



# European Society of Gastrointestinal Endoscopy – Advancing Digestive Health in Europe

European Parliament - September 20, 2023

# Agenda



1

ESGE – Why we are important for European digestive health



2

ESGE publications: directly impacting patient care



3

Working towards greener endoscopy



4

Equity and diversity – giving equal opportunities to all our community



5

New EU medical device regulations: shortage of life-saving devices?

# ESGE - Executive positions



President

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Emek Medical Center  
Afula, Israel



President-Elect

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Humanitas University  
Milano, Italy



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Professor Raf Bisschops

University Hospitals Leuven  
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Erasme University Hospital  
Brussels, Belgium



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Professor Helmut Messmann

Universitätsklinikum Augsburg  
Augsburg, Germany

# ESGE – European Society of Gastrointestinal Endoscopy



**European Society of Gastrointestinal Endoscopy**

*Working together in endoscopy to achieve optimal patient care.*



## THE FACE OF ENDOSCOPY

**Join for the benefits,  
stay to make a difference**

**REGULAR MEMBERSHIP € 195 • TRAINEE MEMBERSHIP € 90**

- Reduced registration fees for ESGE Days
- Free subscription to *Endoscopy* journal
- Discounted Hands-on Training
- Free access to all ESGE eLearning materials
- Free access to Quality Check App
- Eligibility for Fellowship and Research Grants
- Involvement on Guidelines and Position Statements
- Involvement in ESGE Research activities
- And much more!



# ESGE – Committees and Working Groups

Education Committee	Chair: Dr István Hritz	Hungary
Guidelines Committee	Chair: Professor Konstantinos Triantafyllou	Greece
Public Advocacy Committee	Chair: Professor Michael Bretthauer	Norway
Research Committee	Chair: Professor Lorenzo Fuccio	Italy
Quality Improvement Committee	Chair: Professor Monika Ferlitsch	Austria
Young Endoscopist Committee	Chair: Dr Andrei Voiosu	Romania
Curricula Working Group	Chair: Dr Tony C. Tham	Northern Ireland
Diversity and Equity Working Group	Chair: Professor Maria Pellisé Urquiza	Spain
Green Endoscopy Working Group	Chair: Dr Enrique Rodriguez de Santiago	Spain
International Affairs Working Group	Chair: Dr Alanna Ebigbo	Germany
Membership Working Group	Chair: Professor Helmut Messmann	Germany
Social Media Working Group	Chair: Dr Manmeet Matharoo	United Kingdom

# ESGE - Composition

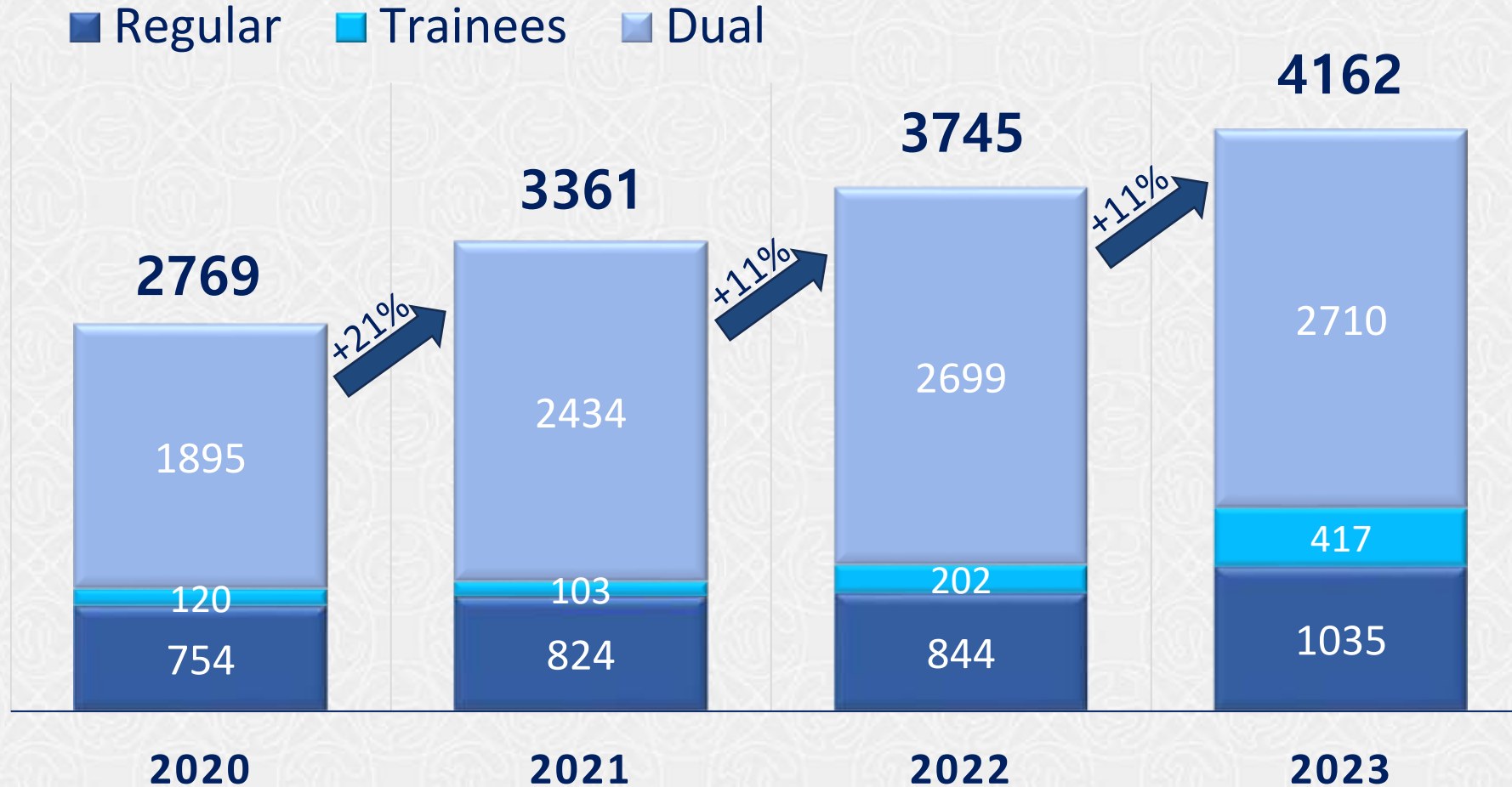
ESGE represents the following  
41 national societies of endoscopy:

Austria	Hungary	Portugal
Belgium	Iraq	Romania
Bulgaria	Ireland	Serbia
Croatia	Israel	Slovakia
Cyprus	Italy	Slovenia
Czech Republic	Latvia	Spain
Denmark	Lebanon	Sudan
Egypt	Lithuania	Sweden
Estonia	Luxemburg	Switzerland
Finland	Macedonia	Turkey
France	Morocco	Ukraine
Germany	Netherlands	United Arab Emirates
Greece	Norway	United Kingdom
	Poland	

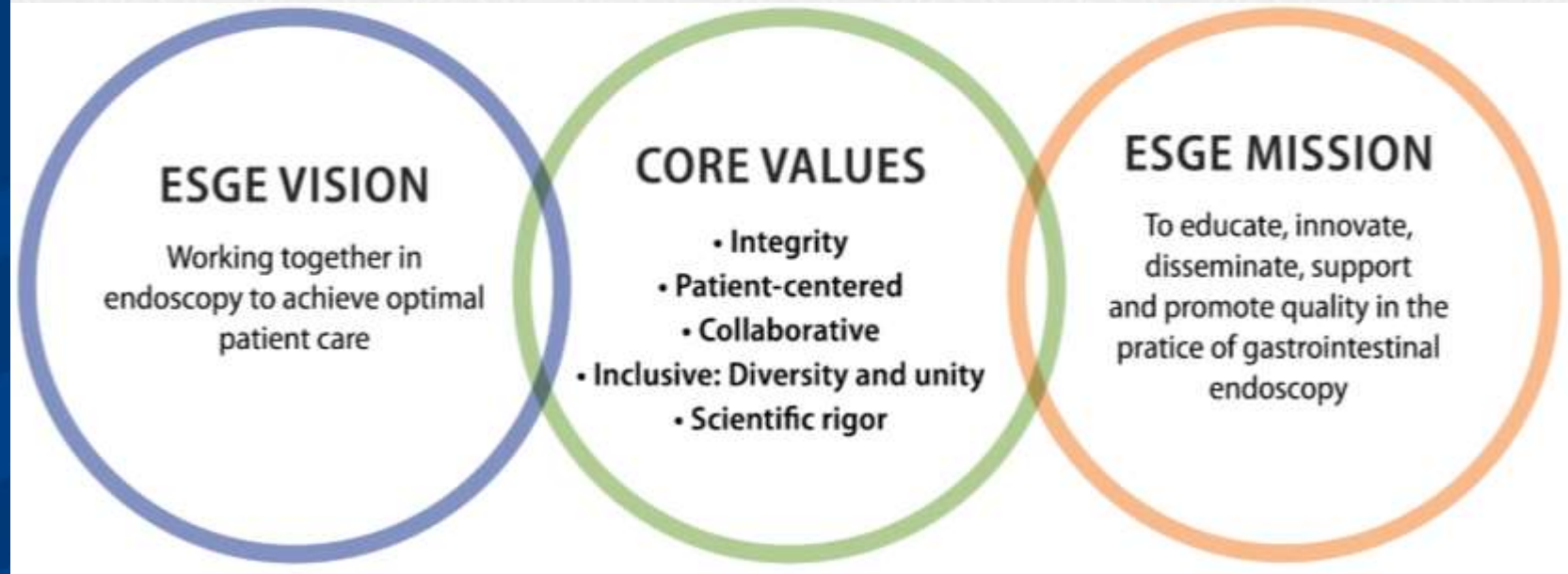


# ESGE - Composition

## Individual Membership 2020 – 2023



# ESGE – our vision, core values and mission



# ESGE Days – The European Congress for GI Endoscopists



esgedays.org

**ESGE  
DAYS  
2024**

**Join our jubilee celebrations!**  
Advancing endoscopy for 60 years  
Defining the future together

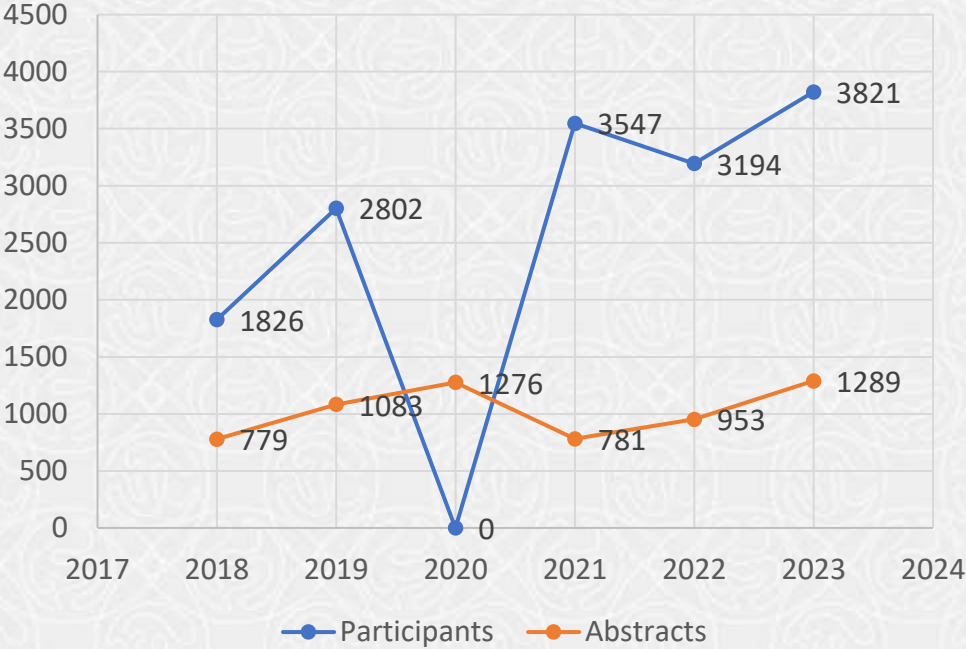
Estrel Congress Center  
Berlin, Germany, April 25 - 27, 2024

The banner features a background of colorful, wavy lines in shades of blue, purple, and red. At the bottom, there is a photograph of the Berlin skyline, including the St. Hedwig's Cathedral and the TV Tower.



[Highlights video](#)

# EGSE Days 2023 in Dublin - We are growing



# ESGE AND ESGENA

- Close collaboration
- Dual membership agreement
- Partners at ESGE Days congresses
- Input to ESGE Guidelines and Position Statements



# ESGE – publications: direct impact on patient care

# ESGE – publications: direct impact on patient care

Endoscopy is one of the main diagnostic tools to detect and treat gastrointestinal cancers

Position Statement

 Thieme

## **Role of gastrointestinal endoscopy in the screening of digestive tract cancers in Europe: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement**



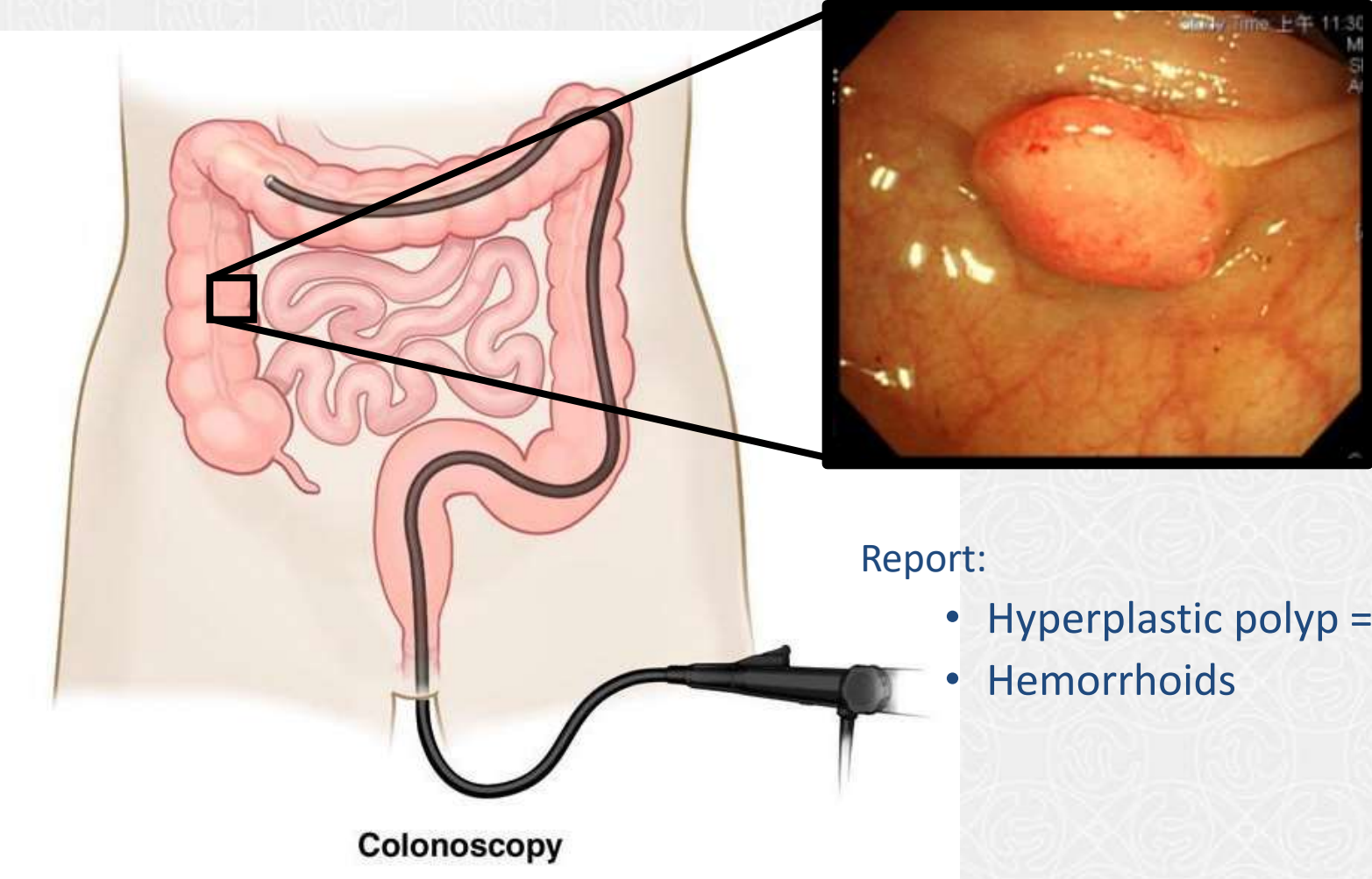
Authors

Adrian Săftoiu<sup>1,2</sup>, Cesare Hassan<sup>3</sup>, Miguel Areia<sup>4,5</sup>, Manoop S. Bhutani<sup>6</sup>, Raf Bisschops<sup>7</sup>, Erwan Bories<sup>8</sup>, Irina M. Cazacu<sup>1,6</sup>, Evelien Dekker<sup>9</sup>, Pierre H. Deprez<sup>10</sup>, Stephen P. Pereira<sup>11</sup>, Carlo Senore<sup>12</sup>, Riccardo Capocaccia<sup>13</sup>, Giulio Antonelli<sup>3</sup>, Jeanin van Hooft<sup>9</sup>, Helmut Messmann<sup>14</sup>, Peter D. Siersema<sup>15</sup>, Mario Dinis-Ribeiro<sup>5,16</sup>, Thierry Ponchon<sup>17</sup>

# Peter G. 51 yo



# Good news



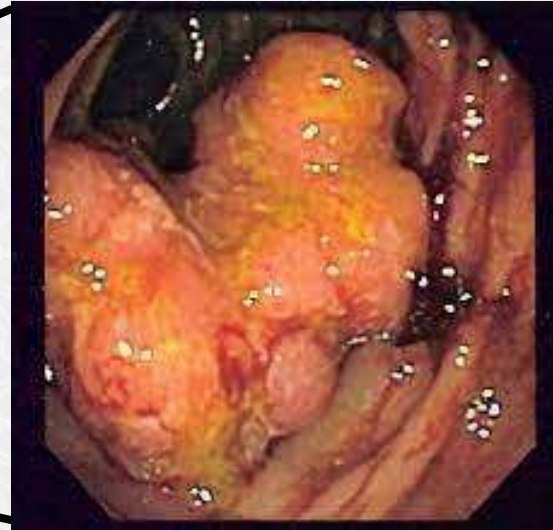
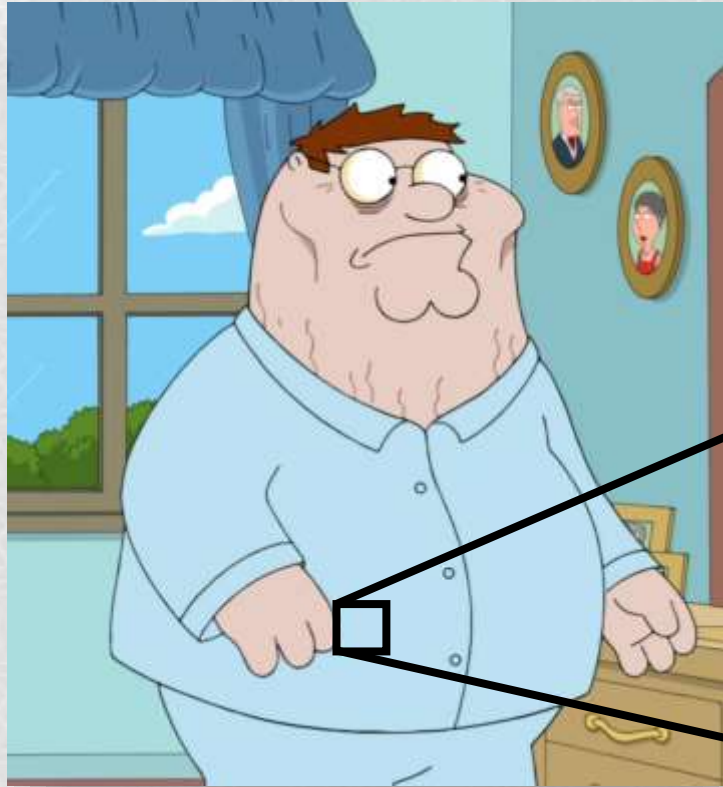
Colonoscopy

Report:

- Hyperplastic polyp = INNOCENT
- Hemorrhoids



# 3 years later

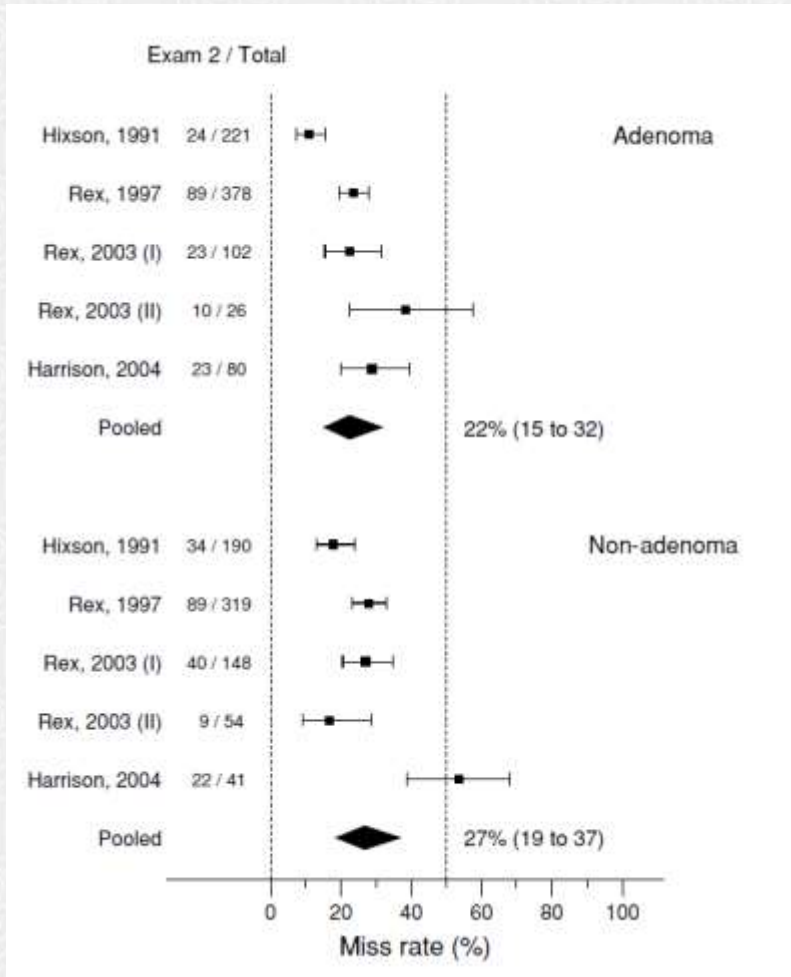


## What went wrong ?

# Colonoscopy and endoscopists are not infailable

We do miss lesions:

- Meta-analysis of 6 tandem colonoscopy studies
- Polyp miss rate 22%
- Adenoma
  - > 10 mm: 2,1%
  - 5-10 mm: 13%
  - 1-5 mm: 26 %



Van Rijn AJG 2006

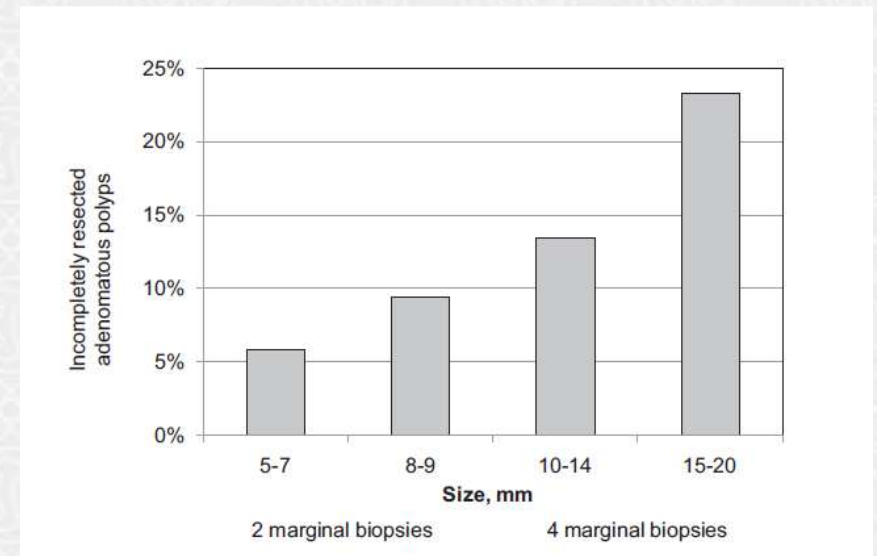
# Not all endoscopists are the same

Incomplete resection of polyps

10% of 5-20 mm polyps are not completely removed when margins are sampled.

3 fold range between different endoscopist

- 6,5 – 22,7%



Pohl H GASTROENTEROLOGY 2013;144:74–80

# Also upper GI endoscopy is not perfect ...

## What is the rate of missed upper GI cancers during endoscopy on a nationwide level?



Registry-based study



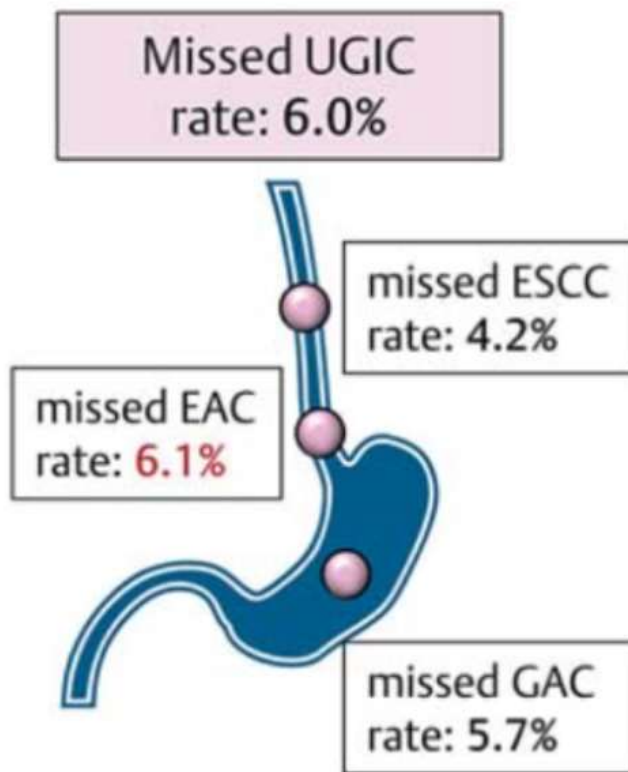
4,105,399 patients



5,877,674 EGDs

### Missed cancer definition:

UGIC diagnosed within 6 to 36 months after a nondiagnostic EGD



### Risk factors for missed cancer:

Risk factors	OR	95%CI	P value
<b>Sex</b>			
Female	1.3	1.2–1.4	<.001
<b>Type of endoscopy unit (index endoscopy)</b>			
Primary care unit	1.3	1.2–1.5	<.001
<b>Comorbidities (Charlson comorbidity index)</b>			
Mild	2.7	2.4–3.0	<.001
Moderate	4.2	3.6–4.9	<.001
Severe	6.0	4.7–7.5	<.001

Endoscopy

Januszewicz et al Endoscopy 2022

# ESGE – publications: direct impact on patient care

## The European Society of Gastrointestinal Endoscopy Quality Improvement Initiative: developing performance measures



### Authors

Matthew D. Rutter<sup>1,2</sup>, Carlo Senore<sup>3</sup>, Raf Bisschops<sup>4</sup>, Dirk Domagk<sup>5</sup>, Roland Valor<sup>6</sup>, Michal F. Kaminski<sup>7,8</sup>, Cristiano Spada<sup>9</sup>, Michael Bretthauer<sup>8,10,11</sup>, Cathy Bennett<sup>12</sup>, Cristina Bellisario<sup>3</sup>, Silvia Minozzi<sup>3</sup>, Cesare Hassan<sup>13</sup>, Colin Rees<sup>3</sup>, Mário Dinis-Ribeiro<sup>14</sup>, Tomas Huc<sup>15</sup>, Thierry Ponchon<sup>16</sup>, Lars Aabakken<sup>16</sup>, Paul Fockens<sup>17</sup>

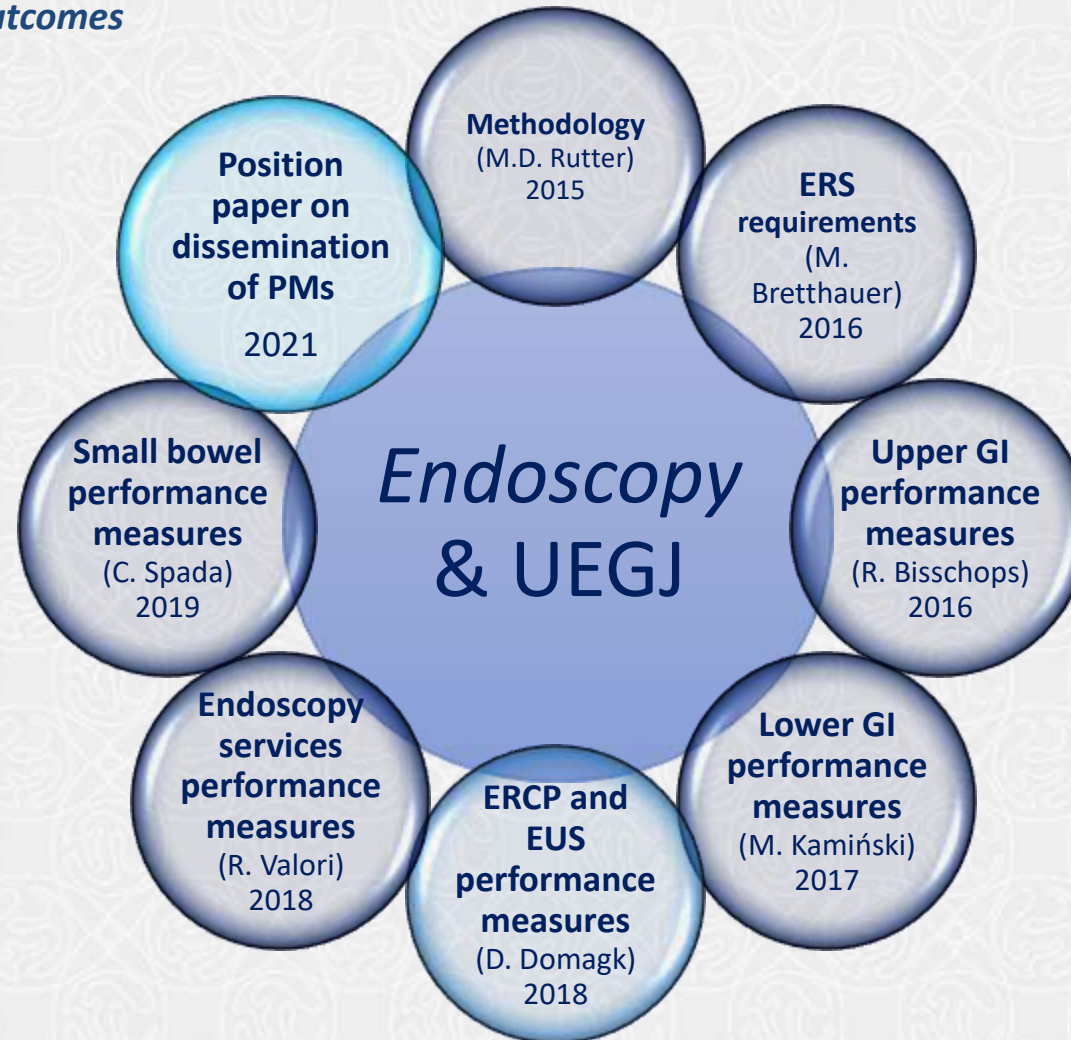
- To improve the global quality of endoscopy and the delivery of patient-centered endoscopy services
- To promote a unifying theme of quality of endoscopy within ESGE activities, achieved by collaborating with other ESGE committees and working groups and underpinned by a clear quality improvement framework
- To assist all endoscopy units and endoscopists in achieving these standards.

Rutter et al Endoscopy. 2016 Jan;48(1):81-9.

Rutter et al United European Gastroenterol J. 2016 Feb;4(1):30-41

# Quality Improvement Committee: output

*Developing Performance measures - outcomes*



# Why is quality important?

As doctors we should provide the best possible care for our patients.

## **Evidence exists that performance measures result in better outcomes**

- Protection against cancer
- Fewer complications
- Better patient satisfaction

## **Cost-effectiveness**

- Fewer repeat procedures
- Fewer additional treatments

# Why do we need to measure Q?

Not all endoscopists are the same

Table 2. With		Withdrawal Time for Procedures in Which Polyps Were Removed	Detection of Lesions for Individual		Subjects with Adenomas†	No. of Adenomas per Subject Screened‡		
Physician	Code	minutes	Withdrawal Time for Procedures in Which Polyps Were Removed	Withdrawal Time for Procedures with No Polyps Removed			No. of Adenomas per Subject Screened‡	Subjects with Advanced Adenomas‡
		minutes	minutes					%
		5.6±3.0			9.4			
		6.8±4.3			12.3	0.10		
		8.0±5.0			13.7	0.17		
		8.2±2.9	5.6±3.0	3.1±1.6	24.1	0.25		
A		8.2±2.9	5.6±3.0	3.1±1.6	22.5	0.42	0.10	1.3
B		10.0±4.2	6.8±4.3	3.8±1.7	25.4	0.46	0.17	3.1
C		9.2±5.8	8.0±5.0	4.1±1.8	28.3	0.50	0.25	3.3
D		8.6±3.6	8.2±2.9	6.5±1.8	32.3	0.52	0.42	6.6
E		10.8±4.9	10.0±4.2	7.0±2.5	32.3	0.53	0.46	4.4
F		9.6±4.4	9.2±5.8	6.3±4.1	25.7	0.54	0.50	5.2
G		12.6±5.0	8.6±3.6	6.1±2.4	32.7	0.60	0.52	8.0
H		13.2±4.4	10.8±4.9	7.9±2.6	31.8	0.60	0.53	8.3
I		19.1±6.0	9.6±4.4	7.0±2.6	32.2	0.83	0.54	4.9
J		19.1±6.0	12.6±5.0	9.8±4.0	31.8	0.60	0.60	4.8
K		19.1±6.0	13.2±4.4	11.8±3.7	31.8	0.60	0.83	9.1
L		19.1±6.0	19.1±6.0	16.8±5.3	32.2	0.83	1.05	6.8
Total		19.1±6.0	10.6±5.8	6.3±3.9	32.2	0.83	0.47	5.2
						1.05		

Barclay et al N Engl J Med 2006;355:2533-41.

# Also in upper GI quality matters

837 endoscopies, Singapore, 7 minutes,  
**98% sedation**

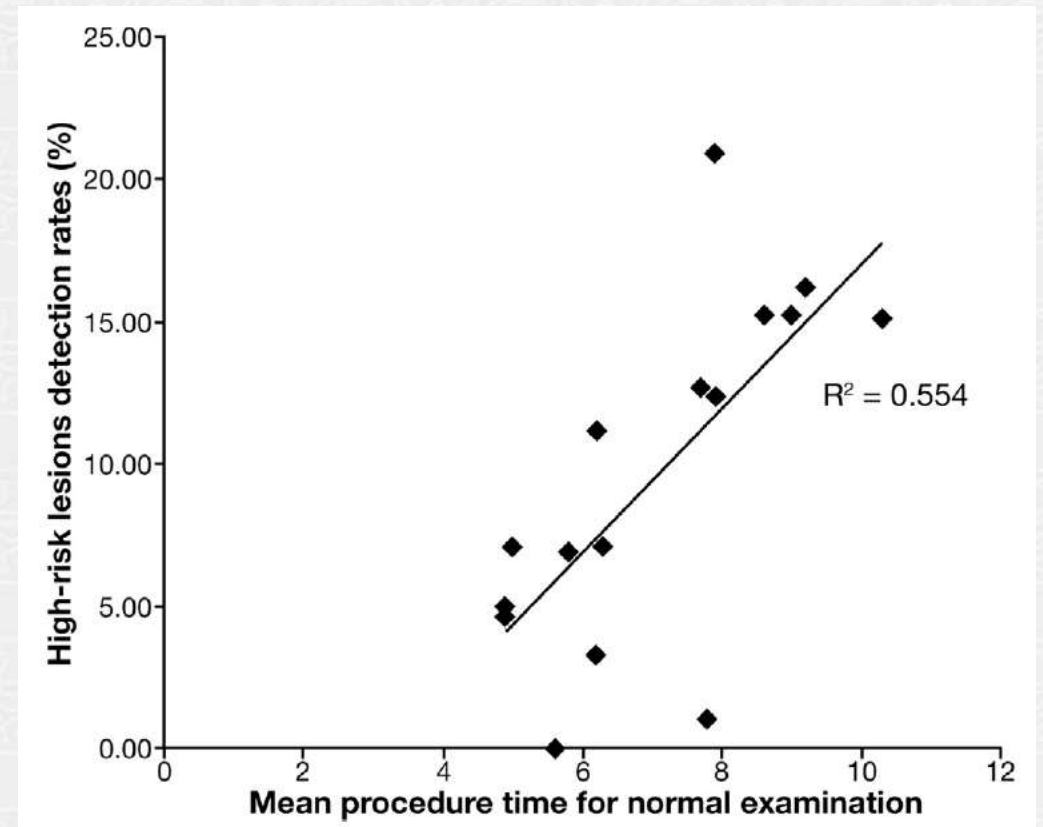
Slow 8.6 vs. Fast 5.5 min.

High risk lesions:

- 14% vs. 6%; OR 2.5 (1.5-4.1)

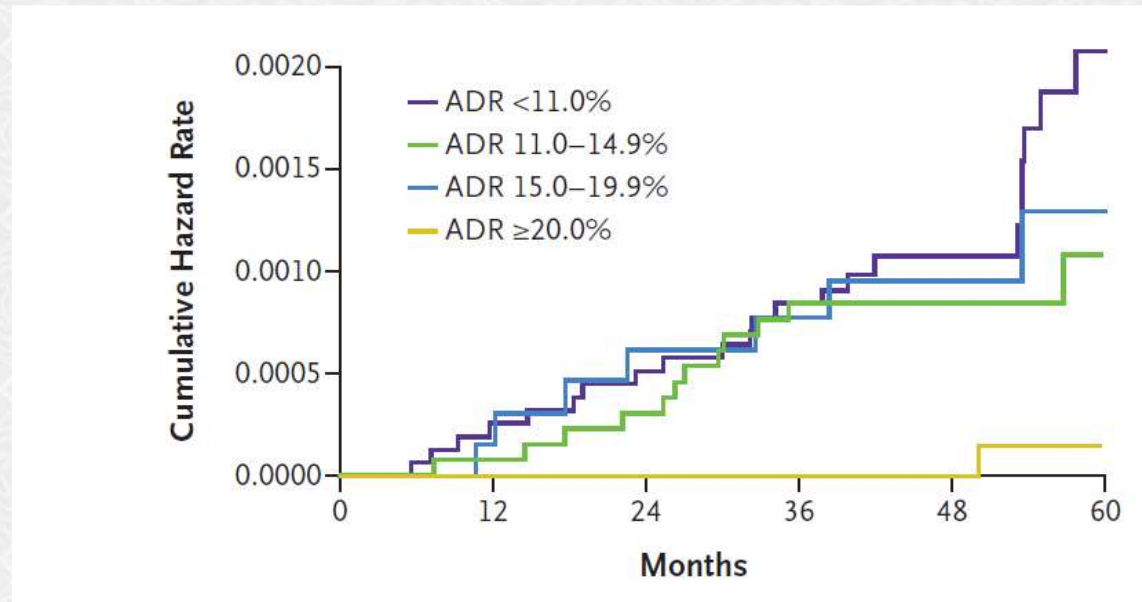
Dysplasia/Cancer:

- 3.4% vs. 1.3%; OR 3.4 (1.3-10.4)



# Why do we need to measure Q?

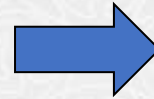
Not all endoscopists are the same



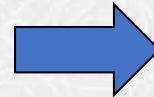
Kaminski N Engl J Med 2010;362:1795-803.

# Quality of reporting: One picture says more than 10 words

Nodular mucosa somewhere in the ascending colon



Eligible for EMR  
Appropriate time slot allocated

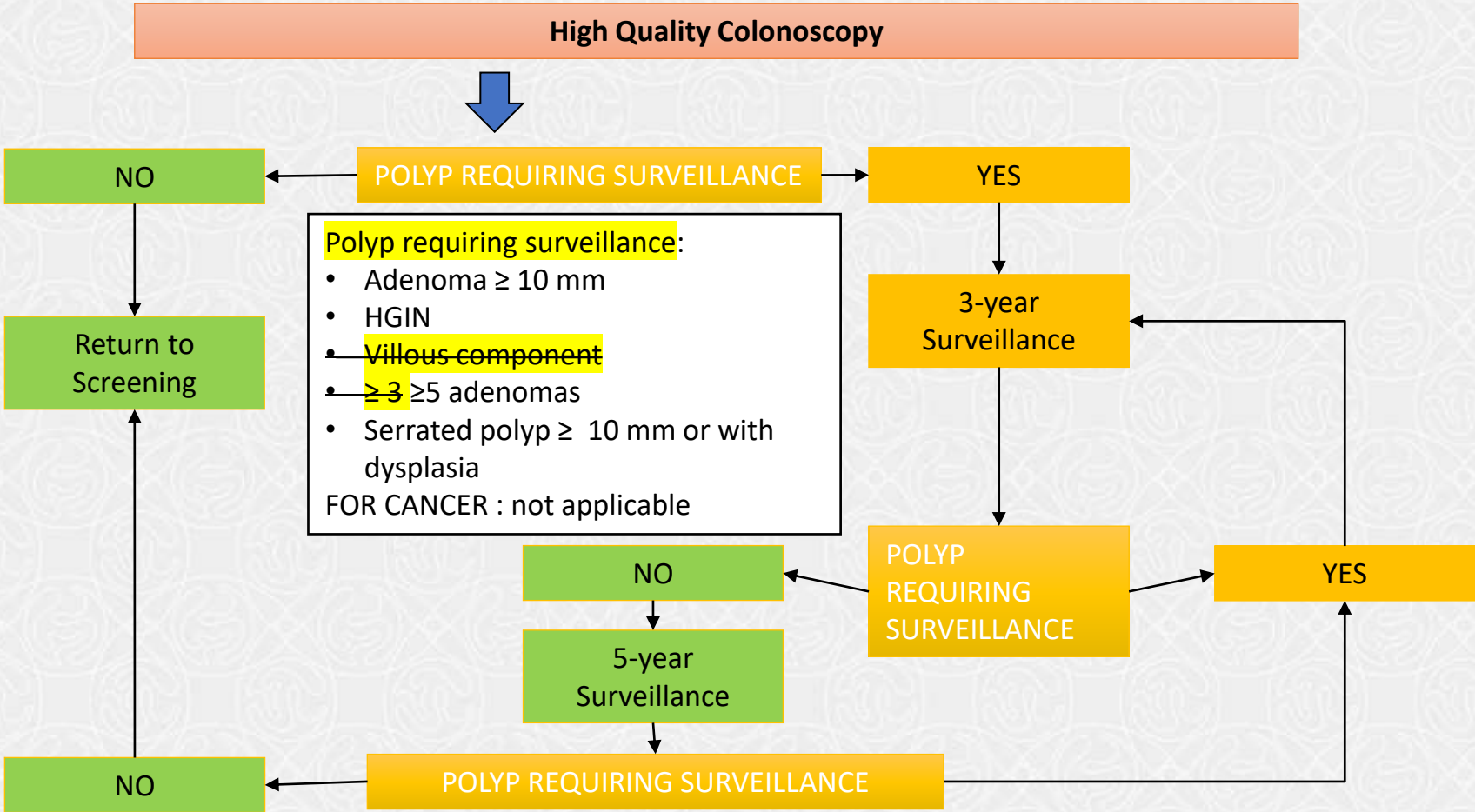


Good reporting leads to  
adequate planning → more  
cost efficient organisation =  
also quality

**THIS IS ALSO ABOUT SUSTAINABILITY**

# Surveillance after polyps 2020 GL : do not more than needed

Hassan et al Endoscopy 2020



# Do it right the first time

Guideline

Thieme

## Endoscopic tissue sampling – Part 2: Lower gastrointestinal tract. European Society of Gastrointestinal Endoscopy (ESGE) Guideline



### Authors

Roos E. Pouw<sup>1</sup>, Raf Bisschops<sup>2</sup> , Krisztina B. Gecse<sup>3</sup>, Gert de Hertogh<sup>4</sup>, Marietta Iacucci<sup>5</sup>, Matthew Rutter<sup>6</sup> ,  
Maximilien Barret<sup>7</sup>, Katharina Biermann<sup>8</sup>, László Czako<sup>9</sup>, Tomas Hucl<sup>10</sup>, Marnix Jansen<sup>11</sup>, Edoardo Savarino<sup>12</sup> ,  
Manon C. W. Spaander<sup>13</sup> , Peter T. Schmidt<sup>14</sup>, Mário Dinis-Ribeiro<sup>15</sup>, Michael Vieth<sup>16</sup>, Jeanin E. van Hoof<sup>17</sup> 

Pouw R, Bisschops R, Gecse KB et al Endoscopy . 2021 Dec;53(12):1261-1273

# ESGE – publications: direct impact on patient care

Less is more ...

Position statement

 Thieme

## **Digestive findings that do not require endoscopic surveillance – Reducing the burden of care: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement**



Authors

Enrique Rodríguez-de-Santiago<sup>1</sup>, Leonardo Frazzoni<sup>2</sup>, Lorenzo Fuccio<sup>2</sup>, Jeanin E van Hooft<sup>3</sup>, Thierry Ponchon<sup>4</sup>,  
Cesare Hassan<sup>5</sup>, Mário Dinis-Ribeiro<sup>6,7</sup>

# Implementation issues... where we could use support

Guideline

Thieme

## Overcoming the barriers to dissemination and implementation of quality measures for gastrointestinal endoscopy: European Society of Gastrointestinal Endoscopy (ESGE) and United European Gastroenterology (UEG) position statement



### Authors

Raf Bisschops<sup>1</sup>, Matthew D. Rutter<sup>2,3</sup>, Miguel Areia<sup>4,5</sup>, Cristiano Spada<sup>6,7</sup>, Dirk Domagk<sup>8</sup>, Michel F. Kaminski<sup>9</sup>, Andrew Veitch<sup>10</sup>, Wafaa Khannoussi<sup>11,12</sup>, Ian M. Gralnek<sup>13,14</sup>, Cesare Hassan<sup>15</sup>, Helmut Messmann<sup>16</sup>, Thierry Ponchon<sup>17</sup>, Paul Fockens<sup>18</sup>, Alex Dignass<sup>19</sup>, Mario Dinis-Ribeiro<sup>5,20</sup>

- Resistance to change
- Lack of regulation
- Practicality of measuring quality measures
- Lack of good electronic reporting systems

# ESGE and new technology

Expected Value of Artificial Intelligence in GI-Endoscopy in relation to quality in Endoscopy.

It is unrealistic to expect any AI tool working in a biological system with inherent variation to function 100% flawlessly.

Scientific approach to define expected performance levels/expert endoscopist level is needed.

For instance :

*“To accept AI for detection of neoplastic lesions in the stomach, the AI-assisted detection rate should be comparable to that of experienced endoscopists with or without advanced imaging techniques.”*

Messmann H, Bisschops R, et al.... Hassan C, Dinis-Ribeiro M Endoscopy 2022, 21 Oct online

# ESGE standards for optical diagnosis (SODA)

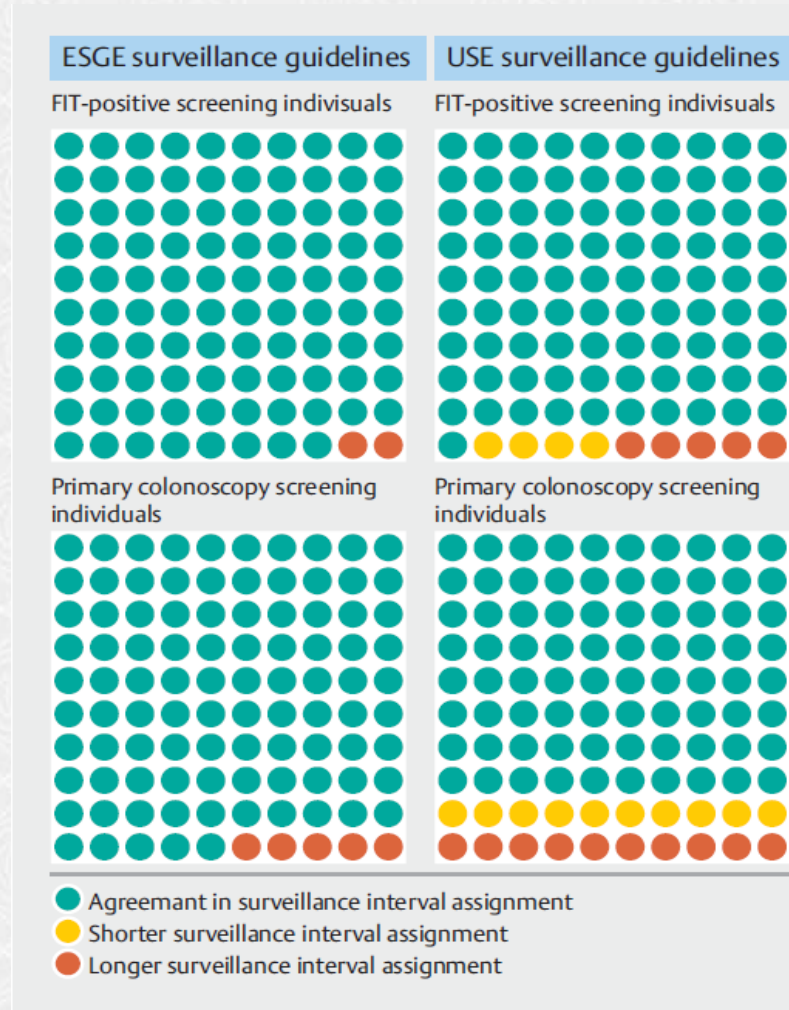
RESECT AND DISCARD STRATEGY							
Strategy*		Colonoscopy screening individuals			FIT-positive screening individuals		
Correctly diagnosed $\leq$ 5-mm adenomas, %	Correctly diagnosed $\leq$ 5-mm HPPs, %	Correctly diagnosed $\leq$ 5-mm polyps, %	Surveillance interval agreement, %		Correctly diagnosed $\leq$ 5-mm polyps, %	Surveillance interval agreement, %	
			ESGE	US		ESGE	US
60	60	60	95	66	60	97	84
60	80	68	95	73	64	97	86
60	100	78	95	80	69	97	88
70	60	63	95	69	67	98	87
70	80	73	95	76	72	98	89
70	100	83	95	84	77	98	91
80	60	68	95	73	74	98	90
80	80	78	95	80	79	98	91
80	100	87	95	88	84	98	93
90	60	73	95	76	82	99	92
90	80	82	96	83	87	99	94
90	100	92	96	92	91	99	96
100	60	77	96	79	89	99	94
100	80	87	96	87	94	100	97
100	100	96	96	96	99	100	99

Houwen B, ... R. Bisschops, E. Dekker Endoscopy 2022; 54: 88–99

# Acceptance of AI

## Depends on

- Clinical setting and indication
- Cost effectiveness
- Available guidelines



# ESGE publication: reducing the burden of GI disease

Less can be more

**DO LESS**

**BETTER**

THE POWER OF  
STRATEGIC SACRIFICE  
IN A COMPLEX WORLD





# ESGE - Working towards greener endoscopy

# ESGE - Working towards greener endoscopy



## Position Statement: "GREEN ENDOSCOPY" (ESGE 2022)

Position Statement

Thieme

**Reducing the environmental footprint of gastrointestinal endoscopy: European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) Position Statement**



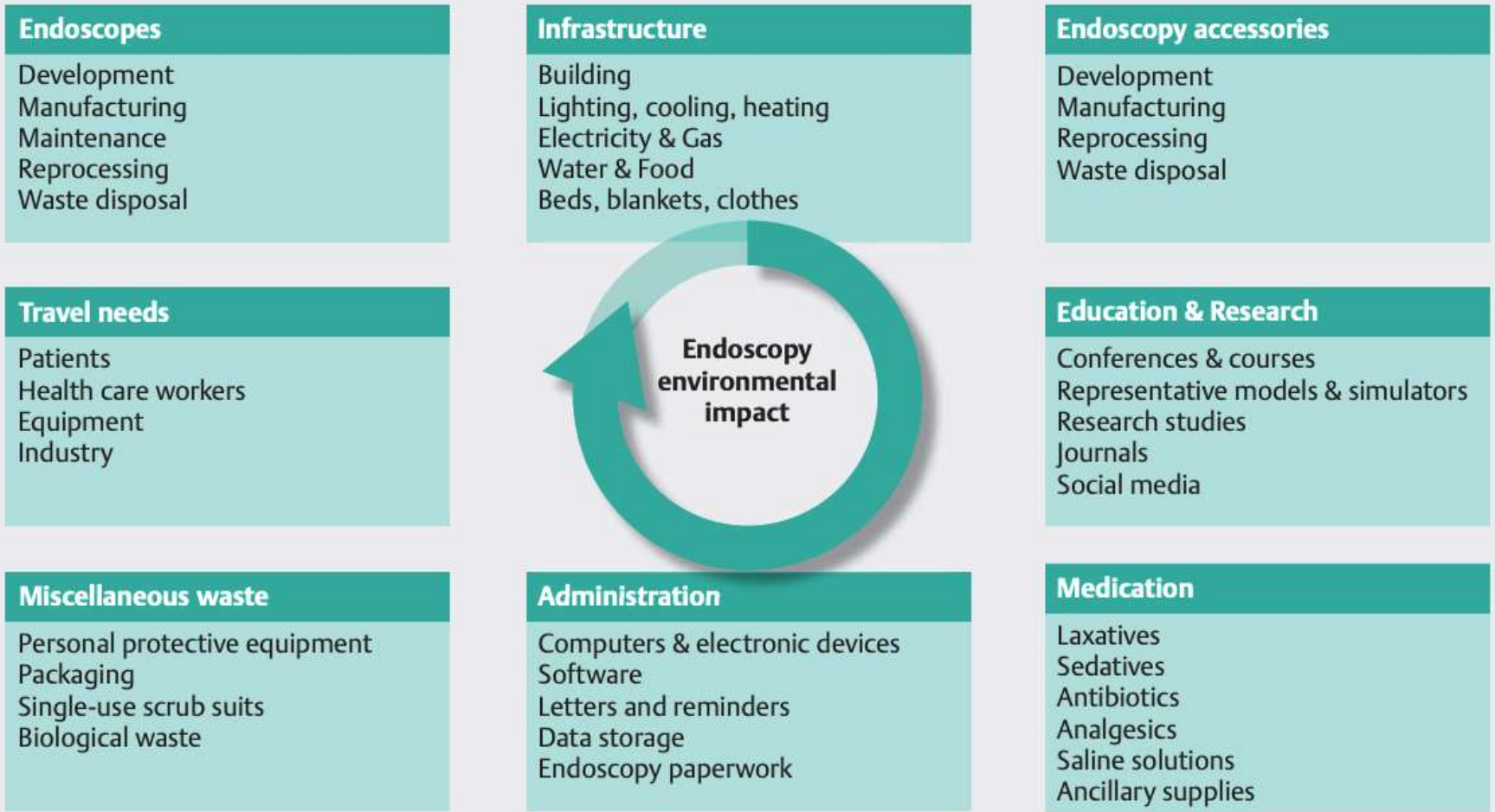
Authors

Enrique Rodriguez de Santiago<sup>1,2</sup>, Mario Dinis-Ribeiro<sup>3,4</sup>, Heiko Pohl<sup>5</sup>, Deepak Agrawal<sup>6</sup>, Marianna Arvanitakis<sup>7</sup>, Robin Baddeley<sup>8</sup>, Elzbieta Bak<sup>9</sup>, Pradeep Bhandari<sup>10</sup>, Michael Bretthauer<sup>11</sup>, Patricia Burga<sup>12</sup>, Leigh Donnelly<sup>13</sup>, Axel Eickhoff<sup>14</sup>, Bu Hussain Hayee<sup>15</sup>, Michal F. Kaminski<sup>16</sup>, Katarina Karlovic<sup>17</sup>, Vicente Lorenzo-Zúñiga<sup>18</sup>, Marla Pellissé<sup>19</sup>, Mathieu Ploche<sup>20</sup>, Keith Siau<sup>21</sup>, Peter D. Siersema<sup>22</sup>, William Stableforth<sup>23</sup>, Tony C. Tham<sup>24</sup>, Konstantinos Triantafyllou<sup>25</sup>, Alberto Tringali<sup>26</sup>, Andrew Veitch<sup>27</sup>, Andrei M. Voiosu<sup>28</sup>, George J. Webster<sup>29</sup>, Ariane Vienne<sup>30</sup>, Ulrike Beilenhoff<sup>31</sup>, Raf Bisschops<sup>32</sup>, Cesare Hassan<sup>33</sup>, Ian M. Gralnek<sup>34</sup>, Helmut Messmann<sup>35</sup>

# ESGE - Working towards greener endoscopy



## The environmental impact of GI endoscopy



# ESGE - Working towards greener endoscopy



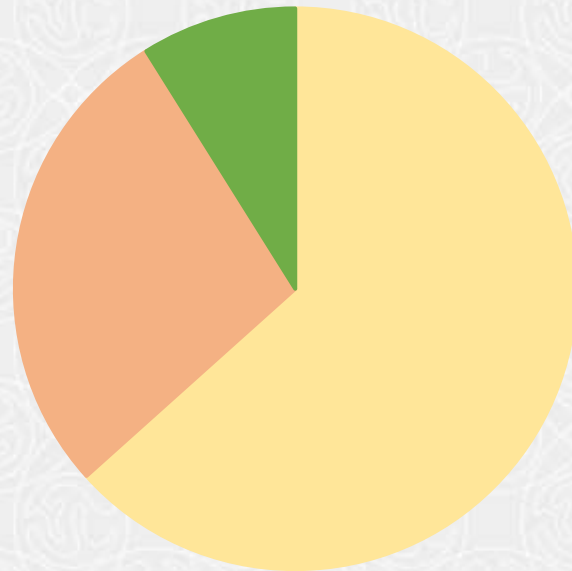
## The environmental impact of GI endoscopy

### Waste generator

- 2<sup>o</sup>-3<sup>o</sup> highest waste generator
- ≈ 2 kg per procedure

### CO2 emission

- ≈ 28 kg CO2 per endoscopic procedure
- 0.28 kg CO2 per biopsy



- Landfill (64%)
- Incinerated (28%)
- Recycled (9%)

Vaccari M, et al. Waste Manag Res 2018  
Lacroute J, et al. Endoscopy. 2023  
Namburar S, et al. Gut. 2021

# ESGE - Working towards greener endoscopy

What has already happened - what needs to happen



# ESGE - Working towards greener endoscopy

## What has already happened - what needs to happen



► **Table 8** Environmental research priorities in gastrointestinal (GI) endoscopy.

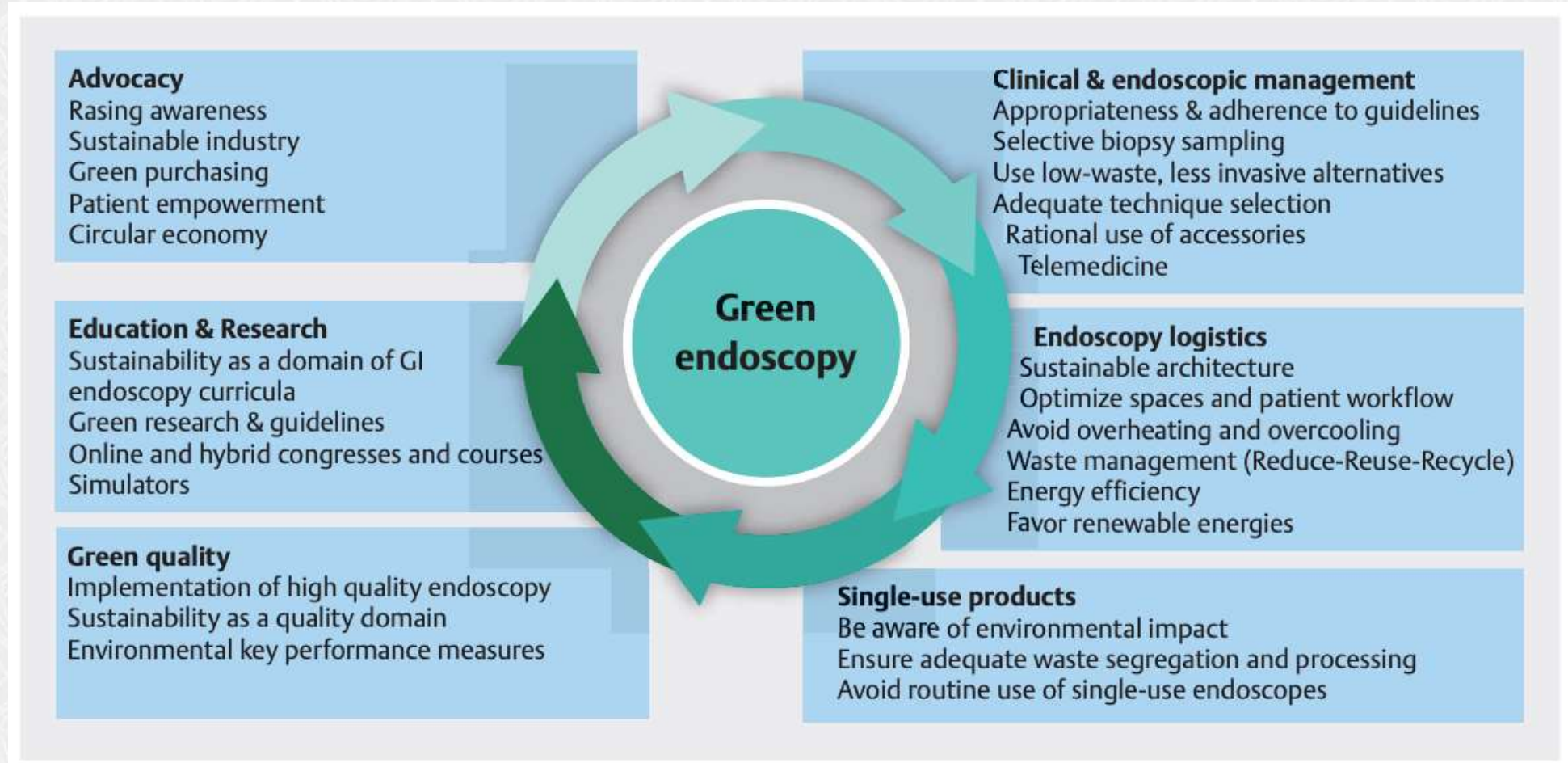
1	Strategies to reduce unnecessary GI endoscopic procedures and interventions and to lengthen follow-up intervals.
2	Define environmental outcomes related to the field of GI endoscopy.
3	Quantify the environmental impact of reusable GI endoscopes and accessories and identify strategies to reduce their carbon footprint.
4	Quantify the environmental impact of single-use GI endoscopes, and single-use accessories, and identify strategies to reduce their carbon footprint.
5	Quantify the environmental impact of GI endoscope reprocessing and identify strategies to minimize its carbon footprint.
6	Identify the carbon footprint of all types of GI endoscopic procedures at a per-procedure level.
7	Develop strategies for effectively reducing, reusing, and recycling all GI endoscopy-related equipment and waste.
8	Environmental impact of activities and practices related to training in GI endoscopy.
9	Define environmental key performance measures for green quality.
10	Telemedicine in GI endoscopy.

### STATEMENT

**18** ESGE-ESGENA suggest that there is an urgent need to reassess and reduce the environmental and economic impact of single-use GI endoscopic devices. GI and endoscopy societies should collaborate with industry to minimize the environmental burden of single-use devices.

# ESGE - Working towards greener endoscopy

## The path towards sustainable endoscopy

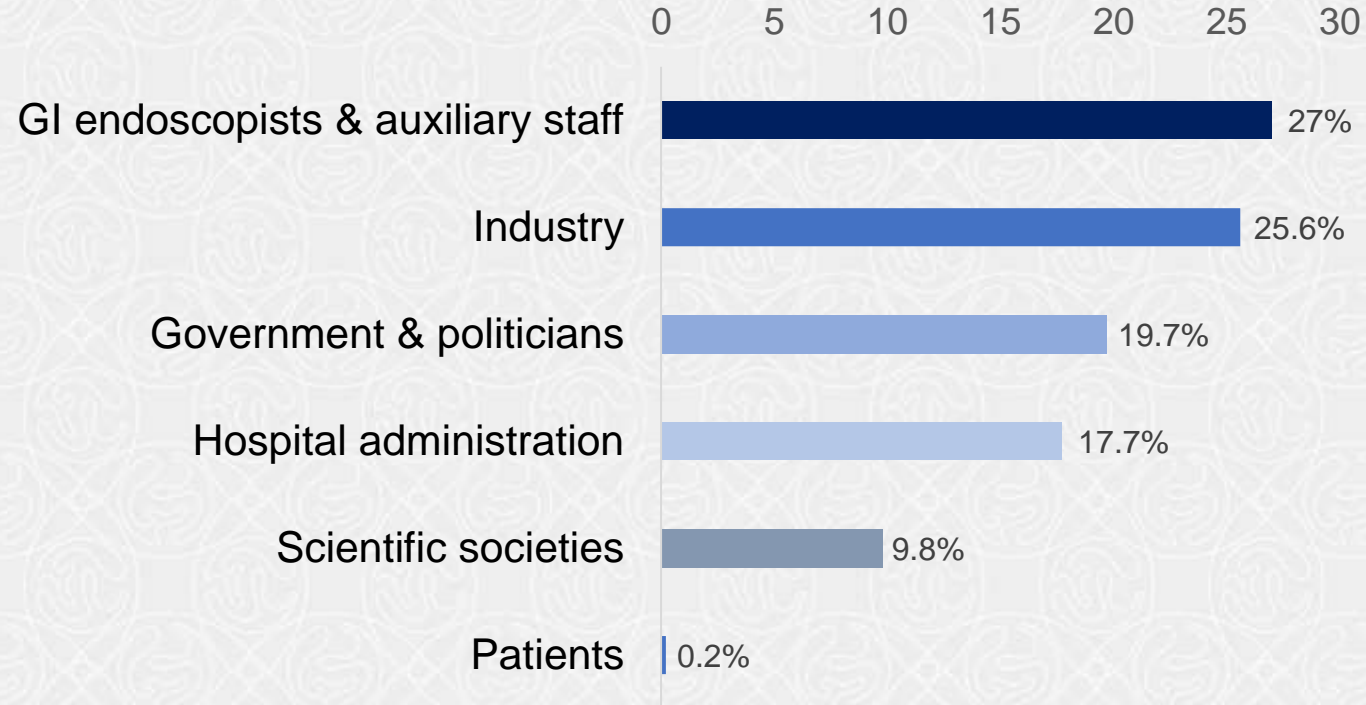


# ESGE - Working towards greener endoscopy

## What has already happened - what needs to happen



Who is most responsible for lowering the environmental impact of GI endoscopy? (N = 407)



*The LEAFgreen survey.*

# ESGE - actions to implement equity and diversity



## ESGE DIVERSITY AND EQUITY WORKING GROUP

Equal opportunities for all  
regardless of gender/  
background/  
ethnicity

Patient care

Technical skills

Scientific quality

Motivation

Soft skills

Respect for others

# ESGE - actions to implement equity and diversity

What is diversity and equity?

## **Diversity**

*The fact of many different types of things or people being included in something; a range of different things or people*

## **Equity**

*The situation in which everyone is treated fairly according to their needs and no group of people is given special treatment*

Source: Cambridge dictionary

# Why do we need to promote diversity in our Endoscopic community?

Diversity in health providers Impacts on:



Better access to care for the underserved



Better quality of care : satisfaction, adherence, follow up, and health-related outcomes



Higher business performance outcome measures



Plays a facilitative role in the provision of preventive care services



Better learning environment that increase creativity and innovation



Research questions more nuanced and relevant



Results more applicable and beneficial to a broader population



## ESGE Equity & Diversity WG

Chair: Maria Pellisé

Asma Akandari, Andrea Vlad, Konstantinos Triantafyllou, Sridhar Sundaram, Ioannis Papanikolaou, Maria Garcia Campos, Yasmijn Van Herwaarden, Bidour Awaldelkarim, Isis K. Araujo, Hannah Van Malenstein, Shima Afify, Alanna Ebigbo, Fabiana Bejaminov, Katarzyna Pawlak, Andrei Voiosu



*"Talent is equally distributed, opportunity is not"*

Leila Janah

# Priorities of the Diversity & Equity Working Group

1. To create awareness and visibility to the actual situation
2. To identify areas of improvement
3. To trigger and promote the participation of underrepresented in ESGE activities
4. To facilitate the education and promotion of underrepresented

Created by  
the ESGE Diversity and Equity Working Group

ESGE is devoted to promoting diversity  
and inclusivity in its community



# The New European Medical Device Regulation (MDR)

# The New European Medical Device Regulation (MDR)

## A game changer



More requirements for clinical testing



Higher bars for approval



Lifetime circle studies needed after approval



More devices in high risk classes



Artificial Intelligence is devices



Expert panels, notified bodies

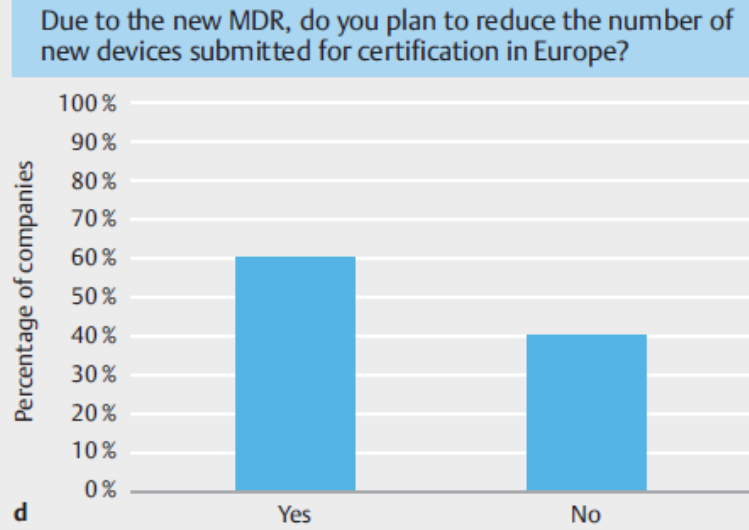
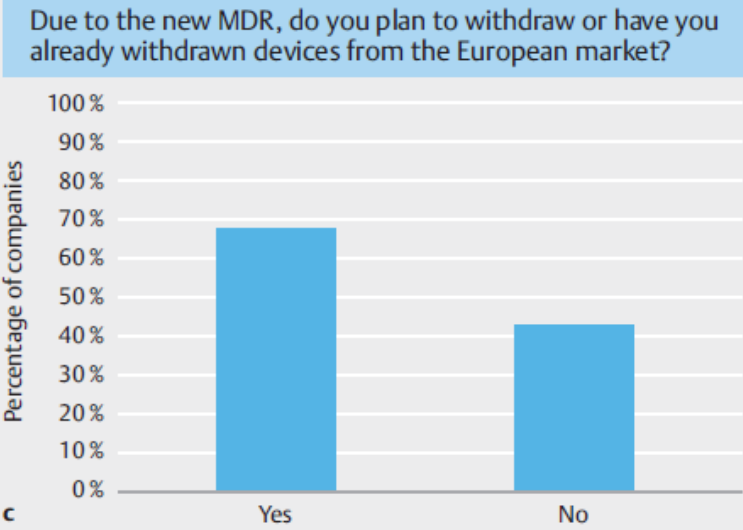
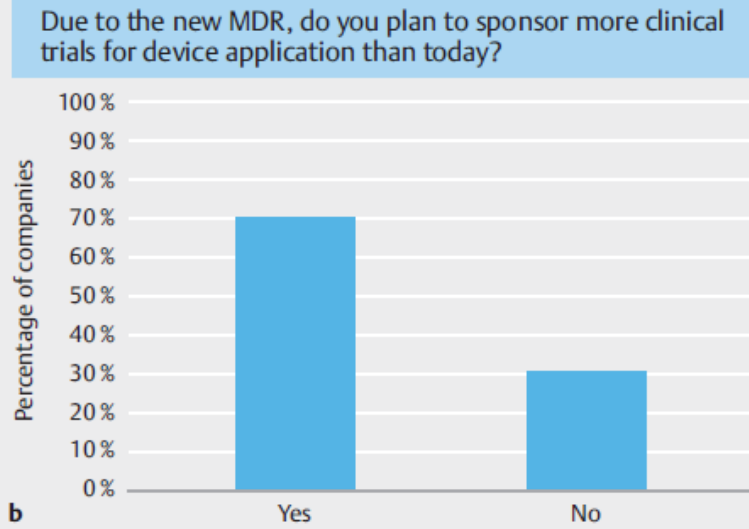
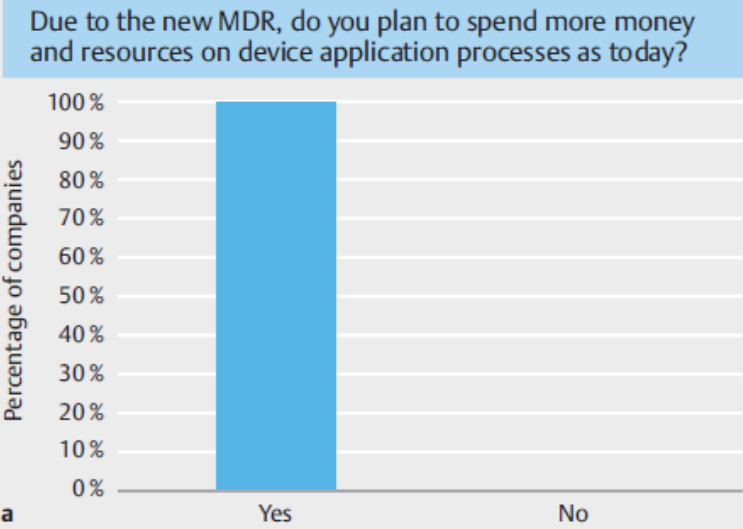


GI endoscopy is in the centre of all this!



Without devices – no endoscopy in Europe

# The ESGE investigated



# The new ESGE guidance document

Position Statement

 Thieme

## **Gastrointestinal endoscopy devices and the European Union Medical Device Regulation: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement**



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# Medical Device Regulations – how to get it right

**To avoid shortage of life-saving devices in European endoscopy units we need:**

- Venues for discussion and exchange with lawmakers and executive branch
- Venues for discussion with
  - Notified bodies
  - EU expert panels
- Industry engagement and commitment
- Establishment of European testing and development infrastructure at leading clinical endoscopy centres and organisations

# Medical Device Regulations – how to get it right

- ESGE is THE umbrella organisation for GI endoscopy
- ESGE Days is THE venue for endoscopy clinicians, opinion leaders, clinical trialists, and industry



ESGE

**Thank you for your  
attention**

