
Introduction: Baveno I to Baveno VI... and Beyond

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Since 1986, nine international consensus meetings on portal hypertension have been held. After the first organized in Groningen, the Netherlands, by Andrew Burroughs [1], the other eight took place in Baveno in 1990 (Baveno I) [2] and 1995 (Baveno II) [3, 4], in Milan in 1992 [5], in Reston, USA, in 1996 [6], in Stresa in 2000 (Baveno III) [7, 8], again in Baveno in 2005 (Baveno IV) [9, 10], in Atlanta, USA, in 2007 [11], and again in Stresa in 2010 (Baveno V) [12, 13]. This is the tenth meeting of this kind, the sixth with the name of Baveno.

Baveno I to VI

Topics Addressed at the Baveno I–V Workshops

- Definitions of key events
- Diagnostic evaluation of patients with portal hypertension
- Prognostic factors for first bleeding, rebleeding, and survival
- Therapeutic strategies in patients with portal hypertension
- Vascular diseases of the liver
- Methodological requirements of trials

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Attendance at the Baveno Workshops

The attendance to the Baveno workshops was 205 in Baveno I, 252 in Baveno II, 385 in Baveno III, 485 in Baveno IV, 314 in Baveno V, and 240 in Baveno VI. The proportion of international participants rose steadily from 19 % in Baveno I to 74 % in Baveno V. The countries represented were 18 in Baveno I and II, 29 in Baveno III, 40 in Baveno IV, 50 in Baveno V, and 46 in Baveno VI.

Publications Derived from the Baveno Workshops

Reports of the Baveno workshops have been published in the *Journal of Hepatology* in 1992 [2] (Baveno I), in 1996 [3] (Baveno II), in 2000 [7] (Baveno III), in 2005 [9] (Baveno IV), and in 2010 [12]. Proceeding books of the workshops were published by Blackwell Science in 1996 [4] (Baveno II) and 2001 [8] (Baveno III), by Blackwell Publications in 2006 [10] (Baveno IV), and by Wiley-Blackwell in 2011 [13] (Baveno V).

Impact of the Baveno Consensus on the Medical Literature

Figure 1.1 shows the number of citations of the Baveno I–V reports in the medical literature between January 1993 and April 2, 2015. Overall, the reports had 1724 citations. The number of citations more than doubled between 2010 and 2015.

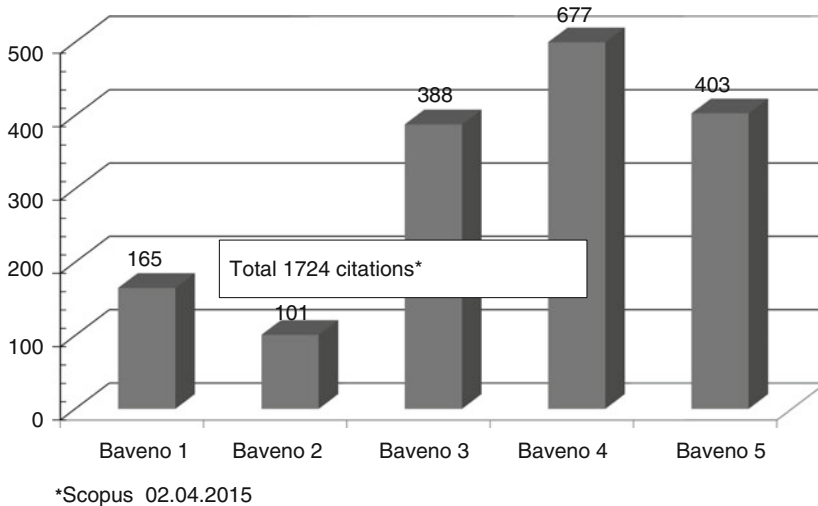


Fig. 1.1 Citations of the Baveno reports I to V (Data from Scopus 02.04.2015)

Validation of the Baveno Definitions

The success in producing high-quality trials in portal hypertension is largely attributable to the continued efforts to standardize trial design by agreeing on homogeneous definitions of study end points. In this respect, the most difficult area has been the definitions of key endpoints in acute variceal bleeding. In particular, the concept of “treatment failure,” an endpoint aimed at evaluating the efficacy of hemostatic therapies, was developed, with the aim of homogenizing trial designs rather than to guide clinical practice. First proposed at Baveno II in 1995 [3], the criteria to define treatment failure have been discussed and redefined at each Baveno workshop thereafter, owing to the perceived difficulties in applying the criteria in real life. In all versions, treatment failure was used as a composite endpoint to evaluate efficacy, which included different criteria of failure to control bleeding, rebleeding, or death within 5 days of the index bleed. Both in Baveno IV and V, it was emphasized that the criteria for treatment failure required prospective validation. The continuing interest in this matter is witnessed by the publication, in the March 2015 issue of *Hepatology*, of two papers [14, 15] aimed at prospectively assessing the accuracy of the Baveno criteria to represent true treatment failure. These two studies provide excellent examples of the difficulties encountered in using the current criteria for treatment failure in acute variceal bleeding and provide the evidence-based starting point for redefining the key endpoints for the design of future trials.

Application of the Baveno Recommendations in Clinical Practice

In a worldwide survey of practices for pharmacologic therapy in esophageal variceal hemorrhage published in 2014 [16], the recommendation of using vasoactive drugs before endoscopy in acute variceal hemorrhage was followed by 66 % of the physicians interviewed.

Need for Strategies to Increase the Use of the Baveno Definitions in Trials and the Adherence to the Recommendations in Clinical Practice

The number of citations of the Baveno reports in the literature has more than doubled between 2010 and 2015. However, the use of the Baveno definitions in trials and the adherence to the Baveno recommendations in clinical practice, especially outside specialized units, appear to be only fair. This suggests that the effort to refine the definitions should continue and that strategies should be developed to increase the awareness of the recommendations and their application in clinical practice, both by hepatologists and generalists.

Beyond Baveno VI

As was announced at Baveno V, awareness of the passage of time has led the founding members of the Baveno team to invite many young, brilliant investigators to join the Scientific Committee of Baveno VI. These younger colleagues have worked hard in the organization of the present workshop. As time goes by, the responsibility of carrying on the tradition of Baveno will rest more and more on the shoulders of these new Scientific Committee members. I am confident that these younger colleagues will continue to share the enthusiasm and the dedication they have shown until now and will be able to continue in the future the friendly collaboration that has always been the hallmark of the Baveno enterprise.

The Baveno I–VI Workshops Were a Concerted Effort of the Following

Speakers and Chairpersons

Argentina, J Vorobioff; *Austria*, G Krejs, M Peck, T Reiberger; *Belgium*, W Laleman, F Nevens; *Canada*, J Heathcote, S Ling, N Marcon, G Pomier Layrargues, P Tandon, I Wanless; *Denmark*, U Becker, F Bendtsen, E Christensen, C Gluud, A Krag, S Møller, TIA Sørensen; *Egypt*, G Shiha; *France*, B Bernard-Chabert, C Bureau, P Calès, L Castéra, D Lebrech, R Moreau, JP Pascal, M Rudler, C Silvain, D Thabut, D Valla, JP Vinel; *Germany*, K Binmøller, W Fleig, G Richter, MRössle, T Sauerbruch, M Schepke, D Schuppan, M Staritz, J Trebicka, A Zipprich; *Great Britain*, AK Burroughs, E Elias, P Hayes, J O’Beirne, D Patch, S Seijo, E Tsochatzis, D Westaby; *India*, YC Chawla, A Kumar, SK Sarin; *Israel*, I Gralnek; *Italy*, E Ancona, M Angelico, G Balducci, G Barosi, G Battaglia, M Bolognesi, L. Bolondi, L Cestari, GC Caletti, F Cosentino, G D’Amico, R de Franchis, A Dell’Era, A Gatta, G Gerunda, V La Mura, A Liberati, A, Maffei Faccioli, PM Mannucci, C Merkel, M Merli, G Minoli, A Morabito, L Pagliaro, A Peracchia, M Pinzani, M Primignani, O Riggio, P Rossi, C Sabbà, D Sacerdoti, F Salerno, M Senzolo, F Schepis, GP Spina, F Tinè, A Tripodi, V Ziparo, M Zoli; *Norway*, L Aabakken; *Pakistan*, S Abid; *Portugal*, P Alexandrino; *Spain*, J Abraldes, A Albillos, S Augustin, R Bañares, A Berzigotti, J Bosch, A Escorsell, JC Garcia-Pagàn, J Genesca, P Ginés, V Hernandez-Gea, M Navasa, J Piqué, R Planas, C Ripoll, J Rodès, C Villanueva; *Switzerland*, A de Gottardi, A Hadengue, P Gertsch, C Sieber, R Wiest; *Sweden*, C Söderlund; *Taiwan*, FY Lee, HC Lin, J H Lo; *the Netherlands*, H Janssen, F leebeek; H van Buuren; *USA*, J Bajaj, A Blei, T Boyer, N Chalasani, M Fallon, G Garcia-Tsao, N Grace, R Groszmann, JM Henderson, Y Iwakiri, P Kamath, WR Kim, D Kravetz, L Laine, B Mittman, A Sanyal, V Shah, B Shneider, J Talwalkar, G van Stiegmann.

Organization: S Covre, A M Sorresso, D Santi, Gaetano Sabattini, and ADB Eventi e Congressi.

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