

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) **DAVID** 2. Surname (Last Name) **BINION** 3. Effective Date (07-August-2008) **12/20/2012**
4. Are you the corresponding author? Yes No
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

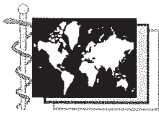
Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SANSEN ABBOTT		X ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Payment for writing or reviewing the manuscript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

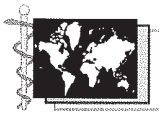
* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SANSEN		X
				ABBOTT		ADD
				UCB		X
				OPTIMER		ADD
				SALIX		X
				GENENTIMAGING		ADD
3. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
9. Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
10. Payment for development of educational presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
11. Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
13. Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



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Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



European
Crohn's and Colitis
Organisation

Please return this form, duly signed,

via fax to the ECCO Office at: +43 1 710 22 42-001

Consent form for the 8th Congress of ECCO in Vienna 2013

Name of speaker: *DAVID G. BARNION MD*

Considering that:

- In enhancing the service portfolio for its members, ECCO would be pleased to have:
 - The selected presentation slides printed in exclusive course syllabi
 - Recordings hosted in the restricted ECCO Members' area on the ECCO website
 - Presentation slides hosted in the restricted ECCO Members' area on the ECCO website

- Please select and insert the title (where applicable) to all which you give your consent:

- **Scientific Programme**

- Presentation slide material *MEDICAL MANAGEMENT OF*
 - Title(s) *IBD IN THE ELDERLY*
- Presentation recordings if applicable

- **IBD Intensive Advanced Course**

- Course syllabus
- Presentation slide material
 - Title(s)
- Presentation recordings if applicable

- **Y-ECCO Workshop**

- Presentation slide material
 - Title(s)
- Presentation recordings if applicable

- **S-ECCO IBD Masterclass**

- Presentation slide material
 - Title(s)
- Presentation recordings if applicable

- **N-ECCO Network Meeting**

- Course syllabus
- Presentation slide material
 - Title(s)

- **ClinCom Workshop**

- Presentation slide material
 - Title(s)
- Presentation recordings if applicable

- **Global IBD Forum**

- Presentation slide material
 - Title(s)
- Presentation recordings if applicable

ECCO Office

Seilerstätte 7/3, A-1010 Vienna, Austria
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e-mail: ecco-congress@ecco-ibd.eu, web: www.ecco-ibd.eu

- **IBD Refresher Course**
 - Presentation slide material
 - Title(s)
 - Presentation recordings if applicable

- **ECCO DigestScience Workshop**
 - Presentation slide material
 - Title(s)
 - Presentation recordings if applicable

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This agreement is governed by and shall be construed and interpreted according to the laws of the Republic of Austria. For any dispute arising out of or in connection to this Agreement, the courts competent for the first district of Vienna shall have jurisdiction.

Please send the completed form no later than **December 20, 2012**.

Date:

12/20/2012

Signed:



ECCO Office

Seilerstätte 7/3, A-1010 Vienna, Austria
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e-mail: ecco-congress@ecco-ibd.eu, web: www.ecco-ibd.eu



TALK 1 - LIST OF KEYWORDS

Please tick off keywords related to your presentation on this page.

Name of speaker: *DAVID G. BINION MD*

Title of presentation: *MEDICAL MANAGEMENT OF IBD IN THE ELDERLY*

Presented during (course name):

SCIENTIFIC SESSION 9: COURSE AND TREATMENT OF IBD IN THE ELDERLY

Please use one set of keywords (=1 page) for each talk!

- | | | |
|---|--|---|
| <input type="checkbox"/> 5-aminosalicylate | <input checked="" type="checkbox"/> complications | <input type="checkbox"/> mesalamine |
| <input checked="" type="checkbox"/> 5-ASA | <input type="checkbox"/> cost effective analysis | <input type="checkbox"/> 5-aminosalicylic acid |
| <input checked="" type="checkbox"/> 6-mercaptopurine | <input type="checkbox"/> CRP | <input checked="" type="checkbox"/> methotrexate |
| <input type="checkbox"/> 6-TG | <input type="checkbox"/> CT | <input type="checkbox"/> MMX |
| <input type="checkbox"/> adacolumn | <input type="checkbox"/> cyclosporine | <input type="checkbox"/> monitoring |
| <input type="checkbox"/> abscess | <input type="checkbox"/> disability | <input checked="" type="checkbox"/> mortality |
| <input type="checkbox"/> activity indices | <input type="checkbox"/> disease activity | <input type="checkbox"/> MRI |
| <input type="checkbox"/> adalimumab | <input type="checkbox"/> disease outcome | <input type="checkbox"/> osteopenia |
| <input type="checkbox"/> adenocarcinoma | <input type="checkbox"/> ECCO | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> adolescents | <input type="checkbox"/> endoscopic assessment | <input type="checkbox"/> pharmacogenomics |
| <input type="checkbox"/> anaemia | <input type="checkbox"/> enterocutaneous fistula | <input type="checkbox"/> pharmacokinetics |
| <input type="checkbox"/> anemia | <input type="checkbox"/> environmental factors | <input type="checkbox"/> postoperative |
| <input type="checkbox"/> anaemia iron deficiency | <input type="checkbox"/> environmental risk factors | <input type="checkbox"/> pouch |
| <input type="checkbox"/> anemia iron deficiency | <input type="checkbox"/> Epstein-Barr virus | <input type="checkbox"/> sangramostim |
| <input type="checkbox"/> anti-TNF | <input type="checkbox"/> fatigue | <input type="checkbox"/> sexual activity |
| <input type="checkbox"/> apoptosis | <input type="checkbox"/> fertility | <input type="checkbox"/> smoking |
| <input type="checkbox"/> arthralgia | <input type="checkbox"/> fistula | <input type="checkbox"/> SNP |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> genetic | <input type="checkbox"/> SONIC |
| <input type="checkbox"/> autologous stem cell transpl. | <input type="checkbox"/> HBV reactivation | <input type="checkbox"/> STORI |
| <input type="checkbox"/> autophagy | <input type="checkbox"/> HCV reactivation | <input type="checkbox"/> stricturoplasty |
| <input type="checkbox"/> AZA | <input type="checkbox"/> human papillomavirus | <input type="checkbox"/> tacrolimus |
| <input type="checkbox"/> balloon dilation | <input checked="" type="checkbox"/> IBD | <input checked="" type="checkbox"/> thromboembolic events |
| <input checked="" type="checkbox"/> biologic treatment | <input checked="" type="checkbox"/> CD | <input type="checkbox"/> trough levels |
| <input type="checkbox"/> bowel ultrasonography | <input checked="" type="checkbox"/> UC | <input type="checkbox"/> TPMT |
| <input type="checkbox"/> breastfeeding | <input type="checkbox"/> IBS | <input type="checkbox"/> trials |
| <input type="checkbox"/> budesonide | <input type="checkbox"/> personality | <input type="checkbox"/> ultrasonography |
| <input type="checkbox"/> calprotectin | <input type="checkbox"/> depression | <input type="checkbox"/> ustekinumab |
| <input type="checkbox"/> cancer | <input type="checkbox"/> anxiety | <input type="checkbox"/> vaccinations |
| <input type="checkbox"/> cancer in ibd | <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> vedolizumab |
| <input type="checkbox"/> capsule endoscopy | <input type="checkbox"/> IBDQ | <input type="checkbox"/> Vienna classification |
| <input type="checkbox"/> certolizumab | <input type="checkbox"/> ileo-anal pouch anastomosis | <input type="checkbox"/> Montréal classification |
| <input type="checkbox"/> clinical trials | <input type="checkbox"/> ileocecal resection | <input type="checkbox"/> vitamin b12 |
| <input checked="" type="checkbox"/> clostridium difficile | <input type="checkbox"/> immunization | <input type="checkbox"/> vitamin d |
| <input type="checkbox"/> CMV | <input type="checkbox"/> immunosuppressive agents | <input type="checkbox"/> work |
| <input type="checkbox"/> colectomy | <input type="checkbox"/> infliximab | |
| <input type="checkbox"/> colorectal cancer surveillance | <input type="checkbox"/> lymphoma | |

Other keywords:

GERIATRIC

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