

The Inaugural Chiba University-UCSD Symposium on Mucosal Immunology, Allergy and Vaccines: Impact on Mucosal Diseases and Global Health

We are pleased to invite you to attend the Inaugural Chiba University-UC San Diego Symposium taking place on February 21st and 22nd, 2017. The meeting on Tuesday will be held in the Liebow Auditorium (2nd floor Basic Science Building) and on Wednesday, in Leichtag room 107. The details and program can be found at our website

<http://gastro.ucsd.edu/som/medicine/divisions/gastro/research/Pages/Chiba-UCSD-Symp-2017.aspx>.

You are free to nominate early career investigators from your lab (post-doctoral fellows and established PhD candidates) to submit an abstract to be presented as a poster February 22nd, 2017 in association with a reception. Selected abstracts will be chosen to be presented orally in an appropriate session. Two travel grants will be awarded (\$1,000 each) to the trainees giving the poster presentation judged as the best by the Chiba University-UC San Diego Program in Mucosal Immunology, Allergy and Vaccines. Funds must be used to present at an eligible meeting (e.g. *AAI*, *ICMI*, *WIRM*, *JSI*, *DDW*, *AAAI* or a suitable option upon request).

Instructions are as follows:

1. All abstracts must cover at least one of the key areas: Mucosal Immunology; Allergy; or Vaccines (by mucosal route, for a mucosal disease or for desensitization to an allergen).
2. Transdisciplinary approaches are encouraged.
3. All abstracts should be no more than 300 words EXCLUDING title, authors and affiliations. The preferred format is that used for abstracts in articles in the journal "*Gastroenterology*" (e.g. see below).
4. No figures, tables or references in the abstract.
5. Abstracts are due Friday, February 17th, 2017 by 5:00 pm, Pacific Time.
6. A pdf should be submitted to: pernst@ucsd.edu
7. If you do not receive a confirmation by the following Monday, please contact pernst@ucsd.edu directly or by phone at 858.534.2975.
8. Due to space restrictions, posters accepted for presentation may be limited. We are planning to invite the highest ranked abstracts to present orally. There will also be awards for the best poster presentations.
9. You DO NOT have to submit an abstract to attend, but if space is limited, priority will be given to trainees who have submitted an abstract.

Good luck and we look forward to seeing you.

Hiroshi Kiyono and Peter Ernst

Director and Co-Director, Chiba University-UC San Diego Program in Mucosal Immunology, Allergy and Vaccines

**The Inaugural Chiba University-UCSD Symposium on Mucosal
Immunology, Allergy and Vaccines: Impact on Mucosal Diseases and
Global Health**

The Inaugural Chiba University-UCSD Symposium on Mucosal Immunology, Allergy and Vaccines: Impact on Mucosal Diseases and Global Health

Abstract Template

Real-Time Monitoring of ResultsTest Cut-off Levels.

Surname, Initials.¹, Second author surname, Initials.², etc

- ¹Affiliation 1
- ² Affiliation 2

BACKGROUND AND AIM: *For example, by Toes et al, Gastroenterology, 2016....* After careful pilot studies and planning, the national screening program for colorectal cancer (CRC), with biennial fecal immunochemical tests (FITs), was initiated in the Netherlands in 2014. A national information system for real-time monitoring was developed to allow for timely evaluation. Data was collected from the first year of this screening program to determine the importance of planning and monitoring for optimal screening program performance. **METHODS:** The national information system of the CRC screening program kept track on the number of invitations sent in 2014, FIT kits returned, and colonoscopies performed. Age-adjusted rates of participation, number of positive test results, and positive predictive values (PPVs) for advanced neoplasia were determined weekly, quarterly, and yearly. **RESULTS:** In 2014, 741,914 persons were invited for FIT; of these, 529,056 (71.3%; 95%CI: 71.2-71.4%) participated. A few months into the program, real-time monitoring showed that rates of participation and positive test results (10.6%; 95%CI: 10.5-10.8%) were higher than predicted and the PPV was lower (42.1%; 95%CI: 41.3-42.9%) than predicted based on pilot studies. To reduce the burden of unnecessary colonoscopies and alleviate colonoscopy capacity, the cut-off level for a positive FIT result was increased from 15 µg to 47 µg Hb/g feces halfway through 2014. This adjustment lowered the percentage of positive test results to 6.7% (95%CI: 6.6-6.8%) and increased the PPV to 49.1% (95%CI: 48.3-49.9%). In total, the first year of the Dutch screening program resulted in the detection of 2483 cancers and 12,030 advanced adenomas. **CONCLUSION:** Close monitoring of the implementation of the Dutch national CRC screening program allowed for instant adjustment of the FIT cut-off levels, to optimize program performance.