abey
3	Jayantha Abeysinghe
4	Felicity Adams
5	Aditya Agarwal
6	Gaurav Agrawal
7	Nikhil Agrawal
8	Mohammed Al-Ansari
9	Mohamed Al-Askari
10	Sina Alexander
11	Yahya Al-Habbal
12	Noureddin Al-Hajjiri
13	John Almeida
14	Ahmad Alrubaie
15	Vinna An
16	Robert Anderson
17	Nagy Andrawis
18	Bee Kiat Ang
19	Shahzaib Anwar
20	Mark Arens
21	John Argyrides
22	Janine Arnold
23	Francis Asomah
24	Anil Asthana
25	Maged Aziz
26	Abdelrahim Azizi
27	John Azzopardi
28	Farzan Bahin
29	Vikram Balakrishnan
30	Fariha Balouch
31	Peter Bampton
32	Brandon Baraty
33	Carolyn Bariol
34	Chamara Basnayake
35	Ramez Bassari
36	Jason Behary
37	Stephen Bell
38	Simon Benstock
39	Barend Beukes
40	Christopher Bhalla
41	Stephen Bloom
42	Alex Boussioutas
43	Richard Bradbury
44	Alicia Braund
45	Frank Brennan
46	Andrew Brett
47	Stephen Brockman
48	Richard Brouwer
49	Gregor Brown
50	Steven Brown
51	Nathan Brunott
52	Andrew Buckle
53	Vanitha Budhavaram
54	Adele Burgess
55	Christopher Burgess
56	Adrian Burke
57	Georgina Cameron
58	Gian Capati
59	Peter Carne
60	John Cartmill
61	Bhaskar Chakravarty
62	Raaj Chandra
63	Jeff Chang
64	Ken Chao
65	Lean Cheah
66	Frank Chen
67	Guang Chen
68	Hank Chen
69	Daniel En Hsiang Cheng
70	Richard Kai Yuan Cheng
71	Wendy Cheng
72	Bernard Cheung
73	Jong Khen Chin
74	Martin Chin

# Practitioners Recertified in 2021

Practitioner
75 Mohamed Asif Chinnaratha
76 Timothy Chittleborough
77 Hanumant Chouhan
78 Britt Christensen
79 Adrian Cohen
80 Sarah Collins
81 William Connell
82 Michael Corbett
83 Crispin Corte
84 Peter Coverdale
85 Steven Craig
86 Catherine Croagh
87 Daniel Croagh
88 Anthony Croft
89 Simon Crowley
90 Digby Cullen
91 Ian Curley
92 Joanne Dale
93 Peter Danne
94 Amitabha Das
95 Alfred Daveson
96 Ian Davis
97 Stefaan De Clercq
98 Servaise De Kock
99 Henry Debinski
100 Anouk Dev
101 Shannon Di Lernia
102 Polbert Diaz
103 Damian Dowling
104 Basil D'Souza
105 Allison Duchow
106 Oliver Duncan
107 Simon Edmunds
108 Paul Edwards
109 Looi Ee
110 Jeffrey Engelman
111 Aliakbar Estakhri
Practitioner
112 Jimmy Eteuati
113 Asad Farooq
114 Ross Ferguson
115 Andrew Finlayson
116 Kum Chung Fok
117 Anna Foley
118 John Freiman
119 Natalie Funakoshi
120 Luke Gaffney
121 Philip Game
122 Philip Gan
123 Steven Gan
124 William Gault
125 Biju George
126 Simon Ghaly
127 Genevieve Gibbons
128 David Gilbert
129 Edward Giles
130 Richard Gilhome
131 Anurag Goel
132 Sanjeev Golani
133 Paul Goodman
134 Siva Gounder
135 Paul Gow
136 David Grieve
137 Arthur Grillas
138 Michael Grimm
139 Glenn Guest
140 Nishmi Gunasingam
141 Askin Gunes
142 Saurabh Gupta
143 Montri Gururatsakul
144 Devanand Gya
145 Hirofumi Haga
146 Craig Haifer
147 Rachelle Haikings
148 Christopher Hair

# Practitioners Recertified in 2021

Practitioner
149 Matthew Hall
150 Samuel J Hall
151 John Halliday
152 Toni Hampe
153 Richard Hanney
154 Damian Harding
155 James Hardiy
156 Craig Harris
157 Glenda Hartley
158 Mohamed Hassen
159 Glenn Hawken
160 Ian Hayes
161 Simon Hazeldine
162 Neel Heerasing
163 Mark Hehir
164 Kai Hellberg
165 Sandra Henderson
166 Karl Herba
167 Alexander Heriot
168 Simon Hew
169 Guy Hingston
170 Vincent Ho
171 Yiu Ming Ho
172 Dirk Hofmann
173 Kenneth Hon
174 Khiem Hong
175 Michael Hong
176 Thai Hong
177 Zhen Hou
178 Jessica Howell
179 James Hunt
180 Frederick Huynh
181 Julian Ip
182 Rouzbeh Jahangiri
183 Murtaza Jamnagerwalla
184 Stephen Jancewicz
185 Mohan Jayasundera
Practitioner
186 Phillip Jeans
187 Bilel Jideh
188 Michael Johnston
189 Narotam Jootun
190 Shahrir Kabir
191 Andrius Kalade
192 Sanjay Kalgutkar
193 Amit Kapur
194 Sanjaya Karunaratne
195 Peter Katelaris
196 Benjamin Katz
197 Sunil Kaushik
198 Simone Kaye
199 James Keck
200 Mathew Keegan
201 Christabel Kelly
202 Michael Kelly
203 Naeem Khan
204 Saad Khan
205 Andrew Kim
206 Joon Kim
207 Michael King
208 Miso Kostic
209 Govind Krishna
210 Raghu Kumar
211 Jiun Miin Lai
212 Christopher Lauder
213 Matthew Lawrence
214 Anh Huan Le
215 Chun Hin Angus Lee
216 John Lee
217 Leong Hui Lee
218 Thomas Lee
219 Miriam Levy
220 Raymond Lewandowski
221 David Lewis
222 Diana Lewis

# Practitioners Recertified in 2021

Practitioner
223 Christopher Li Wai Suen
224 Jennifer Liang
225 Han Liem
226 Ernest Lim
227 Hou Kiat Lim
228 James K Lim
229 Kenneth Lim
230 Martin Lin
231 David Littlejohn
232 Ian Lockart
233 Philip Lockie
234 Kim Loh
235 Andrew Lowe
236 John Lumley
237 Mark Lust
238 Craig Lynch
239 Michael Ma
240 Denise MacGregor
241 David Mackrill
242 Cliona Maguire
243 Xian-Jun Mah
244 Gregory Makin
245 Steve Manolas
246 Abrar Maqbool
247 Anthony Mariani
248 George Marinos
249 Peter Martin
250 Christopher McDonald
251 Derek McGregor
252 Gary McKay
253 Brendan McManus
254 Tulsi Menon
255 Jamal Merei
256 David Merenstein
257 Andrew Merrett
258 Russell Milkins
259 Francis Miller
Practitioner
260 Geoffrey Miller
261 Chris Mills
262 Gauri Mishra
263 Brent Mitchell
264 Tim Mitchell
265 Lindsay Mollison
266 Gregory Moore
267 Isabella Mor
268 Matthew Morgan
269 Krinalkumar Mori
270 Owen James Morris
271 Gamal Mousa
272 Vijitha Mudalige
273 Ausama Muhammed
274 Michael Muscio
275 Sonalmeet Nagra
276 Arun Naik
277 Sanjay Nandurkar
278 Debbie Nathan
279 Nicholas Newman
280 Anke Nguyen
281 Nam Nguyen
282 Fiona Nicholson
283 Alfredo Noches-Garcia
284 John Ombiga
285 Eugene Ong
286 Sim Yee Ong
287 Thao Ong
288 Wei Ming Ooi
289 George Ostapowicz
290 Gareth Owen
291 George Papadopoulos
292 Timothy Papaluka
293 David Parkin
294 Niranjana Parthasarathy
295 Dayashan Perera
296 George Petrou

# Practitioners Recertified in 2021

Practitioner
297 Anh Duy Pham
298 Kim-Chi Phan-Thien
299 Sherman Picardo
300 Peter Pockney
301 Neil Porter
302 Jessica Preece
303 Samuel Pretorius
304 Pieter Prinsloo
305 David Proud
306 Samba Siva Reddy Pulusu
307 Gerard Purcell
308 Soni Putnis
309 Carolyn Quan
310 Philippa Rabbitt
311 Spiro Raftopoulos
312 Joseph Ragg
313 Jeremy Rajanayagam
314 Jeyamani Ramachandran
315 Gautam Ramnath
316 Pravin Ranchod
317 Samarth Rao
318 Brindhesha Rasaratnam
319 Dilip Ratnam
320 Dinesh Ratnapala
321 Nimala Ratnayake
322 Siva Ravindran
323 Ian Rebello
324 Matthew Remedios
325 Graeme Rich
326 James Roberts-Thomson
327 Alex Rodgers
328 Sebastian Rodrigues
329 Mark Romero
330 Jeremy Rosenbaum
331 Emmanouel Roussos
332 Douglas Routley
333 David Ryan
334 Rebecca Ryan
335 Tarik Sammour
336 Santosh Sanagapalli
337 Rohit Sawhney
338 Wendela Schimmer
339 Steven Schlichtemeier
340 Julien Schulberg
341 Dev Segarajasingam
342 Sivathasan Sellathurai
343 Muhammad Asif Shahzad
344 Ganeshanayagam Shanthanathan
345 Omar Sharaiha
346 Gideon Shaw
347 Susan Shedda
348 Colin Sherrington
349 Mayenaaz Sidhu
350 Paul Simpson
351 Richard Simpson
352 Marie Sinclair
353 Satbir Singh
354 Manimaran Sinnathamby
355 Suntharalingam Sivananthan
356 Suresh Sivanesan
357 Andrew Smith
358 Mark Smith
359 Kathleen Soeyland
360 Hsien Michael Soo
361 Shanelia Sooben
362 Catherine Sorrell
363 Hugh Spalding
364 Malcolm Steel
365 Bruce Stewart
366 Peter Stewart
367 Andrew Still
368 Alina Stoita
369 Neil Strugnell
370 Suren Subramaniam

# Practitioners Recertified in 2021

Practitioner
371 Pradeep Subramanian
372 Thomas Suhardja
373 Arul Prakash Sundaraj
374 Siva Sundararajan
375 Aravind Suppiah
376 Christopher Tan
377 Tissa Tandiari
378 Lorenzo Tarquinio
379 Derrick Tee
380 Edward Teo
381 Mary Theophilus
382 Sabu Thomas
383 Alex Thompson
384 Andrew Thompson
385 Mark Thompson
386 Alvin Ting
387 Spencer Toombes
388 Fidel Touma
389 Catherine Turner
390 Ruwangi Udayasiri
391 Paul Urquhart
392 Daniel van Langenberg
393 Mark Veldhuis
394 Christine Verdon
395 Kurt Verschuer
396 Martin Veysey
397 Christopher Vickers
398 Suhirdan Vivekanandarajah
399 Nicole Walker
400 Robert Walker
Practitioner
401 Sarah Walker
402 Mark Ward
403 David Wardill
404 Jonathan Watson
405 Ian Webb
406 Liam Weber
407 Matthias Wichmann
408 Alan Wigg
409 Astrid-Jane Williams
410 David Williams
411 Mark Wilson
412 Elke Wiseman
413 Geoffrey Withers
414 Alex Wong
415 Darren Wong
416 Rodney Woods
417 Dan Worthley
418 Andrew Worynski
419 Emily Wright
420 Jason Yap
421 Simon Yarrow
422 Bei Ye
423 Edward Yeboah
424 Kwang Chien Yee
425 Jonathan Yong
426 Ian Yusoff
427 Mohammadali Zad
428 Katarzyna Zalewska
429 Katherine Jing Zhu
430 Truman Zimbwa

# Paediatric Network Report



## Paediatric Network Committee

Ajay Sharma (Chair)  
Usha Krishnan (Deputy Chair)  
Nitin Gupta

Jeremy Rosenbaum  
Mark Safe  
Nikhil Thapar

I took over as Chair of the Paediatric Network from Ed Giles during unprecedented times, as **COVID-19** entered our lives and invaded our hospitals, and we all learned how to care for patients and prioritise procedures in ways never done before and how to interact without physically interacting. Our practices and institutions have been challenged in many new ways, which has taught us to be resilient and creative.

There were ups and downs in 2021. Past President of GESA (2013–2015) **Donald James Stuart Cameron** sadly died after a short illness. “Don” had significantly influenced the advancement of paediatric gastrointestinal health, research and standards in Australia with his tireless efforts. He was one of the main drivers of networking among paediatric gastroenterology colleagues in Australia. Don was a valued mentor for most of us in paediatric gastroenterology, and he will surely be missed.

In the first quarter of 2021, our main achievement was having the **Paediatric Network formally recognised** as a group within GESA. I thank Ed Giles, Fiona Bailey and Simone Strasser for their support in this, which has allowed both a more formalised process for our group and other advantages, including more logistical support for paediatric activities. We formed a new executive group of the Paediatric Network, including Nitin Gupta as endoscopy representative, Looi Ee as CCRTGE representative, Jeremy Rosenbaum as RACP representative, Nikhil Thapar as educational representative, Ed Giles as scientific paediatric representative, Winita Hardikar as AGW Scientific Program Committee representative, Mark Safe as myInteract moderator and Charmaine Chai as trainee representative.

Nikhil Thapar continues to be the key Paediatric Network leader in education and training and has been nominated to review the **paediatric gastroenterology advance trainee curriculum** for the RACP. Many emails were sent and virtual meetings held with all the heads of departments of paediatric gastroenterology in Australia to discuss streamlining the advance training process within the RACP.

In exciting news for our group, Usha Krishnan has been invited to join both the **Rome Consortium** involved in the development of Rome V and the **World Health Organization Working Group** involved in the development of equitable health care policy for children with rare diseases around the world.

Another highlight was the **1st World Congress on Paediatric Neurogastroenterology and Motility**, which was conducted in Adelaide in April 2021. There were several key speakers from the Paediatric Network at this event.

The Paediatric Network held a successful **virtual AGM** during GESA AGW in September 2021. Various key objectives were discussed, including education, training, collaborative research and future goals.

Driven mainly by Ed Giles, and with support from the Paediatric Network, work is ongoing with Crohn’s & Colitis Australia on an **audit of paediatric IBD**. The background of this project is that it aims to address a key priority in the IBD National Action Plan and improve care for children with IBD.

Despite all we have been through recently, there is much to look forward to. We have learned that being together does not require proximity, and the greatness of the Paediatric Network is in its ingenious people — their dedication and mission to deliver care to our patients regardless of obstacles. We look toward AGW 2022 and other GESA meetings with hope and anticipation that we can be together again.

**Ajay Sharma**

The Paediatric Network’s **strategic objectives** for 2022 and beyond include advocacy, education, collegiality, information and collaboration, particularly:

- ongoing work towards coordinating paediatric gastroenterology training positions within and between states to streamline selection
- ongoing liaison with the CCRTGE on paediatric endoscopy and colonoscopy issues
- continuing to facilitate and coordinate multisite research projects in paediatric gastroenterology, liver and nutrition across Australia
- continuing to engage in GESA’s clinical trial network.

# Private Practice Network



## Private Practice Network Committee

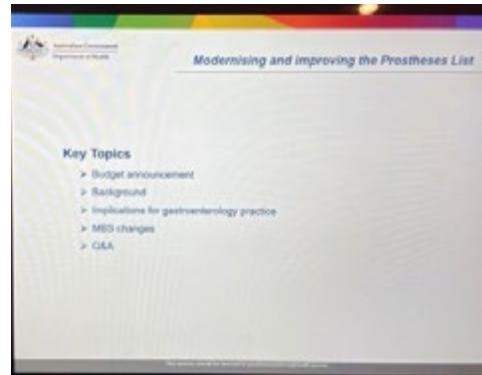
Anil Asthana (Chair)  
Adam Gordon  
Simon Jakobovits

Natalie Kiel  
Albert Nwaba  
Stephen Pianko

Since the GESA Private Practice Network (PPN) was formally launched at GESA AGW 2020 Virtual, our membership has grown to more than 90 members.

There were a few **highlights** in 2021, including:

- the GESA AGW 2021 program
- various education webinars
- advocacy in regard to Prostheses List reform
- the PPN strategic roadmap.



The PPN program at **GESA AGW 2021** was a significant success. Although it was held at the very end of the day, it attracted more than 100 attendees in each session. The sessions were clinically oriented around IBD and endoscopy-related matters in private practice.

During the year, **webinars** were held on issues that are important to PPN members, including cybersecurity, IT-related issues in practice and litigation around marketing. Positive feedback was received regarding the selection of topics.

The Department of Health had proposed to remove endoscopic haemostatic clips from the **Prostheses List**. GESA were instrumental in sending a submission to the Department in support of reversing this consideration. PPN members played an important role in contributing to this submission, assisting with background due diligence and participating in discussions with the Department of Health as representatives of GESA.

At the end of the year, in November, a presentation was given to the incoming GESA Board. This outlined the **3-year strategic roadmap** for the PPN, incorporating the pillars of education, networking and advocacy. This provided the GESA Board with objective outcomes that the PPN will be striving towards over the next 3 years.

The PPN's priorities for 2022 include:

- **Education initiatives:** organising joint webinars between the PPN and other faculties (e.g. Liver Faculty, IBD Faculty)
- **Advocacy:** continuing to work with the GESA Board regarding any private practice or Medicare-related matters
- **Networking:** with consideration of the COVID-19 situation, we will attempt to organise local-level face-to-face PPN networking meetings
- **Member support:** we intend to create an open forum meeting with our members to understand their needs and requirements.

In adjusting to the COVID-19 pandemic, the PPN Committee remains productive and continues to represent its membership.



Anil Asthana

# Regional, Remote and Indigenous Network



## Regional, Remote and Indigenous Network

Kirsty Campbell (Co-Chair, NT)  
Julian Rong (Co-Chair, Vic)  
Alice Bennet (SA)  
Lauren Beswick (Vic)  
Rajit Gilhotra (Qld)  
Stuart Kostalas (NSW)  
Robyn Nagel (Qld)  
Albert Nwaba (Tas)  
John Masson (Qld)

*"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."* Barack Obama

2021 was a remarkable year for change in GESA's **representation for rural and remote medicine**. Building on the progress made in previous years, a rural gastroenterologist was elected to the Board for the first time, and the Regional, Remote and Indigenous Network gathered momentum. The timing of this was perfect, with Ben Devereaux identifying improvement in regional gastroenterology as one of the key goals for his tenure as GESA President.

We embraced the Board's and our own vision to advocate for the **improvement of Indigenous representation** and health outcomes. We look forward to working closely with the Board to progress the pilot of a GESA rural outreach service and in developing further training opportunities outside of metropolitan areas of Australia, among other endeavours. GESA is truly leading the way in the physician realm, with one of the few rural- and remote-focused special interest groups with members who service the regions.

We again had the opportunity to participate in **GESA AGW**, presenting on the endoscopic services available in regional areas. We highlighted the shortage of credentialled proceduralists, which results in reduced access to and uptake of bowel cancer screening and surveillance, with associated morbidity and mortality risks. We look forward to ongoing participation in GESA AGW, both socially and academically.

The group welcomes any GESA member who is interested in regional and remote practice, including those who provide much needed outreach services. Our **regular meetings**, while working to advance our committee's goals, also provide a forum for peer-to-peer discussion of difficult cases. This has been invaluable over the past year, when face-to-face meetings have again been a distant mirage for many.

We will continue to look to enact the change that we all crave: to reduce the gap in service provision and health outcomes in rural, remote and Indigenous communities in Australia.

**Kirsty Campbell**



# Young GESA Network Report



## Young GESA Network Committee

David Prince (Chair)  
Yoon-Kyo An  
Chamara Basnayake  
Georgina Cunningham

Simon Hew  
Jonathan O'Donnell  
Anastasia Vololets  
May Wong

2021 saw the new Young GESA Network Committee take over from the great work of the inaugural leadership group. In another year heavily affected by COVID-19, the Young GESA Network Committee continued to meet to advocate for members and to plan for future activities.

May Wong and Yoon-Kyo An have taken over as the Young GESA Network representatives on the **GESA AGW** Scientific Program Committee and are busily planning an exciting program for the 2022 Young GESA Finishing School.

The Young GESA Network is also planning an **educational and networking weekend** in the second half of 2022, specifically for Young GESA members. The content will be clinically focused and catered to the needs of young gastroenterologists. Young GESA members will be invited to contribute to the program, and this event will also be a chance for members to come together and catch up. More details to come soon.

Other plans for 2022 include a scholarship for emerging leaders and a webinar for women in gastroenterology. In mid-2022, the committee will also open nominations for a new trainee representative. The committee looks forward to what 2022 holds and to expanding on the great work of the Young GESA Network to date.

**David Prince**



# GESA Special Interest Groups

The GESA special interest groups provide a forum for those members of the Society with a special interest in a particular area of gastroenterology to work with like-minded people in advancing and promoting high standards of training and practice. They provide a bedrock of technical expertise and knowledge that underpins GESA's activities in developing educational material, contributing to public health policy and working to improve professional standards.

## **Coeliac Disease Special Interest Group**

Ratified November 2014

Reports to IBD Faculty

Jason Tye-Din (Chair)



## **Endoscopic Ultrasound Special Interest Group**

Established November 2014

Reports to Endoscopy Faculty

Payal Saxena (Chair)

## **Gastrointestinal Cancer Special Interest Group**

Reports to Endoscopy Faculty

Gregor Brown

Finlay Macrae



## **Small Bowel Special Interest Group**

Reports to Endoscopy Faculty

Robert Feller (Chair)

## **Neurogastroenterology Special Interest Group**

Established November 2014

Reports to Board

Geoff Hebbard (Chair)



# GESA Representatives on External Committees

**GESA members represent the Society at external events and on projects, working groups and committees each year.**

Organisation/Event	2021 Representatives
Animal Health Australia – Crohn's disease response spokesperson (ongoing)	Paul Pavli
Crohn's & Colitis Australia – ongoing	Gregory Moore
Department of Health – Clinical Implementation Reference Group	Anil Asthana
Department of Health – Implementation Liaison Group for Colorectal Surgery MBS items	Iain Skinner
Department of Health – Medical Costs Finder project	Stephen Pianko Simone Strasser
Department of Health – Transparency of Out-Of-Pocket Costs project	Stephen Pianko Simone Strasser
Department of Health – Prostheses List reform	Anil Asthana Benedict Devereaux Adam Gordon Stephen Pianko Matthew Remedios Simone Strasser
Eliminate Hepatitis C Australia Partnership (EC Australia) Advisory Committee	Simone Strasser
Crohn's & Colitis Australia – IBD Health Professional Awareness and Training Project (GP Aware)	Eva Zhang Yoon-Kyo An Craig Haifer Fiona K Bailey
NSW Health Agency for Clinical Innovation – Nurse-led Endoscopy Working Group	Mathew Remedios Fiona K Bailey
RACP representative	Malcolm Arnold
RACP Adult Medicine Division Council – ongoing	Amany Zekry
RACP Advanced Training Committee	Jim Kalantar (Chair) Cameron Grofton (Advanced Trainee Representative)
Thrombosis & Haemostasis Society of Australia and New Zealand – Vaccine-Induced Immune Thrombotic Thrombocytopenia Syndrome Communications Committee	Simone Strasser
Australian Ethical Health Alliance	Fiona K Bailey

# GESA International Partnerships

Organisation/Event	2021 Representatives
American Association for the Study of Liver Diseases (AASLD) – ongoing	Simone Strasser
Asian Pacific Association for the Study of the Liver (APASL) – ongoing	Simone Strasser
Asian Pacific Association of Gastroenterology (APAGE) – ongoing	Sneha John
Asian-Pacific Society for Digestive Endoscopy (APSDE)	Benedict Devereaux (Councillor, Australia) Simone Strasser Arthur Kaffes
World Endoscopy Organization (WEO) – ongoing	Arthur Kaffes
World Gastroenterology Organisation (WGO) – ongoing	Simone Strasser Benedict Devereaux



# Professional Resources

The following patient and professional resources were developed or reviewed and published in 2021.

## Patient resources

## Liver (Liver Faculty)

- Hepatitis A
- Gallstones
- Fatty liver disease
- High-protein, high-energy diet
- Reduced-salt diet

IBD (IBD Patient Information Materials Working Group)

- Adalimumab
- Aminosalicylates (5-ASAs)
- Complementary and alternative therapies
- Corticosteroids
- Crohn's disease and ulcerative colitis
- Diet
- Golimumab
- Infliximab
- Life with a stoma
- Mental health
- Methotrexate
- Pregnancy and fertility
- Sexual health
- Surgery
- Thiopurines
- Tofacitinib
- Travel
- Ustekinumab
- Vaccinations
- Vedolizumab



**What are gallstones?**  
Gallstones (bilary calculi) are small, pebble-like substances that form in the gallbladder.

The gallbladder is a pear-shaped pouch that lies below the liver. Also in the gallbladder are gallstones, which are solid pieces of material made of gallbladder fluid and cholesterol. The gallbladder is designed to store and release these substances.

It also holds up gallbladder fat until it is ready to release it into the small intestine. This gallbladder fat contains bile acids, lipids, phospholipids, and proteins. Bile acids are made of bile salts and bile pigments (a waste product of red blood cell breakdown). It is also made of cholesterol.

Gallstones are black. The coating that gives a gallstone its color is made of cholesterol and bile salts. Any of the ducts (tube that carries bile from the liver to the gallbladder) can become blocked by gallstones.

- **Acute attack:** when胆囊痛 gets out of the liver
- **Chronic attack:** when gallstones are present for a long time
- **Constrictive attack:** when the gallbladder contracts and blocks the gallbladder tube.

Gallstones can be as small as a grain of sand or as large as a golf ball. The gallbladder can become very large if many gallstones are present.

**Information about Gallstones**



**Why do gallstones form?**  
There is no single cause of gallstones. The three typical causes of gallstones are diet, obesity, and disease.

**Cholesterol gallstones:**  
When the bile juice produced by the liver and gallbladder is not made correctly, it can form gallstones. These gallstones are made of cholesterol.

**Pigment gallstones:**  
Nursing mothers may experience gallstones because of changes in liver bile components or because of a gallbladder that is not working correctly.

**Mixed gallstones:**  
There are the two causes that are not as healthy as the other two. These are gallstones made of calcium and salts.

**Gallstones become more common as we get older:**  
Gallstones become more common as we get older. They are found in about 10% of people over 60 years old.

- **Females:**
- **Are gallstones hereditary?**
- **People with a family history of gallstones:**
- **People taking estrogen:** taking birth control pills, hormone replacement therapy, and some other medications.
- **People with high cholesterol:**
- **People with high triglycerides:**
- **People with high blood pressure:**



**GESA**  
Gastroenterology & Endoscopy Services of America

**Introduction**

- Early reflux & Inflammation in IBD is important to identify long term complications, including:

  - Small bowel lymphoma, & peritonitis, IBD also impacts overall health & QOL
  - These findings are important, and surgical strategies used to change IBD which can change disease course

**Managing at High Risk: Colectomy**

For high risk individuals, colectomy is a good option to prevent complications of IBD, including:

- Small bowel lymphoma
- Peritonitis
- Strictures
- Obstruction
- Deformities
- Malabsorption
- Failure of other therapies
- Failure to respond to medical therapy
- Failure to respond to medical therapy (especially in Crohn's)

**Management of Ulcerative Colitis (UC)**

UC is a continuous disease, from rectum to cecum, with a tendency to skip areas. It is characterized by:

- Ulcers
- Inflammation
- Diarrhea
- Abdominal pain
- Weight loss
- Malnutrition
- Dehydration
- Failure to respond to medical therapy

**Management of Ulcerative Colitis: Colectomy**

For high risk individuals, colectomy is a good option to prevent complications of IBD, including:

- Small bowel lymphoma
- Peritonitis
- Strictures
- Obstruction
- Deformities
- Malabsorption
- Failure of other therapies
- Failure to respond to medical therapy
- Failure to respond to medical therapy (especially in Crohn's)

**Management Overview of IBD**

**Indications for early colectomy include:**

- Failure to respond to medical therapy
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss, and with peritonitis
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss, and with stricture
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss, and with obstruction
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss, and with deformity
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss, and with malabsorption
- Failure to respond to medical therapy, and with  $> 10\%$  weight loss, and with failure to respond to medical therapy

**Managing in the acute: Elective enteral nutrition (EN)**

EN is the administration of a liquid diet by mouth, or through a tube, to provide all of the nutrients required for the maintenance of health. EN can be used to treat malnutrition, and to reduce the risk of complications of Crohn's disease in areas of non-nutritive enteritis (not perianal).

**Maintenance therapy: Immunomodulators**

The long term goal of therapy is to achieve disease free remission.

- Immunomodulator (Azathioprine, 6MP, MTX, Mesalazine)
- Immunosuppressant (Cyclosporine, Tacrolimus)
- Immunomodulators (Thalidomide, Cyclosporine)
- Immunosuppressants (Cyclosporine, Tacrolimus)
- Immunosuppressants (Cyclosporine, Tacrolimus)
- Immunosuppressants (Cyclosporine, Tacrolimus)

**Maintenance therapy: Biologics/Small molecules**

Biologics or small molecules may be FDA approved by the time of presentation.

Therapy	Indication	Approval
Ustekinumab	Moderate to Severe UC	Y
Ustekinumab	Moderate to Severe CD	Y
Enteral Biologics	Moderate to Severe UC	Y
Enteral Biologics	Moderate to Severe CD	Y
Enteral Biologics	Moderate to Severe UC	Y
Enteral Biologics	Moderate to Severe CD	Y

**Management Overview of IBD**

**Summary**

## Professional resources

## Author group

## Management overview of IBD

GP Aware Project, collaboration with  
Crohn's & Colitis Australia and Australian  
General Practice Accreditation Limited

## Faecal calprotectin in IBD algorithm

Collaboration with NPS MedicineWise

## HCV in children: Australian commentary on AASLD-IDSA guidance (full document and summary)

## Collaboration with Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

## Infection Prevention and Control in Endoscopy 2021

Infection Control in Endoscopy Committee

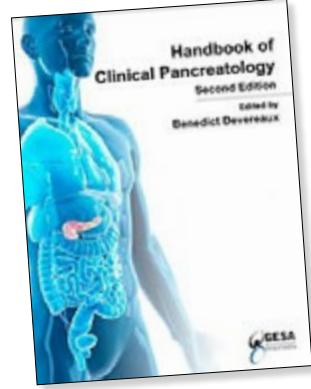
## Australian recommendations for the management of hepatocellular carcinoma: a consensus statement

## HCC Consensus Statement Steering Committee



# Professional Resources

Professional resources	Author group
Handbook of Clinical Pancreatology, 2nd edition	Benedict Devvereaux (Editor)
Position statement on nurse endoscopy	GESA
Australian consensus recommendations for the management of hepatitis B infection	Hepatitis B Consensus Statement Working Group



## Acknowledgements

We thank the GESA members and collaborators who have dedicated their time and expertise to develop, review and update these professional and patient resources in 2021. The resources would not have been possible without their commitment.

## GESA IBD Patient Information Materials Working Group

Mayur Garg (Chair, Gastroenterologist)  
Aysha Al-Ani (Gastroenterologist)  
George Alex (Gastroenterologist – Paediatric)  
Vinna An (Colorectal Surgeon)  
Jakob Begun (Gastroenterologist)  
Mary-Jane Betlehem (Stomal Therapy Nurse)  
Robert Bryant (Gastroenterologist)  
Britt Christensen (Gastroenterologist)  
Rosemary Clerehan (Educational Linguist)  
Susan Connor (Gastroenterologist)  
Sam Costello (Gastroenterologist)  
Basil D'Souza (Colorectal Surgeon)  
Alice Day (Senior Gastrointestinal Dietitian)  
Kevin Greene (Consumer Representative)  
Geoff Haar (IBD Pharmacist)  
Emma Halmos (Senior Gastrointestinal Dietitian)

Tim Hanrahan (Gastroenterology Trainee)  
Heidi Harris (IBD Clinical Nurse Consultant)  
Katherine Healy (Senior Gastrointestinal Dietitian)  
Simon Knowles (Specialist Gastrointestinal Psychologist)  
Taryn Lores (Health Psychologist)  
Raphael Luber (Gastroenterologist)  
Antonina Mikocka-Walus (Specialist Gastrointestinal Psychologist)  
Marion O'Connor (IBD Clinical Nurse Consultant)  
Meera Rajendran (IBD Pharmacist)  
Clarissa Rentsch (IBD Pharmacist)  
Sally Stockbridge (Crohn's & Colitis Australia Consumer Representative)  
Julie Weldon (Crohn's & Colitis Australia Consumer Representative)  
Charys Winter (IBD Clinical Nurse Consultant)

## Liver Faculty Reviewers of Patient Resources

Jacob George (Chair)  
Sidhartha Gupta  
Leon Adams  
Golo Ahlenstiel  
Mark Douglas  
Ingrid Hickman  
Jessica Howell  
Katharine Irvine  
Nathan Johnson  
Shelley Keating  
Miriam Levy  
Ken Liu  
Avik Majumdar  
Shyam Nagubandi  
Khalid Rasouli  
Helen Vidot  
William Wang  
Yamini Yadav



# Professional Resources

## GP Aware (GESA Representatives)

Eva Zhang  
Yoon-Kyo An

## Infection Control in Endoscopy Committee

Benedict Devereaux (Chair)  
Eugene Athan  
Farzad Bashirzadeh  
Robyn Brown  
Sue Greig  
Dianne Jones  
Kathryn Haberfield

## Australian recommendations for the management of hepatocellular carcinoma: a consensus statement Steering Committee

John Lubel (Co-Chair)  
Nick Shackel (Co-Chair)  
Stephen Clarke  
Mark Goodwin

## Australian consensus recommendations for the management of hepatitis B infection Steering Committee

John Lubel (Co-Chair)  
Gail Matthews (Co-Chair)  
Benjamin Cowie

Craig Haifer  
Fiona Bailey

Cate Quyle  
Andrew Taylor  
Maryann Todman  
Karen Vickery  
Elizabeth Wardle  
Mary Jo Waters

Jennifer Philip  
Stuart Roberts  
Simone Strasser  
Alex Thompson

Simone Strasser  
Alex Thompson

# Australian recommendations for the management of hepatocellular carcinoma: a consensus statement

# Professional Resources

GESA members continued to be updated frequently in 2021 with information and advice on best practice in relation to patient care in the context of the COVID-19 pandemic.

## Professional resources

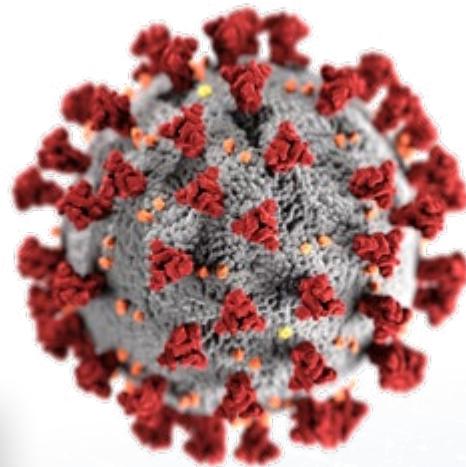
COVID-19 vaccination in patients with gastrointestinal and liver disorders – issued 21 June 2021

Vaccine-induced thrombotic thrombocytopenia – issued 7 July 2021

COVID-19 vaccination in patients with gastrointestinal and liver disorders – issued 13 October 2021

COVID-19 vaccination booster dose recommendations – issued 4 November 2021

COVID-19 vaccination information for patients with gastrointestinal or liver diseases on immunosuppressive therapy – issued 9 November 2021



# Infection Prevention and Control in Endoscopy

## Infection Control in Endoscopy (ICE) Committee

Benedict Devereaux (Chair, GESA)

Dianne Jones (GENCA)

Elizabeth Wardle (GENCA)

Eugene Athan (Infectious Diseases Physician, ASID)

Farzad Bashirzadeh (TSANZ; Respiratory Physician, Royal Brisbane and Women's Hospital)

Robyn Brown (GENCA)

Sue Greig (ACIPC)

Kathryn Haberfield (CSSD, St Vincent's Hospital

Melbourne)

Cate Quoyle (ACIPC)

Andrew Taylor (GESA)

Maryann Todman (Respiratory CNC, Royal Brisbane and Women's Hospital)

Karen Vickery (Microbiologist, Macquarie University)

Mary Jo Waters (Microbiologist, ASID)

*Infection Prevention and Control in Endoscopy 2021* was launched at GESA AGW Virtual in September 2021. For the first time, the **document has been endorsed** by every contributing organisation — the Australasian College for Infection Prevention and Control, Australasian Society for Infectious Diseases, Federal Sterilizing Research Advisory Councils of Australia and the Thoracic Society of Australia and New Zealand — in addition to the GESA and GENCA Boards.

**GESA and GENCA** have a long history of collaborating on publications relating to infection control in endoscopy. *Infection Prevention and Control in Endoscopy 2021* presents the state of the art of infection control in endoscopy, to bring practitioners involved in all aspects of endoscopy up to date with current techniques, protocols, devices and equipment. It also addresses hot topics and controversies in the field.

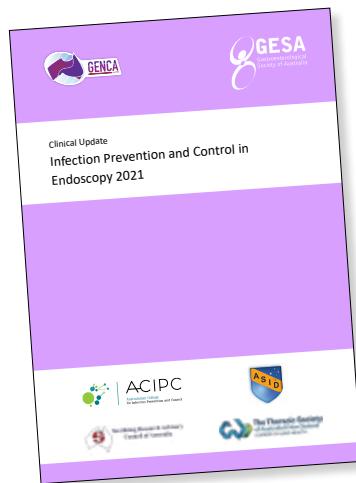
Infection control is at the core of **safe and efficient endoscopic procedures**. This has been emphasised in recent years by endoscopy-associated outbreaks of carbapenemase-producing Enterobacterales and concerns regarding the use of simethicone during endoscopic procedures. GESA and GENCA's ICE Committee has published papers specifically addressing both of these issues. At the time this document was published, the world continued to confront the COVID-19 pandemic. The ICE Committee has been active in ensuring the safest possible environment for patients requiring endoscopic care, and the staff providing it, through the publication of nationally consistent recommendations and protocols.

A comprehensive and contemporary **understanding of infection control** in endoscopy is essential for all involved in endoscopic procedures, whether in smaller ambulatory centres or large tertiary referral centres. It is also critical irrespective of the complexity of the procedure being performed. Infection prevention and control in endoscopy require attention to issues far broader than just the reprocessing of endoscopes. *Infection Prevention and Control in Endoscopy 2021* attends to all aspects of infection control, for which a multidisciplinary, multisociety committee was required.

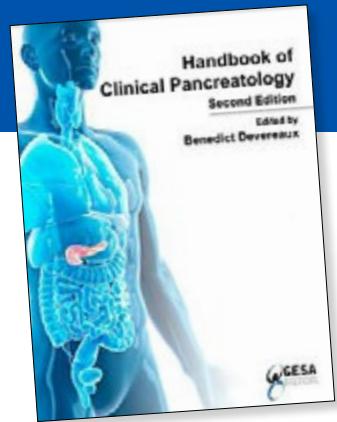
As Chair of the ICE Committee, I am grateful to all the **committee members** for their commitment to this essential and comprehensive resource. Their contributions have been far beyond their daily workload. I wish to specifically thank Di Jones and Beth Wardle for their extra contribution in contributing to the editing of the document. All the committee members have drawn on the published evidence but, importantly, have also contributed their own experience and expertise to develop the recommendations. The responsibility of formulating these recommendations, which include topics devoid of definitive published evidence, has been knowingly borne by the committee members. I am also grateful to the learned colleges and societies they represent for their review and endorsement.

Australia has long been recognised as a major international contributor to infection prevention and control in endoscopy, advocating the highest standards and incorporating the latest evidence and experience to maximise the safety of endoscopic procedures. The **recommendations in this publication** are comprehensive. It should continue to be the primary reference resource for endoscopy units throughout the country and all those who work in them. It is also essential to remain abreast of relevant national and international standards documents. It is our intention to always be on the front foot in supporting those who are on the frontline, caring for patients requiring endoscopic procedures.

**Benedict Devereaux**



# Handbook of Clinical Pancreatology



The **second edition** of the *Handbook of Clinical Pancreatology*, an educational resource from GESA, was launched internationally in late 2021. It is now available from the Google Play Store and Apple Books.

The world has certainly changed since the launch of the first edition in 2016. What has not changed is the complexity of pancreatic anatomy and physiology and the challenges we confront in managing patients with pancreatic disease, be it benign or malignant.

The *Handbook of Clinical Pancreatology* has evolved, and this second edition is greatly enhanced. Each Australian author has now been partnered with an **international expert**, and we welcome authors from Scotland, England, France, Germany, The Netherlands, India, Thailand, Taiwan, New Zealand, Canada and the USA. The input of these experts brings a great depth and international perspective to the *Handbook of Clinical Pancreatology*.

The second edition has also been augmented by the addition of **three new chapters**: Diabetes of the Exocrine Pancreas, Cystic Fibrosis and the Pancreas, and Paediatric Clinical Pancreatology. However, the primary aim of the handbook remains unchanged: to be an up-to-date, succinct guide, rather than a definitive textbook. It is a resource that can be referred to in the lecture hall, hospital ward or consulting room. The handbook will be of value to medical students and practising clinicians alike. It continues to highlight the necessity for a multidisciplinary approach to the treatment of pancreatic disorders.

I hope the *Handbook of Clinical Pancreatology* broadens your knowledge, answers your specific questions and inspires you to make clinical pancreatology a focus of your career in patient care. I thank all the authors and the sub-editors, Nam Nguyen, Ian Norton and David Williams, for their contribution to the handbook. I would also like to thank the **industry sponsors** (Boston Scientific, Pentax Medical, Fujifilm, C.R. Kennedy Medical Solutions, Olympus, Cook Medical and Viatris) for their continued commitment to this work.

Contents of <i>Handbook of Clinical Pancreatology</i> , second edition		
Chapter	Authors	
1. Pancreas Anatomy	Mark Brooke-Smith	Sa-ard Treepongkaruna
2. Pancreatic Physiology	Jeremy Wilson	Markus Lerch
3. Pancreatic Radiologic Imaging	Stephen Drew	Bachir Taouli
4. Endoscopic Ultrasound and the Pancreas	Saurabh Gupta	Marc Giovannini
5. Pancreatic Exocrine Insufficiency	Gerald Holtmann	Ronen Ben-Jakob
6. Diabetes of the Exocrine Pancreas	Katie Wynne	Anne Dornhorst
7. Cystic Fibrosis and the Pancreas	Scott Bell	Sarah Jane Schwarzenberg
8. Paediatric Clinical Pancreatology	Tanja Gonska	Keith CY Ooi
9. Acute Pancreatitis 1 — Aetiology and Pathogenesis	Stephen Philcox	Jorge Obando
10. Acute Pancreatitis 2 — Management	Andrew Metz	Rungsun Reknimitr
11. Chronic Pancreatitis 1 — Aetiology and Pathogenesis	Ian Norton	Suresh Chari
12. Chronic Pancreatitis 2 — Complications and Management	Darren Pavey	Pramod Garg
13. Pancreatic Fluid Collections — Classification and Management	Vu Kwan	Frank Weilert
14. Pancreatic Cystic Lesions	David Williams	Ian Penman
15. IgG4-Related Pancreatitis — Pathogenesis, Diagnosis and Management	Neomal Sandanayake George Webster	Christophe Rosty
16. Hereditary and Ideopathic Pancreatitis	Jeremy Humphris	Andrew Biankin
17. Pancreatic Neuroendocrine Neoplasms	David Williams	Hsiu-Po Wang
18. Pancreatic Cancer 1 — Diagnosis and Staging	Benedict Devereux	Anand Sahai
19. Pancreatic Cancer 2 — Screening and Surveillance	Nam Nguyen Alina Stoita	Marco Bruno
20. Pancreatic Cancer 3 — Endoscopic Management	Arthur Kaffes	Kenneth Binmoeller
21. Pancreatic Cancer 4 — Surgery	Andrew Barbour	Cristina R Ferrone
22. Pancreatic Cancer 5 — Chemotherapy and Radiotherapy	Anubhav Mittal Benjamin Loveday	Megan Barnet

Benedict Devereux



# GESA Gut School 2021 Virtual

## Convenor: Kirsty Campbell

GESA Gut School Virtual, held in November 2021, was packed with lectures designed to introduce advanced gastroenterology trainees and surgical registrars to the specialty of gastroenterology and hepatology. It covered practical endoscopy, combined with an introduction to common clinical problems in gastroenterology, gastroenterology training programs and career paths and an overview of GESA.

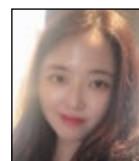
Thank you to everyone who attended Gut School 2021.



Ryan Abraham



Yuming Ding



Christy Kim



Fadak Mohammadi



Nadia Perera



Ella Shanahan



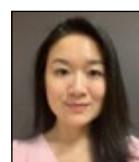
Ellie van der List



Hasib Ahmadzai



Hydar El Jamaly



Hellen Hsin-Lun Kuo



Steffanie Nario



Matthew Peverelle



Alex Sheiban



Luke Vlismas



Justin Baker



Anna Fernon



Brian Pui-Shing Lam



Emily Nash



Leshni Pillay



Rachel Shingaki-Wells



James Williams



Cheng-Yu (Lina) Chen



Sidhartha Gupta



Peter Lim



Jonathan Ng



Rohita Reji



Mohammad Shir Ali



Simone Chin



Saravana Ruban Gurusamy



Hayley Logan



Sarah Ng



Beverly Rodrigues



Hooi Ling Si



Philip Craven



Martin Harb



Michael MacIsaac



Melinda Nguyen



Denis Rubtsov



Sarah Taylor



Hardesh Dhillon



Tahrima Kayes



Joshua McCarthy



Varan Perananthan



Prabha Selvanathan



Andrew Tsoi

# GESA's History

## History

Gastroenterology in Australia began as a specialty in the late 1940s, with the return of inspired, dedicated and ambitious people from war service and overseas registrar positions. Early gastroenterologists, such as Ian Wood, William Morrow, William King, Peter Parsons and Rod Andrew, combined teaching, clinical work and research with leadership and mentoring. They established the foundations for the growth of gastroenterology as a specialty in Australia and paved the way for the next generation of physicians with a passion for the gut.

### 1940s

- The first gastroenterology clinical unit is founded in Prince Alfred Hospital in Sydney
- Gastroenterology begins as a specialty in Australia in the late 1940s

### 1950s

- Gastroenterological understanding expands and a career pathway emerges
- A meeting of interested people is held in Sydney to discuss forming a society for gastroenterology (1958)
- The Gastroenterological Society of Australia is established (1959)

### 1960s

- Gastroenterology develops as a specialty and establishes itself as a separate discipline within internal medicine in Australia
- The Society hosts the 3rd Asian Pacific Congress of Gastroenterology in Melbourne (1968)
- The Bushell Lectureship is established (1969)

### 1970s

- The Society decides to formulate a definition of a gastroenterologist and begins to clarify its aims as an adviser to government and an educator for medical practitioners

### 1980s

- The Society focuses on membership, generating and fostering research activities and promoting high standards of clinical practice
- *The Journal of Gastroenterology & Hepatology* is established (1984)
- The Research Institute is established for the promotion of research (1986)

### 1990s

- The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy is formed
- The 1990 World Congress of Gastroenterology is held in Sydney
- A need for specialty sections within the Society is recognised
- The Australian Gastroenterology Institute is launched (1991)
- GESA's scientific meeting is moved to October and renamed Australian Gastroenterology Week (AGW) (1993)
- The Endoscopy and Hepatology sections are respectively named the Australian Gastrointestinal Endoscopy Association and Australian Liver Association
- The Australian Hepatic, Pancreatic & Biliary Association is created in the late 1990s
- The Australian Gastroenterology Institute changes its name to Digestive Health Foundation (1999)

### 2000s

- The inaugural Asia-Pacific Digestive Week is held in Sydney (2001)
- The emergence of the Digestive Health Foundation as the umbrella for the Society's public education arm takes form
- There is quality improvement in clinical practice
- The Nobel Prize in Physiology or Medicine for 2005 is jointly awarded to Barry J Marshall and J Robin Warren (WA) for their discovery of "the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease"



# GESA's History

## 2010s

- Associations are renamed Faculties (Endoscopy Faculty, IBD Faculty and Liver Faculty)
- The Liver Faculty Clinical Research Network is established (2010)
- The Australian Inflammatory Bowel Disease Association is established
- GESA moves from secretariat services of a management company to employing staff (2014)
- Gastro 2015 World Congress is held with the World Gastroenterology Organisation in Brisbane
- The National Colonoscopy Recertification Program is launched (2016)
- GESA office relocates to Flinders Lane, Melbourne (2017)
- The Young GESA Network is established (2018)

## 2020s

- Global COVID-19 pandemic begins (2020)
- The Paediatric Network, Private Practice Network and Regional and Remote Network are established (2020)
- Regional and Remote Network becomes Regional, Remote and Indigenous Network (2021)
- GESA Sustainability Network is established (2021)
- GESA AGW 2020 and 2021 are presented as fully virtual events
- RACS, RACP and GESA sign a memorandum of understanding to form a conjoint committee for recertification in colonoscopy

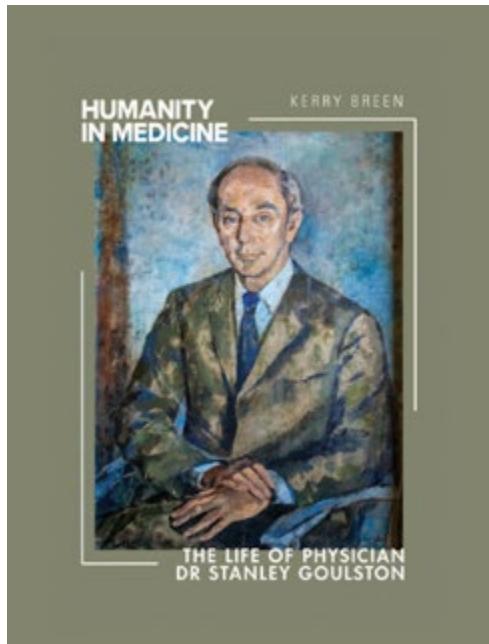
The selection of historical events up to and including 2000s is summarised from Emma Russell and Katherine Sheedy, *A passion for the gut: the evolution of gastroenterology in Australia* (Sydney: Gastroenterological Society of Australia, 2009).



## GESA Presidents

2021–2023	Benedict Devereaux	1999–2001	Geoffrey Farrell	1977–1979	Neil Gallagher
2019–2021	Simone Strasser	1997–1999	Neville Yeomans	1975–1977	Brian Billington
2017–2019	Narci Teoh	1995–1997	James Toouli	1973–1975	Richard Joske
2015–2017	Ian Norton	1993–1995	John Dent	1971–1973	Allan Kerr Grant
2013–2015	Don Cameron	1991–1993	Roderick Kater	1969–1971	Ruthven Blackburn
2011–2013	William Sievert	1989–1991	William Doe	1967–1969	Peter Parsons
2009–2011	Michael Grimm	1987–1989	James St John	1965–1967	William Irwin
2007–2009	Darrell Crawford	1985–1987	James Watts	1963–1965	Stanley Goulston
2005–2007	Paul Desmond	1983–1985	Kerry Goulston	1961–1963	William King
2003–2005	Peter Gibson	1981–1983	Jack Hansky	1959–1961	William Morrow
2001–2003	Barbara Leggett	1979–1981	Lawrie Powell		

# Book Review: Humanity in Medicine



## Humanity in Medicine: The Life of Physician Dr Stanley Goulston

Dr Stanley Goulston AO was an extraordinary physician who made major contributions to developing the disciplines of internal medicine and gastroenterology in Australia. In this comprehensive biography, Dr Kerry Breen delivers a superbly researched overview of Dr Goulston's early life, education, sportsmanship, medical training, military service and many decades of service to Sydney's Royal Prince Alfred Hospital (RPAH), the RACP, GESA and other Australian health care institutions.

Beyond just being a chronicle of Dr Goulston's life and achievements, we learn about the ever-changing cultural, social, professional and moral environments in which he lived his 96 years. Of particular importance is the opportunity to discover and share in Dr Goulston's contributions to the human aspects of health care through his lifelong love of writing poetry and how he sought to entwine an interest in the humanities in the teaching and practice of medicine.

Stan Goulston was born in 1915 into a prominent Jewish family that had been in Australia since 1858. Through exploring details of the family's background, and particularly the life and contributions of his father, John Goulston, the reader gains insight into the evolving Australian commercial landscape, as well as the development and activities of Jewish community organisations, particularly in Sydney. Many of the traditions, community groups, congregations and personalities with which the Goulstons interacted will be very familiar to members of the Australian Jewish community. Stories of Stan Goulston's education at Sydney Grammar School and the University of Sydney would also resonate with those who went through similar education many years later.

The author devotes three chapters to Stan Goulston's military service, which began when he was a resident medical officer at the time war was declared in 1939. The reader is taken through those extraordinary years to gain some insights into the life of this compassionate and skilled medical officer, who displayed tremendous adaptability and flexibility to respond to any situation. He was recognised by being awarded the Military Cross for his time in Tobruk. Following advanced training in all aspects of military organisation and responsibilities, Goulston made further remarkable contributions to army medical services in the Northern Territory, then ultimately in London as the medical liaison officer for the Australian Army Medical Service, where he was the "eyes and ears of the Director General of Medical Services" in Australia. Through these years of upheaval, he sat and passed examinations for membership of the RACP, despite having no recent experience in civilian medical life.

Dr Goulston returned to family and professional life in Australia in 1947. He was appointed to the senior medical staff of RPAH, where he remained until his retirement many decades later. It is certainly interesting to reflect on the hierarchical, white, male-dominated medical system that was present in Australian teaching hospitals, particularly during the first part of his career — far removed from the culturally and gender-diverse environment we now experience in the 21st century.

Along with Dr Bill (later Sir William) Morrow, Stan Goulston established the first dedicated gastroenterology unit in Australia, still known as the AW Morrow Gastroenterology and Liver Centre at RPAH. He was involved in introducing and developing many of the research structures and clinical practices that form the foundations of modern gastroenterology, and it is fascinating to be taken through the evolution of many of these aspects of care and research that we perhaps take for granted. He contributed critical observations to the burgeoning study of IBD.

He made major contributions to the RACP, as Censor-in-Chief and subsequently President — again, it is of great interest to the reader to learn how many of our current processes in training and examination came about. He was instrumental in establishing GESA more than 60 years ago, which is today recognised as the peak membership organisation for Australian health care professionals and researchers working in gastroenterology and hepatology, with more than 1,000 members.

# Book Review: Humanity in Medicine

In addition to gaining an appreciation for how the specialty of gastroenterology came about in Australia, we also learn how our systems of drug evaluation and adverse drug reaction monitoring came to be, as Goulston was heavily involved in both, being Chairman of the Australian Drug Evaluation Committee for many years. The Advisory Committee on Medicines, which now provides independent advice to the Minister for Health and the Therapeutic Goods Administration, evolved from these pivotal committees to which Stan Goulston devoted so many of his years.

Clearly, Stan Goulston made critical contributions to the education, training and evaluation of physicians; the development of the specialty of gastroenterology; therapeutic drug evaluation, approvals and monitoring; and the dissemination of medical knowledge in Australia. His dedication to his family and home life is also displayed throughout this account and should serve as a reminder of the importance of work-life balance in achieving fulfilment while enmeshed in a busy and consuming career.

An important aspect of Stan Goulston's life was his love of literature and poetry. He wrote poetry from an early age, much of which went unpublished, apart from a few poems that were published between 1970 and 1997 in the *Medical Journal of Australia*. At the age of 92, he published a selection of poems in *Poetry for Pleasure*. It is a privilege to read some of his poems that Dr Breen shares in this book — they provide important reflections on Goulston's war experiences, the meaning of illness and old age, among others.

Following retirement from active clinical practice at the age of 79, Stan Goulston studied poetry and literature at the University of Sydney and later introduced the teaching of medical humanities into the medical curriculum at the university. The author highlights this legacy and laments that the teaching of humanities alongside modern science-based medical practice is "yet to be appreciated or taken seriously by most medical educationalists in Australia". Hopefully, the readers of this book will find some appreciation of why Dr Goulston devoted so much of his time and effort to introducing students and clinicians to this important aspect of health care.

This work is a credit to Dr Breen's capacity for research and interview, as clearly Stan Goulston was a modest and humble man. Much of the material that makes this book so engaging had to be gleaned from those who knew Dr Goulston best — his surviving family, friends and colleagues. The narrative that brings these many aspects of an extraordinary life together is a pleasure to read.

**Simone Strasser**

*Humanity in Medicine: The Life of Physician Dr Stanley Goulston*

Release date:	12-2020
Format:	Hardback
ISBN:	9781922454164
ISBN10:	1922454168
Author:	Kerry Breen
Publisher:	Arcadia

# GESA Supporters

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For more information, please visit [gesa.org.au](http://gesa.org.au) > Members > Donations





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