Gastrofoundation and GHASSA Endoscopy interest group meeting In association with GIEGS Gautrain Radisson Hotel Sandton Saturday June 10 2023

Since its inauguration GHASSA has been actively involved in uplifting gastroenterology and its various subdisciplines across the continent. The IBD and liver interest groups are well established and serve as excellent platforms to stay abreast with advancements within the field. Endoscopy in sub-Saharan Africa (SSA) however, has lagged behind the developed world. This is largely driven by resource limitations but also by a lack of awareness and training. As the therapeutic repertoire and the boundary of endoscopic therapy rapidly expands, increasing capacity and training is vital to catch up with the developed world and in doing so offer the best outcomes to our patients. International collaborations are a fundamental component to address these shortfalls. GHASSA has therefore partnered with the Gastrointestinal Endoscopy Quality and Safety (GIEQs) Foundation to re-ignite interest in endoscopy with a particular emphasis on quality in everyday endoscopy.

GIEQs was founded by Dr David Tate a British gastroenterologist who trained in the UK and subsequently completed a fellowship and PHD in advanced endoscopy in Sydney, Australia under the mentorship of Prof Michael Bourke. The foundation is cofounded by Dr John Anderson and Dr Roland Valorie both of whom have been key players in both training and implementing quality control metrics in the UK. The GIEQs platforms is an online platform which focuses on a deconstructed approach to techniques that are performed by all endoscopists, every day. These include, painless colonoscopy, polypectomy, gastroscopy and the detection of early-stage precursors of upper GI cancer, the treatment of gastrointestinal bleeding, etc.

I have been fortunate to have been exposed to the platform for several years now and have personally gained an immense amount from the extensive library of digital content. Additionally, in 2022, I had the privilege of being mentored by Dr Tate as part of a fellowship in advanced endoscopy at his base hospital in Ghent, Belgium. I can confidently attest to their innovative, deconstructed, competency-based approach to all forms of endoscopy.

To kick off the endoscopy interest group Prof Chris Kassianides introduced GHASSA and its partners, highlighting a few of the many activities GHASSA has been involved in and their role in expanding teaching into Sub-Saharan Africa. He further introduced the collaboration with GIEQs and eloquently summed up the platform. While international endoscopy guidelines, in their abundance, tell us 'what to do' in the management of patients, GIEQs uniquely shows us 'how to do it'.

The academic program began with Prof Sandie Thomson and Dr Neo Seabi chairing the first session aimed at highlighting quality metrics in endoscopy. The aim of this session was to identify current deficiencies in SSA as a starting point to drive change. Dr Ernst Fredericks delivered an eye-opening presentation which highlighted the lack of adequate reporting,

recording of quality metrics and competency-based assessments in SA. He not only showed our current deficiencies but also provided an overview of the way forward. While post colonoscopy colorectal cancer is well known and considered a key quality metric, post gastroscopy upper GI cancer has not received the same attention. Dr Seabi, presented shocking figures, showing a clear need to improve quality in upper GI endoscopy in order to reduce the high global rates of post gastroscopy upper GI cancer. This was followed by Dr Tate who joined virtually from Belgium. He showed us that the key to reducing upper GI cancer mortality is high-quality endoscopic imaging to detect precancerous lesions and early cancer. He gave us a succinct overview of how to image the oesophagus and assess both squamous and adenocarcinomas.

The lower GI session was chaired by Dr Shiraaz Gabriel and aimed to demonstrate practical techniques for performing quality colonoscopy. We were honored to have 2 very experienced and accomplished trainers from the UK join us. Dr Anderson and Dr Valorie deconstructed the effect of position change, external pressure and interpretation of the scope imager. They certainly are proof that conscious competence is a key component to performing and training endoscopy. Dr Tate then showed us how to achieve perfect inspection of the colon and in doing so increase our adenoma detection rates. He demonstrated that a combination of factors including a clean colon, basic technique, awareness, the use of image enhancement, artificial intelligence and the use of distal attachments are needed to achieve this. I then followed with a recap on imaging of colorectal polyps before discussing some of the considerations needed to decide on the choice of resection technique. In addition, I discussed aspects which influence decision making with regards to choosing a snare. The session closed with brunch and an opportunity to network and catch up with colleagues.

The final session was an introduction to ERCP chaired by Dr Uzayr Khan. This session was an opener to future sessions on ERCP. Dr Imraan Sardiwalla presented a thorough evidence-based presentation on the indications and complications of ERCP. He highlighted the importance of performing the procedure only when indicated for therapy and shared tips and tools to prevent complications.

The day drew to a close with Dr Tate showing us how to navigate the GIEQs platform and introduced their upcoming webinars as well as their annual symposium. I discussed the interest group's vision of progressing from basic principles to more complex procedures and incorporating other forms of endoscopy into future meetings while emphasizing the importance of technique. The meeting was closed by Prof Thomson who again highlighted the critical need for quality control and competency-based assessments in SSA.

Once again, a big thank you to Dr Tate, Dr Anderson and Dr Valorie, our international speakers for their time and commitment to training. We look forward to welcoming them again to future meetings. Finally thank you to GHASSA, Prof Kassianides, Prof Adam Mahomed, the sponsors Tecmed and Olympus, Bini Seale and Juliet Desilla and all involved in reviving the endoscopy interest group.

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