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Q1 You have been involved with the United European Gastroenterology (UEG) for over 15 years, and recently appointed Vice President. What is your vision for the future of UEG, including key priorities and challenges to overcome?

I believe it's important for UEG to reach out to UEG associates, because that is key to what we want to achieve. UEG is an important platform that gives room to people, societies, and network organisations where one can actually reach out to people, develop networks, and then focus on disease-specific topics or research topics. I think that is the biggest value of UEG. Our conference really puts emphasis on the newest in gastroenterology and hepatology.

Q2 What are the most exciting changes that have been made to the scientific programme for UEG Week 2024 compared to 2023?

The world is in constant flux, and UEG is no exception. I really want to emphasise here that UEG and the office are working very hard to innovate the conference, as we want to stay competitive. We want to draw people in, because we know that innovations are being created here. Innovations bring people to a conference, because that is what surprises. I feel that the challenge here is to package that knowledge into the bits that people truly like and want to consume. For example, we see now that companies that bring instruments to us, such as endoscopes, want to show what they have on offer, what people can use, and have that direct interaction with consumers. That is a big value.

Q3 Are there any sessions that you're particularly looking forward to at UEG Week this year? In your opinion, what are the trending topics this year in gastroenterology or hepatology?

As Editor-in-Chief, I really love the *UEG Journal Awards* session, which obviously is close to my heart. The opening session that we will have today is great. This brings in the best of the best, and it will also include the Lifetime Achievement Award session for Paul Fockens from the University of Amsterdam, the Netherlands, who was one of the former UEG presidents. He had a great vision to propel UEG even further, and I think he absolutely achieved it. So, his award is well deserved.

In terms of trending topics, I want to move away a little bit from AI because that's already discussed a lot; but what you will see here, in particular in my field, hepatology, is information on new drugs that have just been approved in the USA and are on the brink of market entry in Europe. I believe this will change the way we see and treat patients with obesity, metabolic syndrome, and liver disease. It's a huge challenge, but also an opportunity to help these patients and improve their quality of life.

Q4 What are your thoughts on the emerging role of AI in your field?

In the end, I guess the final answer is that it will stick. We will increasingly use it and already many people are using it. Let's take a topic close to my heart, the journal I run. We actually see that the quality of the papers offered to us, the style, the grammar,

have improved since the entry of ChatGPT, and we see that most authors actually use all these deep learning models as an aid. That's fine, as long as one sticks to one's original message, and AI doesn't overtake one's brain.

Another example, this is a European conference, where we attract a global audience, and people speak different languages. We now have a translation model that you can put in your phone. You just scan a QR code, and then everything that's being said is translated in the language you desire; Icelandic, Finnish, Dutch, whatever you want. I That is a real advantage of AI.

Q5 What about the role of AI in diagnostics?

We see, especially in endoscopy, a real hope that models are being validated, particularly in oesophageal diseases but also in colorectal diseases. I believe that authors and researchers have made some good inroads in that area, but what is key here is that you really need to expand, to network, and collect huge data sets in order to validate these

models. I think that in the end the solution the market will take is that AI will be integrated into endoscopy and used in real time. However, we have to be careful. Any data set can be validated, but that doesn't mean that such validation can be replicated in a different situation. So, I guess that's a challenge.

Q6 Before Amsterdam UMC, you spent 30 years at Radboud University Medical Center, Nijmegen, the Netherlands, and 13 years as Head of the Gastroenterology Department. What have been your proudest achievements during that time?

I created a pipeline of junior researchers that came in, went on to do a PhD, and then were recruited to become fellows in the department and had the ability to grow on to be gastroenterologists. I am particularly very proud of them, because identifying talents is a major role for a Head of Department, and allowing other people within your department to grow and expand and find different solutions for problems that we face currently and in the future.



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Q7 How are you bringing the experience from your previous positions into your new role as UEG Vice President?

That's an excellent question. Well, you have to adapt to different situations. I think that is key. It's important to facilitate others so that they can actually grow and achieve better things without me being there. So, the facilitator role I really embrace.

Moving from a position that I was in for 30 years of my career gave me the opportunity to gain new experiences and also to learn that, if you come from a different institution, you need to adapt. You should also be able to add value to your new environment, which I love. My colleagues in Amsterdam University have been very embracing. I like the atmosphere there. People were very kind and happy.

On a different note, I love my role here at UEG. And why do I do it? Because I think it really emphasises what I believe is important. It's not just the Netherlands, it's not Luxembourg, not Germany, but it's Europe. Europe is important because here you meet with your neighbours and that facilitates networking. That's what's critical in order to better tackle challenges together.

Q8 Your long-term research interest lies in rare, mainly inherited gastrointestinal diseases, such as polycystic liver disease and autoimmune hepatitis. How has your research opened up the road for novel treatment options for these patients?

I will mention two examples. First, patients with polycystic liver disease suffer from gross hepatomegaly and this causes pain, dyspnoea, and inability

to eat. We performed a clinical trial that demonstrated that with somatostatin analogues we could decrease the liver volume but also improve symptoms. This idea caught fire and now a biomedical company is running a Phase II trial with another somatostatin analogue with an aim to bring this drug to the market. On a different note, I'm proud of the trial that we published just recently for autoimmune hepatitis, where we compared conventional therapy, azathioprine combined with prednisolone, to prednisolone with mycophenolate mofetil (MMF). We showed that they are probably equal in value, with a more favourable safety profile for MMF. This was the first clinical trial in autoimmune hepatitis for more than 20 years, and was a really a great job from the researcher who led this study, Romee Snijders. It was also an achievement of the Dutch and Belgian teams that were able to find and convince patients to enter this clinical trial. Investigator-initiated trials are close to my heart.

Q9 Which rare diseases do you believe merit greater attention?

What first comes to mind is primary sclerosing cholangitis (PSC). It is a horrible disease, and we don't have any treatment. We can only follow the natural history of the disease, which is great for registering, and great for resources, but we don't have an intervention, apart from endoscopy. We can only treat the symptomatic disease and in the end, perform liver transplantation. So, it's my great desire that we see a new medical option there. There is an international PSC working group, and they're doing a great job. They have pinpointed genetic correlates but when it comes to treatment, we really need to find how we can treat PSC.

Q10 Where would you say your interest for rare liver diseases came from?

When I was in medical school, I was accepted in the Internal Medicine training program. My future boss approached me when I was still serving in the military and said he had discovered a new disease that was featured by recurrent febrile episodes, termed hyper-IgD syndrome. He asked me whether I wanted to do research to better understand this enigmatic disease. I agreed and went down a very satisfying path that led me from studies to better understand the pathogenesis, to genetic studies, and ultimately trials to define a therapy for this disease. This brought immense joy and satisfaction, and I am grateful for this opportunity that was given to me. It taught me that a rare disease is a model to better understand biology and it gave me the tools to move on and study other rare gastrointestinal and liver disorders.

For me, this experience rang a bell: you can make a difference for patients with a rare disorder. For the patients with this rare febrile disorder, we have been able to

identify an effective therapy. These patients have a better life, and I have been part of that story. We now live in a world where innovation is key. As physicians and researchers, we can make a difference for these patients, and I see that as my task.

Q11 Where can we see your research focus lie in the near future?

We are expanding our research in autoimmune hepatitis, and I would really like to see new drug options. Current options like prednisolone need to be taken your whole life. Why isn't there a drug that 'kills' autoimmune hepatitis, similar as there is for hepatitis C? It may be a far-fetched goal, but I trust that the industry is there, the ideas are there, and so is the biology. We can make it happen, definitely.

Q12 Finally, what piece of advice would you give to young gastroenterologists or hepatologists starting out in the field?

Have a mentor! It really makes a difference for people. You don't need to have a mentor around you constantly, but someone you

can send a WhatsApp message to if you have a question that you don't know how to relate to. It's good to test that question in your own career, but it's better to reach out to somebody who has seen the world and knows what lies ahead of you.

The second advice is to join the *UEG Journal*. I did so 6 years ago and created a line of junior trainee editors who were given various tasks such as peer reviewing, creating visual apps, embellishing the website, and also improving titles and abstracts of articles. That has been a great success, because you get people to talk about it, it creates enthusiasm for the journal, and you create a line of talents, people who have witnessed and experienced what it's like working with a journal. So, we have been expanding that programme ever since, and probably 40–50 people have been in that 2-year programme. This is the future for us. Those are the future editors, and I'm absolutely certain that among one of those is the future Editor-in-chief. This is what I need to do: to be a mentor and a facilitator.

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