

## **The history of the International Ascites Club**

The International Ascites Club was founded in Florence, Italy on November 30, 1990 during an international liver meeting organized by Professor Paolo Gentilini. The reason to found a club of experts in this complication of portal hypertension originated from the peculiarity of the expertise doctors who treat patients with ascites must have. They are experts in hepatology as well as in kidney physiology, hemodynamics, electrolyte disorders, infections, cardiopulmonary function and “transplant medicine”. The founders drew up few simple rules. The main purposes of the club were to organize biannual meetings on ascites and related issues, to stimulate the research in ascites, to improve terminology, to define the pathological events related to ascites, and to produce standard rules for high quality clinical trials.

During its 16-year history, the Club organized 9 meetings on different issues. This led to 5 publications reporting the results (2 appeared in *Hepatology*, two in *Journal of Hepatology* and 1 in *Gut*). These papers allowed for better definition of different phenomena (i.e. refractory ascites, hepatorenal syndrome, bacterial peritonitis, hyponatremia).

### **Dates, locations, and topics of the nine meetings:**

1. Wien, September 1992: *Pathophysiology of ascites. Diagnosis and treatment of ascites.*
2. Chicago, November 1994: *Endothelium-derived vasoactive substances and liver disease. Definition of refractory ascites and hepatorenal syndrome.*
3. Geneva, August 1996: *Water retention in cirrhosis. Pathophysiology and treatment.*
4. Lisboa, April 1998: *Treatment and prevention of spontaneous bacterial peritonitis in cirrhosis.*
5. Dallas, November 1999: *Treatment of ascites.*
6. Prague, April 2001: *Hepatorenal syndrome.*
7. Boston, November 2002: *Sepsis in cirrhosis.*
8. Berlin, April 2004: *Cirrhotic cardiomyopathy and its potential role in the hemodynamic and sodium handling abnormalities of cirrhosis.*
9. San Francisco, November 2005: *Focused Study Group on diagnosis and treatment of hepatorenal syndrome.*

### **Peer-reviewed publications:**

1. Arroyo V, Ginés P, Gerbes A, Dudley FJ, Gentilini P, Laffi G, Reynolds TB, Ring-Larsen H, Scholmerich J. Definition and diagnostic criteria of refractory ascites and hepatorenal syndrome in cirrhosis. *International Ascites Club. Hepatology* 1996;23:164-76.
2. Ginés P, Berl T, Bernardi M, Bichet G, Hamon G, Jimenez W, Liard JF, Martin PY, Schrier RW. Hyponatremia in cirrhosis: from pathogenesis to treatment. *Hepatology* 1998;28:851-64.
3. Rimola A, Garcia-Tsao G, Navasa M, Piddock LJ, Bernard B, Inadomi JM. Diagnosis, treatment and prophylaxis of spontaneous bacterial peritonitis: a consensus document. *International Ascites Club. J Hepatol* 2000;32:142-53.
4. Moore KP, Wong F, Gines P, Bernardi M, Ochs A, Salerno F, Angeli P, Porayko M, Moreau R, Garcia-Tsao G, Jimenez W, Planas R, Arroyo V. The management of ascites in cirrhosis: report on the consensus conference of the international ascites club. *Hepatology* 2003;38:258-66.
5. Wong F, Bernardi M, Balk R, Christman B, Moreau R, Garcia-Tsao G, Patch, D, Soriano G, Hoefs J, Navasa M. Sepsis in Cirrhosis – Report on the 7<sup>th</sup> Meeting of the International Ascites Club. *Gut* 2005;54:718-725

### **Scientific committees since 1990:**

1. G. Laffi (secretary, Italy), L. Blendis (Canada), F. Dudley (Australia), A. Gerbes (Germany), H. Ring-Larsen (Denmark), E. Zambranski (US).
2. P. Gines (secretary, Spain), K. Moore (UK), R. Moreau (France), M. Pinzani (Italy), B.A. Runyon (US), F. Wong (Canada).
3. K. Moore (secretary, UK), G. Garcia-Tsao (US), R. Moreau (France), M. Pinzani (Italy), R. Planas (Spain), F. Wong (Canada).
4. F. Wong (secretary, Canada), G. Garcia-Tsao (US), R. Moreau (France), D. Patch (UK), R. Planas (Spain), F. Salerno (Italy).
5. F. Salerno (secretary, Italy), B. Bernard (France), G. Garcia-Tsao (US), M. Guevara (Spain), S. Lee (Canada), R. Terg (Argentina).

### **Future perspectives:**

The scientific committee of the International Ascites Club is now involved in the preparation of papers that are not obligatorily the results of consensus meetings, but that may serve to clarify some debated issues in the treatment of ascites (i.e. TIPS and refractory ascites or hepatorenal syndrome).

Another challenge for the committee is to favor the participation of investigators coming from developing countries who wish to become part of the international scientific community. This is an important issue both to revitalize the Club with new blood and to reduce the gap existing between developing and developed countries.