A LOOK BACK & THE ROAD AHEAD
AGA Mission:
To Advance the Science and Practice of Gastroenterology

Overview of the AGA Strategic Plan

Core Commitments
• AGA is committed to expanding the science of gastroenterology, by actively pursuing support for research, education and training to improve understanding of the causes, prevention, treatment and cure of digestive diseases.
• AGA is committed to furthering excellence in the practice of gastroenterology, by fostering innovation and ensuring that practice is scientifically based, fairly compensated and provides quality care and value to patients.

Strategic Directions
• AGA will continually identify new forces affecting the science and practice of gastroenterology and will be a leader in guiding the development of the field.
• AGA will foster the discovery of new knowledge and the application of knowledge and technology to ensure the highest quality patient care.
• AGA will expand its public policy efforts to enhance the field of gastroenterology and the economics of clinical practice and research.
• AGA will work to ensure the future vitality of the science and practice of gastroenterology through a sustained commitment to trainees and young professionals.
• AGA will broaden and enhance its educational offerings to be responsive to the evolving diversity, scope and needs of gastroenterology research and practice.
• AGA will foster international scientific research and collaboration and will disseminate new scientific and clinical information worldwide.

Operating Principle
• AGA will develop the organization, governance, communication systems and resources required to achieve its mission and move forward with its plan.
Dear Colleague:

There are many challenges confronting our subspecialty: emerging technologies have the potential of spurring major changes in health-care delivery, the equity of Medicare reimbursement rates remains in question, and there are areas of research where we lack even a basic understanding of the cause and treatment of disease. In response to challenges such as these, AGA leaders crafted a new strategic plan in 2004, laying out a roadmap that will enable the organization to take a leading role in advancing all aspects of the science and practice of gastroenterology.

After a year working under the direction of our new plan, the AGA has many successes to report — the formation of a Future Trends Committee to formalize our predictive process, a short-term fix to the Medicare reimbursement formula, and legislation securing a National Commission on Digestive Diseases at the National Institutes of Health are just a few examples of what we’ve accomplished. An overview of all our major initiatives over the past year is included in this report.

As it has been said, the best way to impact the future is to invent it. On a number of fronts, AGA members are working to invent the future of the science and the practice of gastroenterology. We hope that you share our enthusiasm for the work of the AGA and value the organization’s role in advancing our field.

Sincerely,

Emmet B. Keeffe, MD  
AGA President  
(June 2004 – May 2005)

David A. Peura, MD  
AGA President  
(June 2005 – May 2006)
It is a pivotal time for the field of gastroenterology. With the emergence of new knowledge and the application of new technologies and treatment approaches, researchers and clinicians are transforming the field for the benefit of patients. While this evolution is compelling in many positive ways, it also carries with it some inherent challenges, not the least of which is the need to assess new technologies and, if appropriate, integrate them into the field. Looking down this figurative “road” full of challenges and opportunities, gastroenterologists can rely on the AGA for support, guidance and protection.

The Future Trends Committee formed to serve as an “advance warning” system to identify emerging trends and technologies that pose a threat or offer opportunities to the field of gastroenterology. The committee is charged with preparing reports for the AGA Governing Board that describe the trends or developments it has identified, postulate their impact on gastroenterology practice and/or research and present recommendations for action by the AGA in terms of policies and programs. The committee also monitors these trends and technologies as they play out over time. In the past year, the Future Trends Committee focused its scope of work to three topics. In-depth white papers on these three topics will be published in Gastroenterology in autumn 2005:

- The Application of Genomic and Proteomic Technologies to Digestive Disease Diagnosis and Treatment and Their Likely Impact on Gastroenterology Clinical Practice
- Colorectal Cancer: A Qualitative Review of Emerging Screening and Diagnostic Technologies
- Effects of Aging on the Population and Gastroenterology Practice, Education and Research

AGA began analyzing CT colonography and its impact on the future of GI practice. As a service to members and their patients, the AGA assembled a task force of gastroenterologists, radiologists and epidemiologists to undertake a critical analysis of available information on the capabilities of CT colonography (CTC) and to consider its
potential role in colorectal cancer screening. In a report published in the Sept. 2004 issue of *Gastroenterology*, the Task Force concluded that CTC has significant promise. However, the technology is still evolving and the results of CTC for screening are variable.

The AGA intends to help members in practice and training understand the strengths and weaknesses of CTC to make an informed decision about the use of this technology. This will necessitate a comprehensive approach to training and curriculum development, as well as the practical issues relevant to incorporating CTC into practice.

A course on the topic is planned in addition to studies on CTC published in AGA journals, Digestive Disease Week® (DDW®) presentations and an opinion article in AGA Perspectives. At the inaugural AGA Clinical Congress in December 2005, the AGA will hold “CTC — Where are We and Where are We Going?” to help members understand the technology and training requirements and to recognize the potential impact of CTC on clinical practice.

Task forces were convened to address the needs of important groups — underrepresented minorities, women and PhD/basic scientists. With the goal of identifying ways to better meet the needs of these critically important groups, the task forces have assessed the needs of their constituents and provided recommendations to the Governing Board. The work of the task forces will play an integral role in the development of future programs.

**The Road Ahead**

In the coming year, the AGA will continue to examine new issues that could affect the future of gastroenterology and guide the development of the specialty. After the publication of the Future Trends Committee reports, the AGA Governing Board will make strategic decisions about how to address the recommendations put forth by the committee.
“There is increasing focus nationwide on the importance of measurement and reporting of the quality of physician and hospital care. The entire American health care delivery system (physicians and hospitals) must be motivated to lead the new approach to defining and improving quality rather than becoming passive recipients of mandates based on unpredictable objectivity.”

— Martin Brotman, MD
Chair, AGA Task Force on Quality in Practice and President and CEO, California Pacific Medical Center
Striving to help gastroenterologists provide the highest quality patient care, the AGA encourages both the acquisition and application of new knowledge, techniques and technology. From working to accelerate the rate of scientific discovery to providing practice management tools, the AGA provides gastroenterologists resources to advance care.

The AGA provided $2.4 million in funding to 62 young investigators this year. The AGA research awards program, supported by the AGA’s Foundation for Digestive Health and Nutrition (FDHN), continues to attract outstanding young physicians and scientists who look to the AGA for support of their emerging careers. By identifying and supporting these individuals at a formative stage in their careers and fostering the discovery of new knowledge, the AGA will assure improved patient care and a robust future for gastroenterologists. The AGA took direct action toward the advancement of research, raising more than $7 million through the AGA Foundation for research and increasing the Foundation’s endowment to more than $3 million. See page 27 for more information about the FDHN.

Practice management consultants helped AGA members run efficient businesses. The AGA Center for GI Practice Management and Economics offered on-site consulting services to both private and academic practices and fielded more than 1,000 inquiries to AGA’s Coding and Billing Answer Line this year. With a host of educational offerings, including a sold out practice managers course at DDW, a practice skills workshop, five teleconferences on various practice management issues and a certification program for GI coders, the Center continued to promote the advancement of patient care. The highlight of the year was the first ever five-day program for mid-level providers working in GI practices. The program drew more than 190 participants from around the country and will be an annual event. The Center also continued to publish its monthly newsletter, GI Practice Management News, targeted toward clinician members, as well as practice managers.

Task Force convened to explore the obesity public health crisis. As the nation’s health care system struggles to address the obesity epidemic, the AGA convened an Obesity Task Force to look at the role of the
clinical gastroenterologist in managing obesity and its complications, the role of the GI investigator in obesity research and obesity-related education and professional training needs for gastroenterologists.

AGA Quality in Practice Task Force addressed need for clinical quality improvement. In an effort to improve the digestive health of patients and to quantify and demonstrate the value provided by gastroenterologists, the AGA convened a Quality in Practice Task Force. In March, the Governing Board approved creation of the Center for Quality in Practice to implement the recommendations of the Task Force.

New medical position statements outlined standards of practice. The AGA published three new medical position statements in Gastroenterology this year: Diagnosis and Treatment of Gastroparesis, The Clinical Use of Esophageal Manometry and The Role of the Gastroenterologist in the Management of Esophageal Carcinoma.

Mid-level providers who care for GI patients welcomed to the AGA. Recognizing that many gastroenterology practices have added nurse practitioners and physician assistants to the patient care team, the AGA created a new membership category for mid-level providers and created an educational workshop through the Center for GI Practice Management and Economics specifically for this important group.

**The Road Ahead**

Recognizing the importance of establishing the measures for quality in GI practice, the AGA recently launched the AGA Center for Quality in Practice. In the coming years, the Center will liaison with various national quality and safety work groups, which will become increasingly important as ‘pay for performance’ legislation unfolds. Some of the Center’s major goals, which were developed by the AGA Task Force on Quality in Practice, include:

- Development of patient safety and quality education for members, including the identification of avoidable medical errors and adverse events related to GI practice.
- Development of evidence-based quality performance measures, including the process by which measures will be determined.
- Creation of patient education materials to ensure that patients have appropriate expectations regarding high-quality, patient-centered, evidence-based care.
AGA JOURNALS CONTINUE TO PROVIDE LEADING CLINICAL AND BASIC GI RESEARCH

With major advances being made every day in the prevention, detection and treatment of GI disorders, it is essential that gastroenterologists have access to this steady stream of new knowledge. As truly international publications, the AGA journals, Gastroenterology and Clinical Gastroenterology and Hepatology, provide this much needed access to the important research findings from around the world.

Gastroenterology continues as the forerunner of 46 gastroenterology and hepatology journals — the journal ranks among the top two percent of all major biomedical research journals worldwide according to the Institute for Scientific Information Citation Report. The current impact factor of the journal is 13.092, with more than 46,000 cites to the journal over a one-year period. In the recent year, Gastroenterology has continued to enhance the content of the journal by adding special features, including “New Concepts in Gastroenterology” and “Microarrays and Other New Technologies.” “New Concepts” shows readers how basic science concepts can apply to a clinical situation. “Microarrays” was developed in response to the influx of data from microarrays and other large data sets to the field of gastroenterology. Further, the journal published two special editions of intense focus, one on fecal and urinary incontinence and one on hepatocellular carcinoma. Gastroenterology remains a leading source of revenue for the AGA, which utilizes the funds to support a broad range of programs to advance the field.

In 2004, Clinical Gastroenterology and Hepatology emerged as a strong force in the field of clinical GI science, moving from the bi-monthly format to providing thought-provoking editorials and peer-reviewed, clinically-oriented studies on a monthly basis. Following a successful launch the previous year, Clinical Gastroenterology and Hepatology continues to grow — from its introduction in 2003 to date, the journal has doubled the number of pages published per year. The journal is currently indexed in Index Medicus and should receive its first impact factor in 2007. To ensure the content is of interest to its readership, the journal launched two new sections, “Clinical Genomics” and “Education Practice.” The genomics section was launched to document the progress of the study of human genomics and related disciplines. “Education Practice” was born out of the goal to provide concise articles encapsulating clinical problems, management strategies and supporting evidence.

Monthly promotion of published studies has put a national focus on the AGA as a leader in the publication of cutting-edge GI science. Notably, science from AGA journals has been featured in hundreds of articles in high-profile media outlets, including U.S. News & World Report, USA Today, The Washington Post, The Associated Press, NBC News, CNN Radio, WebMD and Gastroenterology Week.

The Road Ahead

In the fall of 2005, the AGA will expand the AGA Press. The continuing mission of AGA Press will be to publish print and electronic publications that advance cutting-edge science in the field of gastroenterology, foster innovative practice in the treatment of GI-related diseases and alleviate suffering from GI disorders through increased public awareness. AGA Press will serve as the medium for evaluating periodical and nonperiodical publishing opportunities that are targeted toward gastroenterologists, primary care physicians and their patients.
“Participating in the AGA Advocacy Day opened my eyes to the substantial effect individuals can have on the legislative process, their patients’ lives and the future direction of GI research and funding in this country.” — David Rubin, MD
Assistant Professor of Medicine and Program Director, Fellowship in Gastroenterology, Hepatology and Nutrition, University of Chicago
On an ongoing basis, the AGA works independently and through strategic alliances with other physician groups to advocate for many initiatives that advance the science and practice of gastroenterology. By listening to and using members’ voices to lead the charge, the AGA celebrated the following legislative successes last year:

- Secured the creation of a National Commission on Digestive Diseases to develop a gastroenterology research plan at the National Institutes of Health (NIH).
- Achieved 1.5 percent increase in Medicare physician payment rate and averted a 4.5 percent rate reduction.
- Worked as an active member on the AMA CPT/RUC Committee to obtain new CPT codes, revise current codes and advocate for fair code reimbursement.
- Organized grassroots activities to advocate for the needs of gastroenterologists in Congress.

The AGA appreciates the following members who participated in Advocacy Day and advocated for key AGA legislative priorities. Back row (left to right): Vivek Huilgol, MD; Robert Gannan, MD, PhD; Richard Baerg, MD; James Grendell, MD; Colin Howden, MD; David Peura, MD; John Carethers, MD. Middle row (left to right): David Rubin, MD; Barry Kislolf, MD; Donald Campbell, MD; James Allison, MD; Natalie Bzowej, MD, PhD; Lawrence Kim, MD. Bottom row: Ronald Fogel, MD; Emmet Keeffe, MD; Mary Pauly, MD; Manoop Bhutani, MD; Carla Ginsburg, MD, MPH; Dayna Early, MD; Lisa Gangarosa, MD; Alfredo Mendoza, MD.
President Bush signed into law a measure that included AGA legislative language creating the National Commission on Digestive Diseases. The NIH was given the directive to convene the Commission to focus on the needs of people with digestive disorders. The new Commission is composed of scientists and clinicians, patient advocates and representatives of federal agencies. In the future, the AGA will encourage the Department of Health and Human Services and the NIH to place the Commission among its highest priorities.

The AGA also advocated for increased funding for NIH, which received a 2 percent increase in 2005. The National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK) received a 3 percent increase.

The AGA worked to increase gastroenterologists’ Medicare payments. As part of the Alliance of Specialty Medicine, the AGA worked with Congress to include language in the Medicare Modernization Act to avert a scheduled 4.5 percent reduction in physician payment while providing a 1.5 percent increase for 2004 and 2005. As a result, gastroenterologists saw approximately $70 million more in Medicare payments in 2004. Language was also secured in the Senate and House Budget Resolutions calling for the enactment of a new Medicare physician payment formula. The AGA continues to work with members of Congress to educate them on the implications of future cuts to the practice of gastroenterology.
The AGA’s CPT Advisor played a vital role in the revision and creation of numerous codes. In response to a requirement in Section 303 of the 2003 Medicare Modernization Act instructing the Centers for Medicare & Medicaid Services to evaluate codes and relative values for infusion services, the CPT Editorial Panel convened a workgroup in May 2004 to evaluate the issue. The AGA was chosen to participate on the workgroup resulting in the CPT Panel accepting 12 new and 14 revised codes for drug infusion/administration. This includes five new and seven revised codes in the chemotherapy section, and substantial changes to introductory guidelines for use of the codes. AGA is currently working on issues related to the five year review and will continue to be a leading advocate for GI reimbursement.

Gastroenterologists met with legislators to advocate for key medical issues. In October 2004, the AGA held Advocacy Day on Capitol Hill, bringing 21 AGA members to speak with their state’s federal legislators to encourage support for the National Commission on Digestive Diseases legislation and increased funding for the NIH. Through the AGA’s efforts and with the help of passionate members, language was included in appropriations bills leading to the establishment of the Commission. Due to the success of this and previous Advocacy Day activities, the AGA launched a newsletter to help those interested in the grassroots program stay on top of latest information from the Hill and has upgraded the online grassroots tools by acquiring the widely used CapWiz software.

The Road Ahead

Top legislative priorities moving forward include continuing to fight for an equitable Medicare reimbursement formula and increased funding for NIH and NIDDK. As part of a corporate reorganization, the AGA will split into two non-profit organizations, the American Gastroenterological Association and the AGA Institute. This reorganization will allow the AGA to form a political action committee (PAC), which will give gastroenterologists greater influence on Capitol Hill and a greater voice on policy decisions that affect the science and practice of gastroenterology — clinical care standards for patients, fair reimbursement for services and adequate funding for digestive disease research.
“The opportunity to connect with established investigators at scientific meetings such as DDW and the guidance provided through the Career Advisory Program has been invaluable. I greatly appreciate the support I have received from the AGA and its committees throughout my training in gastroenterology.”

— Wolfram Goessling, MD

Assistant in Medicine, Gastrointestinal Unit, Massachusetts General Hospital; Assistant Physician, Gastrointestinal Cancer, Dana-Farber Cancer Institute; and Brigham and Women’s Hospital Instructor in Medicine, Harvard Medical School
The future of gastroenterology lies with its trainees and young professionals. The AGA is committed to ensuring the vitality of the field by supporting these groups with education and training programs and career development assistance.

The AGA offered the first Gastroenterology Training Examination (GTE™) in April 2005. With the goal of enhancing clinical care and research by advancing the quality and consistency of GI training, the exam is designed to allow training directors and fellows to effectively gauge progress over time on a national level through detailed score reporting, and both programs and fellows can assess areas of strengths and opportunities for improvement. The GTE will also help the AGA identify improvements to the Core Curriculum and develop resources that can effectively assist programs in meeting accreditation standards. It will further allow the AGA to identify best practices and opportunities for improving various aspects of training, and it provides a validated method for measuring the progress of fellows within a training program, which is one of the requirements of the ACGME general competency assessments.

A new advisory program was launched to provide fellows and junior gastroenterologists with valuable career-related information. The Career Advisory Program (CAP) matches GI fellows and junior gastroenterologists with more senior, established colleagues for one-on-one guidance. Participants are paired with an advisor who shares common interests and can advise them in their specific areas of interest or need. The program provides articles of interest and relevant web links to other career development resources, as well as information and resources to encourage and strengthen formal institutional mentoring.

The AGA led an effort to reinstate the GI Fellowship Match. In September 2004, a lawsuit alleging antitrust violations against the National Resident Matching System was dismissed. With the suit dismissed, the path was cleared for the AGA to readdress gastro-

TRAINEE/YOUNG GI
enterology’s participation in the Match. Through a task force of training directors and faculty, the AGA examined many of the complicated issues that ultimately led to the closing of the gastroenterology Match. Among these were universal participation, compliance and fair play, challenges of basic research applicants and potential fluctuations in the number of applicants. After critical input by gastroenterology division chiefs and training directors, the national gastroenterology societies concluded that rejoining the Match is best for gastroenterology. Gastroenterology will rejoin the Match in January 2006 for positions to begin in July 2007.

The Road Ahead

Gastroenterology training programs will rejoin the Match in January 2006, for positions to begin July 1, 2007. Applicants and programs can defer interviewing until January - April 2006, giving time for applicants to complete gastroenterology electives, conduct research and secure letters of recommendation. Training programs will receive information from the NRMP regarding enrollment later this year. The preferred schedule for applying and interviewing is as follows:

<table>
<thead>
<tr>
<th>December 2005 – January 2006</th>
<th>Application and accompanying materials are submitted to GI fellowship programs for positions beginning July 1, 2007</th>
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</thead>
<tbody>
<tr>
<td>January 2006</td>
<td>National Residency Matching Program (NRMP) Specialty Matching Services (SMS) opens on-line enrollment for GI programs and fellowship applicants</td>
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<tr>
<td>January – April 2006</td>
<td>Programs interview fellowship applicants</td>
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<td>Mid-April 2006*</td>
<td>Rank order list opens</td>
</tr>
<tr>
<td>Early June 2006*</td>
<td>Rank order list closes (due to NRMP from programs and applicants)</td>
</tr>
<tr>
<td>Late June 2006*</td>
<td>Applicants and programs are notified of Match results for positions to begin July 2007</td>
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* Revised timeline
AGA LAUNCHES
NEW COMMUNICATIONS VEHICLES

A weekly e-mail newsletter provides members with the latest news affecting the science and practice of gastroenterology.

Monthly e-mails from the AGA President keep members up to date on issues facing the organization.

AGA Perspectives is a bi-monthly opinion magazine written by members, for members.

A new Web site helps members find useful information fast.
“The JSGE-AGA conference was very comprehensive, a fantastic learning and exchange opportunity and also gave me the possibility to meet American and Japanese trainees who share my passion for hepatology.” — Simona Jakab, MD
Hepatology Fellow, Thomas Jefferson University Hospital, Philadelphia
In the past year, the AGA has broadened and enhanced its educational offerings to meet the diverse and evolving needs of GI practitioners, clinicians and researchers. On target with the new strategic plan, the AGA has offered members and their staff year-round, up-to-date and relevant educational offerings to continue advancing the field of gastroenterology.

DDW 2005 in Chicago drew record attendance of more than 16,000 medical professionals from around the world. DDW is hailed as the largest gathering of physicians and researchers in gastroenterology. Highlights from the meeting included 37 AGA clinical symposia and AGA's late-breaking abstracts that addressed disease management for Crohn's, treatment regimens for people with acid-reflux and effects of painkillers on the upper GI tract. The world's leading domestic and international media outlets, including The Wall Street Journal, Chicago Tribune, Medicament News (Japan) and Chinese Medical Tribune covered news from the meeting.

Nearly 3,500 GI practitioners, clinicians and trainees attended the Spring Postgraduate Course, “Difficult Clinical Issues in Gastroenterology: Practical Advice and Its Scientific Basis.” The two-day, multi-topic course examined the science underlying the common, yet difficult, digestive disorders to formulate sensible patient management strategies. Course director Dr. Stuart Spechler and co-directors Drs. Cynthia Yoshida and Kris Kowdley helped lead the sessions that focused on virtual colonoscopy, IBD and hepatitis, among other gastroenterological disorders.

The AGA offered educational opportunities throughout the year. The year-round offerings included an online version of the symposium “IBD 2005: Interactive Updates with the Experts,” which addressed major issues associated with IBD therapy; the “Symposium
In the coming year, the AGA will hold the inaugural Clinical Congress, developed to provide clinicians with practical solutions to improve the way they care for patients and approach treatment challenges. The Congress will be held Dec. 11, 2005, in Hollywood, FL and will be led by Drs. Stephen Hanauer and William Chey.

The three-day program focuses on practical, immediately applicable solutions for some of the most pressing treatment challenges, and will be delivered by top experts and thought leaders in gastroenterology, hepatology and practice management. A program highlight is the interactive course directed by Dr. Don Rockey that addresses computerized tomographic colonography’s place in preventing and detecting colorectal cancer. The Congress also features the latest information on a broad range of “hot topics,” including Barrett’s esophagus, Crohn’s disease, colon cancer and more.

Several other new programs to expand the AGA’s educational offerings and provide new cutting-edge scientific and clinical programs are underway. Highlights include upcoming symposia on:

- Host-microbial interactions in digestive health and disease
- Stem cells in GI development, regeneration and neoplasia
- Consensus summits/conferences on hepatitis B, NSAID risk and IBD biologics

Additionally, in 2005 the AGA will offer CME for both reviewers and readers through its journals, Gastroenterology and Clinical Gastroenterology and Hepatology.
AGA MEMBERSHIP

AGA Membership Growth Over the Past Five Years

AGA Members by Type

- Full Members - 66%
- International Members - 15%
- Trainee Members - 8%
- International Trainees - 1%
- Practice Managers - 3%
- Mid-Level Providers - 2%
- International Affiliates - 0.5%
- Affiliates - 0.5%
- Senior Members - 4%
“The commitment shown by the AGA and Asociación Mexicana de Gastroenterología to support gastroenterology research in developing nations is now influencing the lives of young investigators around the world. I am proud that the ideals and legacy of the late Dr. Jon Isenberg will remain for future generations.”

— M. Arturo Ballesteros Amozurrutia, MD
Gastroenterologist, Hospital Angeles del Pedregal, Mexico
GA members hail from more than 90 countries. Every year, approximately half of DDW attendees take international flights to attend the meeting and the majority of manuscripts submitted to the AGA journal *Gastroenterology* come from colleagues working outside the U.S. Without question, the science and practice of gastroenterology is a worldwide enterprise.

Though based in the U.S., the AGA worked to build lasting relationships with physicians and GI societies around the world. In 2005, the AGA held the third-annual AGA International Leadership Colloquium with GI leaders from around the world. The meeting in Chicago brought representatives from Japan, Turkey, England, Singapore, Malaysia, Spain, Thailand, Ireland, New Zealand, Egypt, Chile and Mexico, as well as the United European Gastroenterology Federation (UEGF) and the World Gastroenterology Organisation (OMGE). The societies and organizations discussed ways to complement each other’s work and formalize exchanges for training in clinical medicine and research.

Fellowships fostered research exchange between U.S. institutions and international fellows.

- The International Research Fellowships in GI Inflammation and Immunology provides $200,000 over two years for four researchers from outside the U.S. to conduct research in a U.S. institution. In 2005, researchers from Ireland and Korea received funding through this program. Two more awards remain in 2006.
- The International Young Investigators Scholar Awards provides 12 awards at $25,000 each, which are matched by the recipients’ home country societies. Named in honor of the late Jon Isenberg, MD, an AGA past president, the awards in 2005 went to one scholar from Romania, one from Israel and two from Mexico and will enable them to come to the U.S. to conduct research.
Educational sessions with international partners and translations of educational materials extend AGA’s reach beyond the U.S.

**Joint Meetings**
- **AGA/Sociedad Española de Patología Digestiva (SEPD)**
  June 2004 – Marabellla
  LXIII Congreso Anual de la Sociedad Española de Patología Digestiva
- **AGA/Asociación Mexicana de Gastroenterología (AMG)**
  August 2004 – Mexico City
  ECOS Internacionales
  November 2004 – Acapulco
  Semana Nacional de Gastroenterología
- **AGA/British Society of Gastroenterology (BSG)**
  September 2004 – Oxford
  AGA-BSG Research Meeting: Pathogenesis of Intestinal Inflammation
- **AGA/Israeli Gastroenterological Association (IGA)**
  January 2005 – Dead Sea
  Advances and New Trends in Gastroenterology and Hepatology
- **AGA/Portuguese Society of Gastroenterology (PSG)**
  March 2005 – Porto
  Therapeutic Advances in Gastrointestinal and Liver Diseases
- **AGA/Japanese Society of Gastroenterology (JSGE)**
  December 2004 – Washington, DC
  Endoscopic Imaging and Therapy at the Cutting Edge
  April 2005 – Tokyo
  Hepatitis C: Clinic-Basic Interface (21 fellow exchanges)
- **AGA/GRG International Gastroenterology Workshop**
  November 2004 – Kanagawa, Japan
The AGA plans to build on the strong foundation of international collaboration to date, and expand our friendly relations with international societies to help benefit gastroenterologists throughout the world. Focus will be given to providing international members and the international gastroenterology community with relevant and meaningful services, offering training and research opportunities in the U.S. to young international thought leaders and facilitating the flow of scientific and clinical information developed and published by the AGA to the international community.

Translations

The AGA distributes translations of our educational materials around the world — in the past year, materials have been translated into Spanish, Portuguese, Italian, Polish, German and French. The AGA also now publishes a Turkish translation of the premier AGA journal, Gastroenterology. In addition, several AGA sessions at DDW were recorded, including the “Clinical Plenary Session” and “Late-Breaking Abstracts,” and will be translated into multiple languages to be made available on the AGA Web site via Webcasts, as well as on CD-ROMs.
“It is a great honor to be selected as a recipient of an AGA Research Scholar Award. Funding from this award will provide me with the necessary protected time in order to enhance my expertise in the area of translational pancreatic cancer research.” — Sushovan Guha, MD, PhD
Assistant Professor at the University of Texas M.D. Anderson Cancer Research Center
(See page 28 for more information on Dr. Guha.)
Recently, the AGA revised its Ten-Year Research Plan — an action plan to address gastroenterology’s research priorities. The plan recognizes that the best investment in tomorrow’s practice of gastroenterology is an investment in the next generation of investigators — those individuals who will move digestive disease research forward in the 21st Century. Funding these investigators is the primary goal of the AGA Foundation for Digestive Health and Nutrition (FDHN).

The work of the AGA Foundation is a cornerstone of the AGA’s effort to expand digestive disease research funding. The Foundation’s ultimate mission is to improve digestive health through the financial support of research and education in the cause, prevention, diagnosis, treatment and cure of digestive and liver diseases. The Foundation serves patients, physicians, scientists and other health care professionals nationwide by funding research and public education programs on critical digestive health concerns.

The Foundation is grateful to the many AGA members, patients and charitable foundations that make contributions. Complementing these gifts, TAP Pharmaceutical Products, Inc. in Spring 2005 provided the Foundation with the single largest research gift in the history of the AGA. The $5 million gift will be used to support vibrant, imaginative and productive young researchers. TAP has a long history of generous support of the AGA and its Foundation.

In 2004, the Foundation invested approximately $2.4 million in research on digestive diseases. The Foundation’s most important research funding mechanisms are Research Scholar Awards and Fellowship to Faculty Transition Awards. These awards vigorously support the career development of young physician-scientists in digestive diseases. In addition, the Foundation funds a number of disease-specific grants available to junior- and senior-level gastroenterology researchers. The Foundation also offers a number of awards to high school, college and medical students to encourage interest in digestive disease research.

The Foundation also plays an important role in disseminating information about digestive diseases through the bi-monthly magazine Digestive Health & Nutrition, which is mailed to thousands of subscribers and distributed freely to gastroenterology patients through AGA physician offices. The Foundation distributes health information for patients, the public and health care providers to improve the understanding of digestive diseases such as colon cancer and functional bowel diseases.
Mentors Research Scholar Awards Campaigns Honor Icons of the Field, Support Research

In 2004 and 2005, the AGA Foundation recognized 43 AGA members for their contributions to gastroenterology, and in particular their outstanding service as mentors to generations of young physicians. Two prestigious Mentors Research Scholar Awards were established in the names of the 43 honorees. These awards were funded by the trainees and colleagues of the honorees in a worldwide effort to increase available funding for gastroenterology research.

The 2004 Mentors Research Scholar Award was presented to Dr. Sushovan Guha. Dr. Guha is an Assistant Professor at the University of Texas M.D. Anderson Cancer Research Center. Dr. Guha’s research, entitled Synergy Between Neurotensin and EGF in Promoting Mitogenic Signaling and Cellular Proliferation of Human Pancreatic Cancer is focused on understanding a critical aspect of the growth-promoting potential of the pancreatic cancer cells. His ultimate goal is to engineer non-toxic drug regimes for pancreatic cancer sufferers. The 2004 Award was named in honor of Drs. James Achord, David Alpers, John Benson, John Farrar, John Galambos, Norton Greenberger, Basil Hirschowitz, Alan Hofmann, Walter Hogan, Peter Holt, Frank Iber, Kurt Isselbacher, Eugene Jacobson, Joseph Kirsner, James McGuigan, Sidney Phillips, Rudi Schmid, Marvin Sleisenger, Konrad Soergel, Howard Spiro and the late Jon Isenberg.

The 2005 Mentors Research Scholar Award was presented to Dr. Elyanne Ratcliffe, for her project entitled, Roles of Guidance Molecules in the Innervation of the Developing Gut by Extrinsic Nerves. The 2005 award was named in honor of Drs. Irwin M. Arias, Donald O. Castell, James Chris-

The 2004 Mentor Honorees
Top Row: Drs. David Alpers, Marvin Sleisenger, Alan Hofmann

The 2005 Mentor Honorees
Front Row: Drs. Robert K. Ockner, Jackie D. Wood, Robert G. Strickland, Gabriel Makhlouf, Gary L. Gitnick, Ralph A. Giannella
Back Row: Drs. Donald O. Castell, James W. Freston, James Christensen, Emmet B. Keeffe, Clifford S. Melnyk, Don W. Powell, Jerry D. Gardner
2005 AGA Recognition Award Recipients

AGA Julius Friedenwald Medal for Distinguished Service — The highest honor the AGA bestows upon a member, the Julius Friedenwald Medal recognizes a physician for life-long service to the field of gastroenterology.
• Ralph A. Giannella, MD
  University of Cincinnati

AGA Distinguished Achievement Award
• Henry J. Binder, MD
  Yale University

AGA Distinguished Clinician Awards
• George F. Longstreth, MD
  Kaiser Permanente Medical Center
• Simmy Bank, MD
  Long Island Jewish Medical Center

AGA Distinguished Educator Award
• John P. Cello, MD
  San Francisco General Hospital

AGA Distinguished Mentor Award
• Nicholas J. LaRusso, MD
  Mayo Clinic College of Medicine

Fiterman Clinical Research in Gastroenterology (Kirsner) or Hepatology/Nutrition (Butt) Awards
• Alan Buchman, MD
  Feinberg School of Medicine, Northwestern University
• Douglas Drossman, MD
  University of North Carolina

2005 Research Award Recipients

AGA/Astra-Zeneca Fellowship/ Faculty Transition Awards
• Wolfram Goessling, MD, PhD
  Massachusetts General Hospital
• Gregory Harmon, MD
  University of California, San Diego
• Mei Chris Huang, MD, PhD
  Washington University School of Medicine
• Mark Osterman, MD
  University of Pennsylvania School of Medicine

AGA/Bristol-Myers Squibb Research Scholar Award in Liver Diseases
• Martha Harding, DVM, PhD
  Yale University School of Medicine

AGA/Centocor Excellence in IBD Clinical Research Fellowships
• Brian Bressler, MD
  Massachusetts General Hospital
• Laura Harrell, MD
  University of Chicago
• Eric Shen, MD
  UMDNJ- Robert Wood Johnson Medical School
• Miles Sparrow, MD
  University of Chicago Hospitals
• Truc Trinh, MD
  University of Virginia

AGA/Elsevier Research Initiative Award
• Shanthi Sitaraman, MD, PhD
  Emory University

AGA/Eucalyptus Foundation Research Scholar Award
• Sarah Glover, DO
  University of Illinois at Chicago

AGA Funderburg Research Scholar Award in Gastric Biology Related to Cancer
• JeanMarie Houghton, MD, PhD
  University of Massachusetts Medical School

AGA/Jon I. Isenberg International Scholar Awards (Funded by GlaxoSmithKline, and co-funded by the Asociación Mexicana de Gastroenterologia, the Israeli GI Society and the Romanian Surgical Society.)
• Revital Kariv, MD
  Case Western Reserve University
• Jose Remes-Troche, MD
  University of Iowa
  Carver College of Medicine
• Jesus Yamamoto-Furusho, MD, PhD
  Massachusetts General Hospital
• Narcis Zarnescu, MD
  University of Pittsburgh
AGA/June and Donald O. Castell, MD,
Esophageal Clinical Research Award
• Braden Kuo, MD
  Massachusetts General Hospital
AGA Mentors Research Scholar Award
• Elyanne Ratcliffe, MD
  Columbia University
AGA/Miles & Shirley Fiterman
Foundation Basic Research Awards
• Meena Bansal, MD
  Mount Sinai School of Medicine
• Christian Jobin, PhD
  University of North Carolina
AGA/TAP Outcomes Research Awards
• Neena Abraham, MD
  Baylor College of Medicine & Michael
  E. DeBakey VAMC
• Brennan Spiegel, MD, MSHS
  VA Greater Los Angeles Healthcare
  System/UCLA
AGA Research Scholar Awards
• Michael Choi, MD
  Massachusetts General Hospital
• Ariel Feldstein, MD
  The Cleveland Clinic Foundation
• Noah Shroyer, PhD
  Baylor College of Medicine
Moti L. and Kamla Rustgi International
Travel Awards
• Albert Bredenoord, MD
  University Medical Center Utrecht,
  Netherlands
• Charles Murray
  St. Mark’s Hospital, UK
AGA Student Research Fellowships
• Alexandra Berger
  University of California, Los Angeles
• Kevin Carroll
  Oregon Health & Science University
• Jonathan Chang
  University of Chicago
• Jennifer Coleclough
  University of Pennsylvania
• Sean Crawford
  Washington University
  School of Medicine
• Nicholas Dalessandro
  Pennsylvania State University,
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• Laura Hallett
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  Harvard Medical School
• Paul Hanavan
  Boston University School of Medicine
• Wojin Kim
  Rhode Island Hospital
• Ang Li
  Univ. of Texas Southwestern
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  Medical College of Wisconsin
• Rex Pillai
  Massachusetts General Hospital &
  Harvard Medical School
• Mizeal Quinones
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  Center/Dallas VA
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  Yale University School of Medicine
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• Yong Zhou
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Physician Volunteers Lead Foundation Regional Program

More than 80 AGA member-physicians serve on 15 FDHN Regional Advisory Boards across the country. Advisory Board members are dedicated to raising funds to help advance the science and practice of gastroenterology. By telling patients, colleagues and friends about the work of the Foundation, these volunteer leaders make it possible for Foundation staff to help individuals make gifts in support of critical funding priorities. During 2004-2005, regional volunteers helped make it possible for donors to create new Research Scholar Awards to fund cutting-edge research in critical areas of gastroenterology, while at the same time cultivating the research careers of gifted young investigators. Since 1984, AGA Foundations have presented research awards — valued at more than $20 million — to nearly 300 individuals.

Damian H. Augustyn, MD

Damian H. Augustyn, MD, the secretary/treasurer-elect of the AGA, serves as a member of the San Francisco Advisory Board of the AGA Foundation. Through his efforts, the family foundation of one of his patients agreed in 2004 to contribute $225,000 to FDHN to fund a Research Scholar Award to study the causes, prevention and cure of gastrointestinal cancers. According to Dr. Augustyn, his patient is someone “who always has been very interested in the science that underlies clinical medicine. When she heard about the need to support researchers in the study of gastrointestinal diseases, especially gastrointestinal cancers, she immediately suggested FDHN apply to her foundation for support. We are thrilled that her family foundation enthusiastically supported our request for an educational grant.” This year, that grant resulted in a three-year research scholar award being awarded to Dr. Sarah Camille Glover of The University of Illinois at Chicago.

Jeffrey M. Aron, MD

Jeffrey M. Aron, MD, is a member of the San Francisco Advisory Board of the AGA Foundation. Through gifts of time, funding and expertise, board members such as Dr. Aron help fund world-class research and education programs that improve the understanding and treatment of digestive diseases. Since 2004, he personally has informed patients and friends about the work of the Foundation, inspiring five of them to make generous gifts of their own. A practicing gastroenterologist in San Francisco for 32 years, he is currently an attending physician in the Division of Gastroenterology at California Pacific Medical Center, and was recently appointed director of its Center for Inflammatory Bowel Diseases. Having lectured and taught at major national and international conferences, contributed to many scientific publications, and co-authored Gut-Check: Your Prime Source for Bowel Health and Colon Cancer Prevention (along with his wife Harriette), Dr. Aron highly values the educational and research contributions of the AGA Foundation — which he so generously helps to lead.
David Roseman, MD

A member of the San Diego Advisory Board of the AGA Foundation, David Roseman, MD, is a highly-respected gastroenterologist who has been in private practice in La Jolla, California, for more than 34 years. This year, family members of a former patient of Dr. Roseman established the Bernard L. Schwartz Research Scholar Award in Pancreatic Cancer to honor their husband and father. Mr. Schwartz was a gifted businessman and distinguished portrait photographer who exhibited in New York, London and other world capitals. “People in the community have to realize — and most of them do — that in order to guarantee top-flight medical care for themselves, they also have to contribute to it ... and doctors have to realize that their responsibility is to help with the fundraising,” says Dr. Roseman. In thanking Dr. Roseman for his leadership, FDHN executive vice president Carol Dreher noted, “This gift illustrates that contributions can be arranged successfully and sensitively with respect to the doctor-patient relationship.”

Stephen J. Pandol, MD

Stephen J. Pandol, MD, is chair of the Los Angeles Advisory Board of the AGA Foundation for Digestive Health and Nutrition. For more than 20 years, he has investigated the underlying causes of pancreatitis and pancreatic cancer and is considered one of the leading researchers in the field. This year, a former patient of his joined with other family members to establish a three-year Research Scholar Award in the field of pancreatitis. This first-ever AGA grant dedicated to pancreatitis will be awarded in 2006 to an outstanding young investigator selected in a rigorous national competition. “This is a global research business,” notes Dr. Pandol, “and to solve these diseases we have to network. I’ve been impressed by the Foundation’s ability to find the most creative and bright people who can work on pancreatitis and pancreatic cancer.” The prospect of supporting research that will lead to further breakthroughs is what keeps Dr. Pandol involved with the Foundation despite a hectic schedule and the need to seek resources for his own work. The Foundation gratefully honors the dedication and generosity of Dr. Pandol and his fellow physician volunteers.
The AGA Foundation gratefully recognizes the following individuals and family foundations whose cumulative gifts and pledges as of April 15, 2005, are listed below.

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June and Donald O. Castell, MD Trust 
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**$50,000**
Schering-Plough Foundation

The Foundation regrets that space does not permit listing the more than 645 donors who made gifts of less than $1,000. All gifts are gratefully valued and each gift makes an important difference. The Foundation sincerely regrets any omission.
The AGA committee structure enables volunteer members to play an active role in the association’s decision-making process. Each committee is assigned a mission and set of responsibilities associated with a particular area within the association. All committees are called upon by the AGA Governing Board to evaluate and make recommendations regarding matters under their purview. We would like to acknowledge the following 2004-2005 committee members for their dedication and hard work:

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