

BSG International Section MENA Region Gastroenterology Conference Report 2026

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From GI Inflammation to Cancer – Connecting the Dots

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Overview

The second BSG International Section conference in the MENA region brought together UK and regional faculty for three days of gastroenterology, hepatology and gastrointestinal oncology education. The meeting combined scientific updates, expert discussion, clinical cases and practical learning, with a focus on the relationship between gastrointestinal inflammation and cancer.

The conference attracted more than 5,400 registrations, with a total of 1,890 attendees recorded across the three days; daily attendance varied. To ensure broad access and welcome professionals from a range of disciplines, registration was free for all delegates. It reached a broad multidisciplinary audience, including physicians, nurses, allied health professionals and students.

Feedback highlighted the quality of the speakers, the relevance of the clinical content and the value of practical sessions. Delegates expressed strong interest in future meetings. The main areas for improvement were timekeeping, room and catering capacity, CME administration and clearer communication about session access.

Conference chairs and BSG faculty

The conference was co-chaired by Dr Laith Al-Rubaiy, BSG International Section MENA Zonal Lead, and Dr Ahmed Sultan, Consultant Gastroenterologist and Head of the Gastroenterology Department at Mediclinic Airport Road Hospital, Abu Dhabi.

The BSG faculty included Dr Harriet Gordon, BSG President; Sarah Linnington, Chief Executive of the BSG; Dr Omar El-Shaarawy, Chair of the BSG International Section; Professor Pradeep Bhandari; Dr Safa Al-Shamma; Dr Mo Thoufeeq; Dr Noor Mohammed; and Dr Jonathan Potts.

Participation

Professional group	Reported share of attendees
Physicians and medical specialists	71%
Nursing, allied health and other groups	29%

Physicians and specialists formed the largest group. Participation across several professions gave the meeting an opportunity to support shared learning and discussion across the clinical teams involved in digestive health.

Scientific programme

The programme connected advances in inflammatory disease, cancer prevention and treatment with everyday clinical practice. Delegate comments highlighted IBD and biologic therapies; MASLD, MASH and HCC surveillance; pancreatic and biliary disease; upper gastrointestinal neoplasia; and advanced endoscopy.

A dedicated colorectal session was developed in collaboration with the Emirates Society of Colon and Rectal Surgery, led by its president, Dr Sara Al Bastaki. This partnership brought colorectal medical, endoscopic and surgical perspectives into the conference, with particular attention to colorectal cancer prevention, early lesion management and multidisciplinary cancer care.

Agenda topics included IBD, colorectal cancer screening and post-colonoscopy colorectal cancer, colonoscopy quality improvement, early gastrointestinal lesion detection and management, therapeutic endoscopy, and surgery for complex or malignant disease. The wider programme also covered pancreatitis, hepatitis, cirrhosis, pancreatic cancer, and upper and lower gastrointestinal cancers.

Physicians and medical specialists represented 71% of the reported 1,890 attendees, approximately 1,342 people. General practice and family medicine formed the largest individual specialty group, followed by internal medicine and gastroenterology and hepatology.

Specialty or professional background	Share of all attendees
General practice and family medicine	22%
Internal medicine	15%
Gastroenterology and hepatology	10%
Surgery	6%
Radiology and imaging	4%
Endoscopy	4%
Emergency medicine	3%
Anaesthesiology	2.5%
Paediatrics	2.5%
Critical care and intensive care	2%
Total physicians and medical specialists	71%

Nursing and other professional groups

Professional background	Share of all attendees
Nursing	15%
Pharmacy	6%
Students and interns	4%
Other allied health and other groups	4%
Total nursing and other groups	29%

This profile shows the meeting's reach across both specialist and general medical practice. The combination of primary care, hospital specialties and nursing and pharmacy participation supports a programme that addresses the full patient pathway, while clearly identifying sessions intended for advanced specialist practice.

Feedback at a glance

The conference dashboard presents a positive overall picture of the delegate experience. Its headline indicators are summarised below.

Survey note: these are dashboard-reported summaries. The underlying feedback file contains modelled entries, so the figures should not be treated as independently verified results from actual respondents. The written feedback reviewed in this report comes from actual delegate submissions.

Indicator	Dashboard figure
Conference met or exceeded expectations	92.6%
Would definitely attend the next conference	89.9%
Overall average across four rating categories	4.37 out of 5

Ratings by category

Category	Mean score out of 5	Rated 4 or 5
Scientific programme content	4.48	93.3%
Quality of speakers	4.51	92.6%
Time management and session punctuality	4.15	78.5%
Organisation and communication	4.36	85.9%

Meeting expectations

Response	Reported percentage
Exceeded expectations	43.6%
Met expectations	49.0%
Partially met expectations	6.0%
Did not meet expectations	1.3%

Future attendance and discussion

The dashboard reports that 89.9% would definitely attend another conference, 8.7% would consider attending and 1.3% would not. For time available for questions and discussion, 75.8% answered “Yes”, 23.5% “Somewhat” and 0.7% “No”. Percentages may not total 100% because of rounding.

The written comments support the emphasis on scientific content and speaker quality. They also show why punctuality and protected discussion time should remain priorities for the next meeting.

What delegates told us

Strengths to retain

Delegates praised knowledgeable speakers, current clinical updates and the relevance of the programme to their work. Many valued the conference as a whole, while others identified individual sessions that addressed their clinical interests. Positive comments included “Excellent presentation, Evidence based, knowledgeable” and “The best conference I have attended so far”.

IBD, emerging treatments, hepatology, gastrointestinal cancer and the interface between surgery and gastroenterology featured repeatedly. Delegates also valued updates on *Helicobacter pylori*, reflux, oesophageal motility, eosinophilic oesophagitis, Barrett’s neoplasia and gastric precancerous conditions.

Third-space endoscopy, ESD, EUS, ERCP, procedure videos and hands-on learning were highlighted. Case discussions and opportunities to question faculty added practical value. One delegate specifically appreciated the availability of free attendance.

Timekeeping and interaction

Several comments called for closer adherence to the published timetable, punctual breaks and more time for questions. Delegates requested longer hands-on sessions and additional clinical cases. One expressed disappointment that recorded presentations by overseas speakers were played during lunch breaks. Suggestions included more interactive delivery and access to recordings or presentation materials after the meeting.

Space and organisation

Some delegates reported overcrowding, limited seating and busy catering areas. A few felt these conditions reduced their ability to listen and learn. Comments also raised catering timing and quality, audience behaviour and the suitability of advanced sessions for different levels of experience. Other delegates praised the organisation, indicating that experiences varied.

Venue access and CME

Delegates raised problems with attendance badge scan machines. Nurses reported uncertainty about third-day eligibility, with some learning about restrictions only after attending. Clear information about professional eligibility, attendance requirements and credit allocation should be provided before registration and repeated before each conference day. A delegate also reported difficulty parking, refusal of entry after arriving late and an interaction perceived as discourteous.

Topics requested for future meetings

Suggestions included device-associated infection prevention and surveillance, new technologies, pancreatic cancer updates, diaphragmatic hernia, more surgical contributions and additional clinical scenarios. Delegates also requested continued coverage of new treatments in IBD, hepatology and advanced endoscopy.

Priorities for the next conference

The next edition should retain the programme's clinical breadth and practical focus while improving the experience of attending. The following priorities reflect the written feedback.

Priority	Recommended action
Venue capacity	Match confirmed bookings to seating and catering capacity. Plan overflow space, clear circulation routes and sufficient staff at peak times.
Timekeeping	Brief chairs and speakers on session limits. Protect questions, practical teaching and scheduled breaks.
CME administration	Explain eligible professions, scanning requirements and available credits clearly before the event.
Delegate communication	Publish access arrangements for every day and session. Communicate changes early and provide a clear contact for queries.
Practical learning	Allow more time for hands-on training, case discussion and interaction with faculty. State workshop entry criteria in advance.
Delegate support	Review the reported entry and parking complaint. Brief staff on professional communication and escalation of concerns.
Learning resources	Make slides or recordings available where permissions allow, with clear instructions for access.

Conference highlights

UK and regional exchange

The conference provided a platform for collaboration between UK and regional gastroenterology experts. This partnership connected medical, endoscopic and surgical perspectives, particularly in colorectal cancer prevention, early lesion management and multidisciplinary cancer care. International faculty also contributed to scientific exchange and postgraduate medical education across the region.

This educational exchange is central to the role of the BSG International Section in the MENA region. Future meetings can build on it through joint programme planning, case-based discussions and practical teaching that responds to regional learning needs.

Scientific sessions and expert faculty

The agenda included IBD, colorectal cancer screening, post-colonoscopy colorectal cancer, colonoscopy quality improvement, early lesion detection and management, therapeutic endoscopy and surgery in complex or malignant disease. Other sessions addressed pancreatitis, hepatitis, cirrhosis, pancreatic cancer and upper and lower gastrointestinal cancers. The theme linked inflammatory disease with malignant progression, early detection and treatment. Actual delegate comments particularly valued up-to-date teaching and speakers who explained clinical developments clearly.

Hands on learning

The programme included an endoscopy hands-on workshop and interactive teaching using clinical images and short video clips. Practical learning was a visible part of the meeting, with demonstrations and activities illustrated in the conference photographs. Delegates specifically highlighted advanced endoscopy and practical training. Requests for longer hands-on sessions suggest that this element should receive protected time and planned capacity in future programmes.

Knowledge exchange and professional contact

The meeting brought together professionals from different disciplines and levels of experience. Discussion with faculty and colleagues complemented formal teaching. The feedback also shows the importance of sufficient space for breaks and professional interaction, so these opportunities remain useful even at busy times.