AGA Guideline Identifies Major Risk Factors in Development of CRC in IBD Patients

Certain patients with IBD, both ulcerative colitis and Crohn's disease of the colon, have an increased risk of developing colorectal cancer (CRC) compared to individuals without IBD. A number of factors contribute to the increase in risk, which necessitates an individualized and sensible approach to surveillance in patients, according to a new AGA Medical Position Statement and technical review published in Gastroenterology.

Propofol Can Be Safely Administered by Trained Professional
Screening & Early Treatment of Migrants for Hep B Is Cost Effective
Gastric Banding Increases Excess Weight Loss
Mucosal Healing Predicts Sustained Clinical Remission in Crohn's
Applications for DDW® Travel Grants Due Soon

The increased risk of developing colorectal cancer in certain patients with IBD prompted the AGA to look at current diagnosis and management protocols to ensure that our patients are receiving the highest level of treatment, according to Francis A. Farraye, MD, AGAF, primary author of the manuscript. The recommendations we developed will help guide gastroenterologists to identify high-risk individuals and develop surveillance plans based on each patient's unique situation.

While IBD is relatively rare in the general population, it remains one of the three high-risk conditions predisposing patients to CRC, along with Lynch syndrome and familial adenomatous polyposis. Although certain patients with IBD have an increased risk of developing CRC, there is evidence that the risk of developing cancer has decreased over the past several decades, stated senior author Steven Itzkowitz, MD, AGAF.

To develop the guidelines, a set of 10 broad questions were identified by experts in the field to encapsulate the most common management questions faced by clinicians. The guidelines were developed through interaction among the authors, the AGA Institute, the Clinical Practice and Quality Management Committee, and representatives from the AGA Institute Council.
Propofol is an effective sedative in advanced endoscopy; however, the incidence of sedation-related complications is unclear. Doctors sought to define the frequency of sedation-related adverse events, particularly the rate of airway modifications (AMs), with propofol use during advanced endoscopy. They also evaluated independent predictors of AMs. Propofol can be used safely for advanced endoscopic procedures when administered by a trained professional, according to findings.

The conclusions of the technical review and medical position statement were based on the best available evidence, or in the absence of quality evidence, the expert opinions of the authors and medical position panel convened to critique the technical review and structure the medical position statement. The technical review and the medical position statement together represent the guideline.

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**CGH Image of the Month**

**Massive Cerebral Air Embolism During EGD**

Marco Vinetti, Sophie De Roock, Philippe Hantson

After an unsuccessful Mason vertical gastroplasty for morbid obesity, a 46-year-old woman underwent a bilio-pancreatic diversion. On the seventh post-operative day, the patient developed a gastric fistula that got infected and needed multiple hospital stays for surgical correction during the following months.

Because of these complications, she underwent an esophagogastroduodenoscopy for the placement of a gastric endoprosthesis. During the procedure, there was a sudden fall in oxygen saturation detected by the pulse oximeter. The patient lost consciousness and immediately presented decortication posture. After orotracheal intubation, she was examined by a brain CT scan that revealed massive cerebral air embolism mostly affecting the right hemisphere (figure).

Read more.

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**RESEARCH**

**Propofol Can Be Safely Administered by Trained Professional**

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published in Clinical Gastroenterology and Hepatology. Independent predictors of AMs included male sex, American Society of Anesthesiologists class of three or higher, and increased body mass index.

Clinical Gastroenterology and Hepatology; 2010: 8(2):103-104

Screening & Early Treatment of Migrants for Hep B Is Cost Effective

Patients with chronic hepatitis B virus (HBV) infection are at risk of developing cirrhosis and hepatocellular carcinoma. Early detection of chronic HBV infection through screening and treatment of eligible patients has the potential to prevent these sequelae. Data appearing in Gastroenterology suggests that early detection and treatment of people with HBV infection can have a large impact on liver-related health outcomes. Systematic screening for chronic HBV infection among migrants is likely to be cost effective, even using low estimates for HBV prevalence, participation, referral and treatment compliance.

Gastroenterology; 2010: 138(2): 522-30

Gastric Banding Increases Excess Weight Loss

Doctors from Australia compared the outcomes of gastric banding with an optimal lifestyle program on adolescent obesity. They found that among obese adolescent participants, use of gastric banding compared with lifestyle intervention resulted in a loss of 50 percent of excess weight, corrected for age. There were also associated benefits to health and quality of life, according to the study results, published in the Journal of American Medical Association.


Mucosal Healing Predicts Sustained Clinical Remission in Crohn's

Few prospective data are available to support the clinical relevance of mucosal healing in patients with Crohn's disease. According to a study published in Gastroenterology, complete mucosal healing in patients with early-stage Crohn's disease is associated with significantly higher steroid-free remission rates four years after therapy began.

Gastroenterology; 2010: 138(2): 463-68

Crohn's Resources

In "IBD Self-Management: The AGA Guide to Crohn's Disease and Ulcerative Colitis," your patients will learn how to cope with flares, get the nutrition they need, and understand their medications and surgical options.

Pre-order your copy today. Book will ship March 1, 2010.

Applications for DDW® Travel Grants Due Soon

DDW® abstract acceptance notifications were sent via e-mail on Feb.
15. Authors whose abstracts were accepted for presentation may be eligible for a grant to cover part of their travel to the meeting.

Applications are due Feb. 19 for:

**Fellow Abstract Prizes**: three awards of $1,000 each will be given to fellows who have submitted abstracts chosen to be presented during DDW.

**Moti L. & Kamla Rustgi International Travel Awards**: this program awards grants to young basic, translational and clinical investigators to support their travel and related expenses to attend DDW. Two awards of $500 each will be given to selected individuals residing outside North America.

Applications are due Feb. 22 for:

**Student Abstract Prizes**: eight travel awards of $500 each will be given to high school, college, graduate or medical students who have submitted abstracts chosen by the AGA to be presented during DDW. The three best student abstracts submitted will receive a $1,000 prize. Prize recipients will be acknowledged at the NIH PhD Investigators Research Symposium during DDW.

Visit the AGA Foundation for Digestive Health and Nutrition at www.fdhn.org to learn more and apply.

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**POLICY**

**HHS Announces Nearly $1 Billion in HIT Grant Awards**

HHS Secretary Kathleen Sebelius and Labor Secretary Hilda Solis announced a total of nearly $1 billion in Recovery Act awards to help health-care providers advance the adoption and meaningful use of health information technology (HIT) and train workers for the health-care jobs of the future. The awards will help make HIT available to more than 100,000 hospitals and primary-care physicians by 2014, and train thousands of people for careers in health care and information technology. This investment will help grow the emerging HIT industry, which is expected to support tens of thousands of jobs.

The more than $750 million in HHS grant awards are part of a federal initiative to build capacity to enable widespread meaningful use of HIT. This assistance will facilitate health-care providers' efforts to adopt and use electronic health records in a meaningful manner that has the potential to improve the quality and efficiency of health care for all Americans. A total of $386 million will go to 40 states and qualified state-designated entities to facilitate health information exchange (HIE), while $375 million will go to 32 non-profit organizations to support the development of regional extension centers (RECs) that will aid health professionals as they work to implement and use HIT; additional HIE and REC awards will be announced in the near future.

The more than $225 million in Department of Labor grant awards will be used to train 15,000 people in job skills needed to access careers in
health care, IT and other high-growth fields. Through existing partnerships with local employers, the recipients of these grants have already identified roughly 10,000 job openings for skilled workers that will likely become available in the next two years. The grants will fund 55 separate training programs in 30 states to help train people for secure, well-paid health jobs and meet the growing employment demand for health workers.

These awards are part of a $100 billion investment in science, innovation and technology the administration is making through the Recovery Act to spur domestic job creation in growing industries and lay a long-term foundation for economic growth. In addition, the HIT extension centers are expected to hire more than 3,000 technology workers nationwide in the months ahead. The administration investments in HIT and training will help significantly expand an emerging industry expected to support tens of thousands of secure, well-paid jobs nationwide.

View a complete listing of the state HIE, REC and job training grant recipients.

Learn more about other HIT programs funded through the American Recovery and Reinvestment Act of 2009, and read additional information about Health Care/High Growth Grants and other DOL training programs.

For more information about the Recovery Act, please visit:

www.hhs.gov/recovery.
www.dol.gov/recovery.
www.recovery.gov.

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Donâ€™t Leave Money on the Table — Choose & Implement Your EMR Today

Special member-only stimulus pricing — save more than 35 percent on the "EMR Field Guide for Gastroenterology." Find step-by-step instructions for selecting and implementing an EMR. This book is a "must have" for every GI practice.

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**CLINICAL PRACTICE**

**Receive FDA Drug Alerts by E-Mail**

Currently, most U.S. physicians receive emergent product-related patient safety notices by mail. These notices may not reach you for one or two weeks after their release. Despite this lag time, physicians are responsible for relaying information in the notices to their patients. By signing up for the Health Care Notification Network (HCNN) and receiving FDA-required alerts through e-mail as soon as they are announced, you will significantly improve patient safety and decrease your liability. Currently, HCNN is the only service that fulfills new FDA guidelines for electronic communication of patient safety notices.

**How does HCNN work?**

HCNN is free to all licensed U.S. physicians and is solely used for delivering patient safety alerts regarding drug and medical device
recalls via e-mail. Governed by the iHealth Alliance, HCNN ensures the most rapid and effective delivery of important patient safety alerts. Based upon the selection criteria you set, you will only receive those FDA-required product and drug alerts that are relevant to your practice.

**What are the benefits?**
No longer will you have to wait to receive late-breaking, FDA-required alerts through the mail. You can also add up to three additional staff members to your account, ensuring the information is received when you are away from your desk. If you do not open an HCNN e-mail alert within 72 hours of delivery, a traditional paper-based alert will be sent via mail, typically arriving a week or more after initial online notification from the HCNN. In addition, with the recent merger of HCNN and the Physicians' Desk Reference, the leading provider of pharmaceutical information to physicians in book form and online, you have access to complete end-to-end service from a single credible network.

**Sign up today.**
Don’t wait any longer to start receiving FDA-mandated drug alerts instantly in your inbox. Visit the AGA Institute/HCNN Web site to complete the short registration process.

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### EDUCATION & TRAINING

**2010 Clinical Congress Sessions Released**

General sessions from the 2010 AGA Clinical Congress of Gastroenterology and Hepatology, *Managing GI Conditions: Integrating Scientific Evidence with Clinical Experience*, are now available online. Whether you missed the congress or would like to refresh your knowledge, you can view most of the general sessions. Each session will include audio with corresponding slides and each bundle of sessions will offer up to 1.75 *AMA PRA Category 1 Credits* each week.

Recently released sessions include:

- Biologic Therapies in IBD: Who Should be Treated and When?
- An Approach to the Management of Refractory Ulcerative Colitis.
- Fistulas and Pouchitis.
- Recent Advances in the Etiology and Treatment of Crohn’s Disease.

In addition to the online sessions, the 2010 AGA Clinical Congress syllabus is also available. The syllabus includes the slides for the general sessions as well as the breakout sessions.

**View the online sessions and order the congress syllabus.**

This activity has been approved for *AMA PRA Category 1 Credits*.

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### GTE® Registration Deadline Approaching

**Deadline: Monday, March 1, 2010**

2010 AGA Gastroenterology Training Exam (GTE®)
Exam Testing Window: **April 1-15, 2010**

For more information about exam administration, and to register your fellows, visit [www.gastro.org/GTE](http://www.gastro.org/GTE).

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**Postgraduate Course To Address What’s On the Horizon for Diagnosis & Treatment**

This year’s Spring Postgraduate Course, *Managing Digestive Diseases in the Next Decade: Controversies and New Developments*, will be held May 1 and 2 at the Ernest N. Morial Convention Center in New Orleans, LA. The two-day course will address what’s on the horizon for the diagnosis and treatment of digestive diseases and how these latest advances can be incorporated into practice. This year’s course is led by course director, Sheila E. Crowe, MD, AGAF, and course co-directors, Jorge A. Marrero, MD, MS, and Bruce E. Sands, MD, AGAF. Attendees can earn up to 15 *AMA PRA Category 1 Credits.*

The course features 60 internationally recognized experts who will provide fresh perspectives on how to best manage complex clinical cases, address challenging diagnostic dilemmas, and offer the best options for treating common GI and liver disorders.

One of the areas where participants will receive the latest advancements is in liver. Specifically, participants will receive current information on the approach and treatment of patients with fatty liver, viral hepatitis, liver cancer, portal hypertension and other liver diseases that will immediately impact every day clinical practice, said Dr. Marrero.

Attendees will also take away the best clinical research within five other areas of the field, including:

- Upper GI disorders.
- Inflammatory intestinal disorders.
- Functional diseases.
- Pancreatobiliary disease.
- New frontiers in digestive diseases.

Registrants may attend the small-group luncheon breakouts and the clinical challenge sessions to examine topics of interest in greater detail. The clinical challenge sessions, in particular, offer a unique opportunity to hear the experts discuss their different views on the most appropriate approaches to complex cases involving IBD, functional bowel disease, colonoscopy, nutrition, portal hypertension and more.

Register by April 2 to take advantage of a $75 early bird discount. Advanced registration is encouraged. For complete course information and to register, visit [www.gilearn.org/pgcourse](http://www.gilearn.org/pgcourse).

This activity has been approved for *AMA PRA Category 1 Credit(s).*

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**2010 Spring Postgraduate Course Resources**

Pre-order by April 2 and save on valuable reference tools.

- Course CD-ROM
- Online Sessions Subscription
ANNOUNCEMENTS

Safety Alert: Maalox Medication Use Errors

FDA notified consumers and health-care professionals about reports of serious medication errors involving consumers who used Maalox Total Relief when they had intended to use a Maalox liquid antacid product. Maalox Total Relief and the traditional Maalox products are both liquid medications available without a prescription, but are not interchangeable and are intended to treat different medical conditions. Maalox Total Relief is an upset stomach reliever and anti-diarrheal medication, while traditional Maalox liquid products, Maalox Advanced Regular Strength and Maalox Advanced Maximum Strength are antacids.

Maalox Total Relief is not appropriate for individuals who want to use an antacid, since it contains the active ingredient bismuth subsalicylate, which is chemically related to aspirin and may cause serious adverse effects such as bleeding. Maalox Total Relief should not be used in people who have or have a history of gastrointestinal ulcers or a bleeding disorder. It also should not be taken by children and teens if they are recovering from a viral infection, nor by individuals who are taking certain medications including: oral anti-diabetic drugs, anti-coagulation drugs such as warfarin (Coumadin) and clopidogrel (Plavix), NSAIDS, and other anti-inflammatory drugs.

AGA Annual Election for Councillors & Nominating Committee

Next month, members will be asked to vote in AGA’s 2010 elections. You are strongly encouraged to participate in this important activity.

The election, March 12 through April 11, will provide voting members the opportunity to vote for AGA councillors and for the elected members of the 2010 to 2011 AGA Nominating Committee. Members without e-mail addresses will receive a paper ballot. Those with e-mail addresses will receive, via e-mail, a link to AGA’s voting Web site.

PUBLICATIONS

Request for Applications — Gastroenterology Editor-in-Chief

The AGA is now accepting applications for the editor-in-chief position of its flagship journal, Gastroenterology. Gastroenterology is the leading journal in the field of digestive disease and is in the top 1 percent of all biomedical journals.
The AGA welcomes applications from domestic and international candidates with an outstanding record of scientific achievement. Candidates must be board-certified in gastroenterology, and past experience on a journal editorial board is desirable. This exciting and challenging position requires an energetic and passionate individual to direct the intellectual content of the journal, ensuring its quality and relevancy to basic scientists, clinical investigators and practicing physicians. To keep pace with the rapidly evolving field of medical publishing, candidates must be forward-thinking, creative and open to change.

In cooperation with AGA staff, the editor-in-chief will help maintain Gastroenterology’s fiscal integrity and physical appearance, evaluate its online presence, suggest and consider business opportunities, and develop peer-review and publishing ethics policies.

To request additional details about the position, contact Erin Dubnansky at edubnansky@gastro.org or 301-941-2614.

DDW® Abstract Supplement to Gastroenterology Will Be Online Only

Each year, subscribers to Gastroenterology receive access to all AASLD, AGA and SSAT abstracts* accepted for presentation at DDW® as a supplement to the May issue. Beginning this year, the abstract supplement will be available online only. The May issue of Gastroenterology will include instructions for online access.

Abstracts will not be printed, nor will they be available on CD. Although they will be available on the Internet only, they will still be published by Gastroenterology, and are therefore citable.

DDW will still produce the Abstracts On Disk CD onsite, which includes all accepted abstracts, including those accepted by ASGE. You must attend DDW to receive a copy of this disk.

Look for further information in the May issue of Gastroenterology.

*ASGE abstracts are published in a supplement to GIE: Gastrointestinal Endoscopy.

Call for Papers on Clinical Trials: Gastroenterology

Gastroenterology is committed to advancing clinical practice in the field of digestive disease. Recognizing that clinical trials generally have the greatest impact of all studies on clinical practice, Editor Anil K. Rustgi, MD, and his associate editors strongly encourage authors to submit their manuscripts on clinical trials (diagnostic validation, therapeutic efficacy) of drugs, biological materials and devices in digestive, liver and pancreatic diseases, including studies at phases I, II and especially III, to Gastroenterology for consideration. The journal is also interested in publishing trials in endoscopic and imaging modalities.

There are several important reasons to submit clinical trial research for publication in Gastroenterology:

With an impact factor of 12.6, Gastroenterology is the premier journal in the field.

Gastroenterology is the journal that will directly reach the
largest portion of physicians who care for and make treatment decisions for patients with GI or liver disease.

Authors who submit their manuscripts to Gastroenterology typically will receive decisions within three weeks or fewer. Accepted manuscripts will be published online and indexed on PubMed within 10 days of acceptance.

To submit your manuscript to Gastroenterology, go to www.editorialmanager.com/gastro. For important information on how to report clinical trials, go to www.gastrojournal.org/authorinfo. To review the current and past issues of the journal, go to www.gastrojournal.org.

CLASSIFIEDS

Place GI position listings and activity announcements in AGA eDigest.

For only $82.50, you can place an ad of 100 words or less in two consecutive issues and for $165 in four consecutive issues. Ads can also be placed in AGA Perspectives, AGA's bi-monthly magazine. If you place ads in both AGA Perspectives and AGA eDigest, you will receive a 10 percent discount. For more information, contact Alissa Cruz at acruz@gastro.org or 301-272-1603.

Texas
Woodlands

Our growing practice located in the Woodlands, TX seeks a gastroenterologist. A well-rounded physician with excellent endoscopic skills is preferred. Opening for an associate gastroenterologist for eventual partnership. This is a well-respected, small group of gastroenterologists eager for growth. Owns ASCs and provides ancillary services. Very well run with outstanding staff. Competitive salary and benefits offered. It is a great place for families, fine schools and communities. Please contact mani.sharma@trinityhealthcarenetwork.com or call 281-583-5000.

Whether you are looking for a candidate or a job, GICareerSearch.com is your source for GI job placement and recruitment.