OPEN CALL

UEG-FTC member
2014-2017
### APPLICATION FORM

for European Pancreatic Club (EPC) representative
in the Future Trends Committee (FTC) of the United European Gastroenterology (UEG)

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<th>Personal data</th>
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<tbody>
<tr>
<td>1</td>
<td>Name: Akos Pap</td>
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<td>Username (<a href="http://www.e-p-c.org">www.e-p-c.org</a>):</td>
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<td>Country: Hungary</td>
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<td>National Society: Hungarian Society of Gastroenterology</td>
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<th>Membership</th>
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<td>2</td>
<td>List of years when the applicant was member of EPC:</td>
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<td></td>
<td>Since 1992- continuously</td>
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<td>List of years when the applicant attended the annual EPC meeting:</td>
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<td>Since 1979 (Copenhagen) almost every years</td>
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<td>List of years when the applicant submitted (as first or last author) an abstract(s) for the annual EPC meeting:</td>
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<th>Publications</th>
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<td>3</td>
<td>List of the best 5 original/review papers in international journals:</td>
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The applicant confirms that she/he

- has read the Open call for UEG Future Trends Committee Member position and fully accept its content
- has adequate time resources for volunteer work
- has good command of spoken and written English
- will attend all UEG FTC meetings to represent EPC. Please note that the UEG FTC usually meets twice a year
- will send a report (maximum of 3 pages) to the EPC secretary within a month after UEG FTC meetings which report will be published online on the webpage of EPC
- will be available for the EPC council meeting during the annual EPC meeting in order to discuss the UEG FTC matters during the period in which he/she represents EPC at the UEG FTC
- declare that she/he fully accepts the UEG Committee Guidelines available on the webpage of UEG and EPC

Name Ákos Pap MD., ScD Date 06.05. 2013.
Mission statement

As a clinician, operative endoscopist and panceatologist interested in experimental and clinical pancreatology as well, I was deeply involved in the story of Revision of Atlanta Classification working first in Omaba with D. Magee, then at Mayo Clinic with E.P. DiMagno and M. Sarr. The success of treatment in severe acute pancreatitis began with getting insight into the interdigestive motility coupled with cyclic secretory activity of the pancreas, the ileal brake and other physiological mechanisms putting the pancreas into rest, meantime increasing peristalsis and intestinal circulation preventing bacterial translocation during jejunal feeding. Later on development of interventional radiology then endoscopic cystogastrostomy allowed delay of surgery even in septic patients until 5-6 weeks decreasing mortality of severe acute pancreatitis from 30-40 % to 6-7 %. However, limited knowledge about interdigestive motility resulted in again 16 % mortality with the aid of innocent probiotics injected them as bolus into the jejunum instead of perfusion in the Propatria study. Translational research should be the first step also in the case of such a devastating disease as pancreatic cancer. We learned from the studies of colorectal cancer (Cristal, Celim) just by analysing successful cases of the trials that K-ras (BRAF etc) mutations can prevent efficacy of tyrosine kinase inhibitors. Similar secondary analysis should be applied in the rare long-term survivals of pancreatic cancer.

However, early diagnosis of the disease should be attempted. We know (Nature 2010), that we have 17 years to diagnose early pancreatic cancer. We would need a combined screening method with markers (miRNA, CRP, CA19-9 etc) and imaging techniques, secondary prevention in high risk families by stopping smoking and alcohol consumption with dietetic interventions (green tea, resveratrol, soya products etc). Normal life expectancy in the French PRSS1 mutation follow-up study demonstrated that prevention of risk factors can diminish mortality even in this inherited situation.

However, interventional trials should be well controlled already in precancerous states as the chronic pancreatitis. Pancreatic diabetes treated with methformin and dietetic interventions without incretins and other insulin mobilisers, the abdominal obesity, alcoholism and mainly the smoking need long lasting behaviour therapy. Financing of these long studies might be difficult.

To convince patients with heavy alcoholism and smoking seems to be extremely difficult, too. That could be the cause of the unexpected failure of the Dutch study demonstrating less pain after surgery than after operative endoscopy. Temporary stenting of the pancreatic duct can be effective only in cases stopped smoking and alcohol consumption, while longitudinal pancreatico-jejunostomy keeps stenosis open even in smokers for a long time. Naturally, the best surgery should be compared with the best operative endoscopy. Quality control seems to be highly important in clinical studies, too. That happened in the Nederlands, too, when severe acute pancreatitis was treated by selected endoscopic centers, working with significantly less complications and diminished SIRS markers compared to surgery. The future is speaking in favour of a well balanced combination of good basic pancreatologists and clinicians working in one team or at least in close cooperation planning and executing research and clinical studies together.

In Hungary, the team has just got together some months ago, the results are waiting for the future and more and more hard workers. Good luck!

I would like to be one of the promoters of this movement not only at the national level but also in the EPC, moreover in the FTC using my long experience as research-fellow, clinician and previous officer of both EPC and UEG.
CURRICULUM VITAE

Name: Akos Pap

Position: Head of Department
National Institute of Oncology, Department of Gastroenterology/Endoscopy

High school in Hódmezővásárhely 1960-1964

University: Szeged Medical University 1964-1970
MD. with award "sub auspiciis rei publicae popularis" 1972
Specialist of Internal Medicine 1975
Gastroenterology 1980

Academic degree:
Hungarian Academy of Sciences:
PhD 1981 ScD. 1991

Languages
English
French

Employment and positions

1970-1989 Szeged Medical University Associated professor of medicine (last position)
1989-1998 2nd Dept. Med. Head of Dept. St. Imre Hospital, Budapest,
1996       Professor of Medicine
1998-2007   Head of Dept. Gastroenterology, MÁV Hospital, Budapest
2007-2013   Budaörs Medical Center – Head of Gastroenterology
2007-       National Institute of Oncology – Head of Dept. Invasive Gastroenterology/Endoscopy, Budapest

Professional activity
Physician, Gastroenterologist, Pancreatologist.

Research interest:
Gastroenterology, pancreatology, endoscopy

Fellowships abroad
1978-1979 Marseille, Inserm
1982-Creighton Univ., Omaha, Nebraska
1989-1990 Mayo Clinic, Rochester, MN

Honours and award
Boltz Award Mayo Clinic, Rochester, MN.

Memberships and committees in professional societies
Member of International Association of Pancreatology (1984-) and editorial board of Int. J. Pancreatol. (1986-)
American Pancreatic Association (1987-)
Mayo Alumni Association (1989-),
Phoenix Alliance Inc. (1992-),
European Pancreatic Club (1992-),
General secretary of Pancreatic Section of Hungarian Gastroenterological Society (1992-1996),
American Gastroenterological Association (1993-),
Governing board of International Association of Pancreatology (1994-2002),
Abstract Selection Committee of European Pancreatic Club (1994-1998),
International Gastro-Surgical Club (1994-),
President of Pancreatic Section of Hungarian Gastroenterological Society (1996-)
EPC Council (1998-2002)
Regional Editor of the Journal for Europe for IJDM (2001-)
PancreasWeb Advisor Boarding (2002-)
President of Oncology Section of Hungarian Gastroenterological Society (2002-);
President of Hungarian Society of Clinical Nutrition (2003-2006)
American Motility Society (2004-)
General Secretary of Hungarian Gastroenterological Society (2004-2006)
President elect of Hungarian Gastroenterological Society (2006-2008)
President of Hungarian Gastroenterological Society (2008-2010)
Past president of Hungarian Gastroenterological Society (2010-2012)
Regionalis representative of UEGF (2010-)

**International collaborations (resulting publications)**

Marseille Inserm U 46
Creighton Univ., Omaha, Nebraska
Mayo Clinic, Rochester

**Most important subjects taught at university:**

- Pancreatology
- Endoscopy
- Artificial nutrition
- Gastrointestinal oncology

Ákos Pap, M.D., Ph.D, Sc.D.
List of main publications


Dull JS., Topa L., Balgha V., Pap A.:

Tejeda M., Gaal D., Schwab RE., Pap A., Szuts T., Keri Gy.:

Schwab R., Szegedi Z., Tejeda M., Nemeth BB., Hamvas J., Szende B., Eberle AN., Pap A.:

Schwab RE., Froidevaux S., Paku S., Tejeda M., Szende B., Pap A., Beglinger C., Eberle AN., Kéri Gy.:
Antiproliferative efficacy of the somatostatin analogue TT-232 in human melanoma cells and tumours. Anticancer Research 2001; 21 (1A): 71-76

Gyökeres T., Topa L., Marton I., Pap Á.:

Hamvas J, Schwab R, Pap A. Related Articles:

Pap Á., Gyökeres T.:

Gyökeres T., Schwab R., Burai M., Bor K., Pap Á.:
Duodenal duplication cyst. Endoscopy, 2002; 34: 503-504

Lasztity N., Biro L., Nemeth E., Pap A., Antal M.:

Gyökeres T., Duhl J., Varsányi M., Schwab R., Burai M., Pap Á.:

Gyökeres T., Burai M., Hamvas J., Varsányi M., Mácsai M., Köveskuti Á., Fekete C., Pap Á.:
Conservative vs. endoscopic closure of colocutaneous fistulas after percutaneous endoscopic gastrostomy complications. Endoscopy 2003; 35: 246-247

Gyökeres T., Schwab R., Pap A.:
Endoscopic cystenterostomy of nonbulging pancreas fluid collections without EUS: Do we really need a communication between the cyst and the duct? Gastrointestinal Endosc (Letter to the Editor) 2003; 6: 807-808

Functional polymorphisms of UDP-glucuronosyltransferases 1A1, 1A6 and 1A8 are not involved in chronic pancreatitis. Pharmacogenetics 2004, 14: 351-357

Demeter P., Pap Á.:

Pinter F., Schwab R., Petak I., Diofalvi K., Tihanyi B., Varga G., Paku S., Pap A., Kopper L., Keri G.:


