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Summary 2010 Medicare Fee Schedule — Take Action to Support Repealing SGR

On Oct. 30, CMS released its final physician rule for 2010. An e-mail alert was sent to AGA members announcing a 21.2 percent cut in Medicare physician payments effective on Jan. 1, 2010, absent Congressional intervention. Taking into account overall changes in the fee schedule, GI payments see an extra decrease of 1 percent, so gastroenterology would be impacted by a 22.2 percent cut if the sustainable growth rate (SGR) formula is not addressed for 2010.

For years, the AGA has aggressively advocated that Congress fix the flawed SGR formula as part of long-term health-care reform. Fortunately, there is a growing understanding in Congress that the SGR needs to be repealed. Take action — contact your lawmakers to urge them to repeal the SGR formula and prevent the 22.2 percent cut from being implemented in January 2010. AGA, along with our partners in the Alliance for Specialty Medicine, continue to fight these devastating cuts that will occur next year if Congress fails to repeal the SGR formula or specifically address the 2010 cut.

Issues in the physician final rule summary include:

- **Medicare payment update** — 21.2 percent decrease absent Congressional intervention.
- **Physician Practice Information Survey** — CMS decided to implement new practice expense data with a four-year phase-in for all specialties except oncology.
- **Consultation codes** — despite significant opposition by AGA and many specialties, CMS will eliminate consultation codes starting in 2010.
- **Imaging issues** — CMS will increase the utilization assumption of equipment priced more than $1 million with a four-year phase-in; this will positively impact GI payments.
Physician Quality Reporting Initiative — CMS finalized new measures and improvements to encourage participation by MDs and group practices.

E-prescribing — CMS increased its reporting mechanisms of e-prescribing measures to increase adoption.

Physician Resource Use Measurement and Reporting Program — CMS accepted feedback to improve the format of these confidential reports.

Physician value-based purchasing — CMS provided an update on this issue; report due to Congress in spring 2010.

MedPAC recommendations — after opposition from organized medicine, including AGA, to the creation of an advisory body separate from the AMA/Specialty Society Relative Value Update Committee, CMS did not finalize this issue and will continue to explore options.

Competitive Acquisition Program — CMS finalized numerous improvements to this program.

Geographic practice cost indices — CMS is still evaluating potential changes to Medicare locality configurations.

Malpractice relative value units (RVUs) — CMS will implement its proposed methodology with suggested changes.

Initial preventive physical exam — CMS increased payment rates for 2010 as supported by GI.

Fourth five-year review of work RVUs — CMS outlined its process for the next five-year review; a separate rule will be published in spring 2011.

The final rule will be published in the Nov. 25 Federal Register. Files may be accessed at: http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf.

AGA also announced that on Oct. 29, 2009, the House leadership introduced H.R. 3961, the Medicare Physician Payment Reform Act, which revamps the current SGR formula by preventing the 22.2 percent cut in payments in January 2010. The legislation transitions physicians to a new payment system that creates two new targets for physicians: one for evaluation and management services, which would include preventive services, and another target for all other services. The legislation also eliminates the debt accumulated by the broken SGR system. The House leadership plans to debate this legislation after they address H.R. 3962, America’s Affordable Health Choices Act. The House will begin debate on health-care reform this weekend and hopes to complete its work by Veteran’s Day.

The AGA also continues to advocate that comprehensive payment reform for physicians that provides fair, equitable reimbursement and ensures access to specialty care for patients must be part of health-care reform. We will continue to fight for fair reimbursement for gastroenterologists and access to specialty care for patients.
In the last decade, significant progress has been made in the treatment of liver disease associated with chronic hepatitis, especially in patients infected with the hepatitis B virus. In a study published in *Gastroenterology*, doctors found that the pattern of liver transplantation waiting list registration among patients with hepatitis B suggests that the widespread application of oral antiviral therapy for hepatitis B contributed to the decreased incidence of decompensated liver disease.

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**Chronic Diarrhea, Weight Loss, and Refractory Epilepsy Three Years After Percutaneous Endoscopic Gastrostomy**

Franziska Piccoli-Gfeller, Christoph Beglinger, Michael Manz

A 46-year-old man presented to the hospital with a two-month history of chronic diarrhea and weight loss. His long-standing epilepsy had become refractory to therapy even with a combination of several antiepileptic drugs. The patient was known to have severe congenital brain damage with spastic paresis and epilepsy. Because of increasing dysphagia, a percutaneous endoscopic gastrostomy (PEG) tube was placed uneventfully three years ago. Physical abdominal examination was normal. The PEG tube had no signs of inflammation in its typical location; it could be moved and flushed normally. Laboratory findings were notable for a low albumin level, low potassium level, low magnesium level and low phosphate level. Stool examination for parasites and bacteria was negative. During the work-up of his chronic diarrhea, doctors performed a colonoscopy, during which they surprisingly found the base plate of the PEG tube in the transverse colon (figure). They removed the PEG tube and the base plate with a snare and closed the mucosa with five clips.

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**RESEARCH**

**Hep B Therapy Contributes to Lower Incidence of Liver Disease**

In the last decade, significant progress has been made in the treatment of liver disease associated with chronic hepatitis, especially in patients infected with the hepatitis B virus. In a study published in *Gastroenterology*, doctors found that the pattern of liver transplantation waiting list registration among patients with hepatitis B suggests that the widespread application of oral antiviral therapy for hepatitis B contributed to the decreased incidence of decompensated liver disease.

*Gastroenterology; 2009; 137(5): 1680-86*

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**Pancreatic Cancer Risk Increases in Families with Lynch Syndrome**
mutations of DNA mismatch repair (MMR) genes. A number of extra-colonic tumors have been associated with the disorder, including pancreatic cancer. However, the risk of pancreatic cancer in Lynch syndrome is uncertain and not quantified. In a study appearing in the Journal of the American Medical Association, researchers found that among 147 families with germline MMR gene mutations, the risk of pancreatic cancer was increased compared with the U.S. population. Individuals with MMR gene mutations and a family history of pancreatic cancer are appropriate to include in studies to further define the risk of premalignant and malignant pancreatic neoplasms, and potential benefits and limitations of surveillance.

Journal of the American Medical Association; 2009; 302(16): 1790-5

**GI Cancer Symposium**

To learn more about pancreatic cancer, attend the 2010 Gastrointestinal Cancers Symposium on Jan. 22-24, 2010, in Orlando FL. The symposium covers the latest strategies in the prevention, screening and treatment of gastrointestinal cancers.

Register now at [www.gicasymposium.org](http://www.gicasymposium.org).

**Cisplatin Monotherapy Achieves Complete Resection & Survival**

Preoperative cisplatin alone may be as effective as cisplatin plus doxorubicin in standard-risk hepatoblastoma. A hepatoblastoma is a tumor involving three or fewer sectors of the liver that is associated with an alpha-fetoprotein level of more than 100 ng per milliliter. As compared with cisplatin plus doxorubicin, cisplatin monotherapy achieved similar rates of complete resection and survival among children with standard-risk hepatoblastoma, according to study findings published in the New England Journal of Medicine. Doxorubicin can be safely omitted from the treatment of standard-risk hepatoblastoma.

New England Journal of Medicine; 2009; 361(17): 1662-70

**Doctors Study Genetic & Prognostic Features of Synchronous CRCs**

Synchronous colorectal neoplasias (two or more primary carcinomas identified in the same patient) are caused by common genetic and environmental factors and can be used to study the field effect. Synchronous colon cancers have not been compared with control solitary cancers in a prospective study. According to data published in Gastroenterology, synchronous colorectal cancers had more frequent mutations in v-raf murine sarcoma viral oncogene homolog B1, were more frequently CpG island methylator phenotype- and microsatellite instability-high, and had a worse prognosis than solitary colorectal cancers. Similar epigenomic and epigenetic events were frequently observed within a synchronous cancer pair, suggesting the presence of a field defect.

Gastroenterology; 2009; 137(5): 1609-20

**January Deadlines for Research Awards**

Apply now for the following research awards offered by the AGA
Foundation for Digestive Health and Nutrition.

The Elsevier Pilot Grant (deadline: Jan. 15) offers funding for one year to support pilot research projects in gastroenterology- or hepatology-related areas.

The June & Donald O. Castell, MD, Esophageal Clinical Research Award (deadline: Jan. 22) provides research and/or salary support for junior faculty involved in esophageal disease clinical research.

Research Scholar Awards (deadline: Jan. 29) support work toward independent careers in gastroenterology, hepatology or related areas by protecting research time.

The Bernard L. Schwartz Designated Research Scholar Award in Pancreatic Cancer (deadline: Jan. 29) supports young investigators working toward independent careers in pancreatic cancer research.

Complete awards information, eligibility criteria and downloadable applications are available online.

POLICY

FTC Again Delays Red Flags Rule for Physicians

Reversing the information announced in last week’s AGA eDigest, the Federal Trade Commission’s (FTC) Red Flags Rule — which identified physicians as creditors, outlines identity theft policies and was scheduled to take effect on Nov. 1 for all physician practices — has been delayed again until June 1, 2010. Read the FTC’s announcement.

In the meantime, the AMA, backed by national and state medical associations, will continue its efforts to request that all physicians be exempted from this law and that we are provided with a formal comment period of 90 days on this ruling.

House Passes Bill to Help Physicians Purchase HIT

The House of Representatives passed the Small Business Financing and Investment Act by a vote of 389-32, legislation that would help small businesses access capital and includes important provisions to help small health-care providers purchase health information technology (HIT). The legislation creates a new lending program to provide reduced cost loans for health-care providers to purchase HIT that would be guaranteed up to 90 percent and would have a subsidized deferment of up to three years. Specifically, the section on financing for HIT would:

Establish a loan guarantee program for eligible professionals, which provides a 90 percent guarantee and loan amounts of up to $350,000 for any single individual/professional and $2,000,000 for any group.

Defer payments on the loan for at least one year and up to three years; interest costs on the deferral would be subsidized by the Small Business Administration (SBA).

Authorize $10 billion in loan authority for the program.

The SBA loan guarantee program may not take effect until the HHS
Secretary has established "meaningful electronic health record use requirements" as set forth in the Social Security Act, which ensures that providers will be compliant with the new rules.

The AGA is pleased that the House took action on assisting health-care providers' purchase of HIT since the cost can still be prohibitively expensive for small practices. The AGA will continue to monitor the legislation and future Senate action.

Don’t Leave Money on the Table — Choose & Implement Your EMR Today

Take advantage of AGA's special member-only stimulus pricing — save more than 35 percent off of list price 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.

CMS Releases Final Rule on ASCs & HOPDs

On Oct. 30, CMS released a final rule for 2010, affecting ambulatory surgical centers (ASCs) and hospital outpatient departments (HOPDs). View the impact on commonly billed GI procedures in the HOPD and ASC settings, and read CMS’ press release and fact sheets.

The AGA, along with ASGE and ACG, had submitted comments on the proposed changes to the ASC payment system for calendar year (CY) 2010. The GI societies had advocated that ASC payments should be at 75 percent of HOPD rates.

ASCs

Since Jan. 1, 2008, ASCs have been paid under a revised system through which rates are paid at a percentage of HOPD rates. For 2010, ASC services will be paid at a 25/75 blend of the 2007 and 2010 ASC payment. CMS projects CY 2010 payments under the ASC payment system will be approximately $3.4 billion.

CMS has added 26 surgical procedures to the list of procedures for which Medicare would pay when performed in an ASC. CMS will also designate six procedures as office-based and update the list of device-intensive procedures and covered ancillary services and their rates, consistent with its updates to HOPD.

Medicare will reduce ASC payments in 2010 for a number of endoscopic procedures:

- Diagnostic colonoscopy, code 45378, will see a reduction of 5 percent.
- Screening colonoscopies, codes G0105 and G0121, will see about an 8 percent reduction.
- ASC payment for diagnostic colonoscopy drops from 70 percent of HOPD in 2009 to 64 percent in 2010.
- ASC payment for colorectal cancer screening drops from 72 percent of HOPD in 2009 to 66 percent in 2010.

ASC payments are not addressed in current health-reform legislation under consideration. In addition, CMS has decided not to require cost and quality reporting requirements for ASCs in 2010.
HOPDs
CMS projects that total payments for services furnished during CY 2010 under the outpatient prospective payment system will be $32.2 billion, a 2.1 percent increase in Medicare payment for providers.

The final rule includes a reduction to the CY 2010 annual payment update factor of two percentage points for most services furnished by hospitals that do not meet quality reporting requirements. The reduction does not apply to items that are separately payable.

CMS will continue requiring hospitals participating in a hospital outpatient quality data reporting program (HOP QDRP) to report the existing seven chart-abstracted emergency department and perioperative measures and four existing claims-based imaging efficiency measures for the 2011 payment.

CMS will implement a new HOP QDRP validation requirement to ensure that hospitals are accurately reporting measures using chart-abstracted data. CMS will also establish procedures to make HOP QDRP quality data collected for quarters beginning with the third quarter of CY 2008 publicly available.

CMS has finalized allowing non-physician practitioners, specifically physician assistants, nurse practitioners, certified nurse specialists and certified nurse-midwives, to directly supervise all hospital outpatient therapeutic services that they are able to personally perform within their state scope of practice and hospital-granted privileges. CMS will require that all hospital outpatient diagnostic services furnished directly or under arrangement follow the physician fee schedule physician supervision requirements for individual tests.

CMS will pay for the acquisition and pharmacy overhead costs of separately payable drugs and biologicals without pass-through status at the average sales price plus 4 percent in CY 2010. The final rule will be published in the Federal Register on Nov. 20 and is effective on Jan. 1, 2010.

Policies & Procedures for the GI Practice
This must-have resource includes sample and customizable templates to help you develop and maintain efficient, compliant written policies and procedures for your practice.

Learn more.

CLINICAL PRACTICE
Important Drug Warning Released
Another important FDA-mandated drug warning pertaining to all AGA clinician members is scheduled to be communicated early next week via the Health Care Notification Network (HCNN). If you are not registered yet, immediately ensure there is no future delay in receiving these urgent notifications by registering for the HCNN. You will also avoid extraneous paper clutter. If you are registered already, log in to view the alert now.

The HCNN is free to AGA members and fulfills the new FDA guidance promoting electronic delivery of drug warnings. It is supported by the
AGA and medical liability carriers because it eliminates delay and reduces your professional liability. Register today.

*UpToDate*® Free Topic of the Month

Produced in cooperation with the AGA Institute, *UpToDate*® is a subscription-based clinical information resource available on the Web, CD-ROM and pocket PC handheld devices. Each month, a free topic is made available on the AGA Web site. This month's free topic is:

**Overview of the management of chronic hepatitis B and case examples.**

Nearly 232 physicians write more than 673 topic reviews for *UpToDate* in gastroenterology and hepatology alone. *UpToDate* provides gastroenterologists with access to more than 60,000 pages of original, peer-reviewed text, 160,000 MEDLINE abstracts, drug information and drug interactions databases, and hundreds of patient information handouts across 12 specialties. Moreover, *UpToDate* is used by tens of thousands of clinicians in more than 110 countries and by hundreds of premier medical institutions worldwide.

Order your subscription to *UpToDate.*

### EDUCATION & TRAINING

**Societies Release Report Evaluating GI/Hepatology Fellowship Training Curriculum**

The AGA Institute, AASLD, ACG and ASGE have released the "Report of the Multisociety Task Force on GI Training," which concludes that GI trainee physicians should have the opportunity to develop enhanced abilities and experiences in specific disease areas or procedures. Additionally, the task force concluded that GI training programs need to measure the achievements of trainees based on specific defined competencies rather than the duration of training alone. Read the announcement.

The task force, which was comprised of representatives from each of the four societies and chaired by Lawrence S. Friedman, MD, was convened to evaluate the current GI training model and to make recommendations on how it may be changed to better accommodate trainees' interests in GI and hepatology. The task force made a number of recommendations regarding the future of gastroenterology training:

- Retain pairing of GI/hepatology training
- Create competency-based curriculum
- Condense training process for transplant hepatologists
- Enhance disease-specific training
- Include endoscopy as clinical focus
- Maintain current research training program

Read the report published in the November issues of each society's journal — *Gastroenterology*, *Hepatology*, *American Journal of Gastroenterology* and *GIE: Gastrointestinal Endoscopy.*
Patient Resources Added to Help Reduce NSAID-Associated GI Ulcers

It is estimated that more than 60 million Americans are using NSAIDs regularly, resulting in clinically significant upper GI events in 1 percent to 2 percent of users. With such a large number of users who could potentially face painful side effects, it is essential for physicians to discuss NSAID risks with their patients. To help physicians and their patients, AGA Institute launched Connect to Protect.

Connect to Protect offers numerous resources that help physicians and patients understand NSAID risks and provide information on how they can reduce these risks. Resources for patients include:

Guides to help patients discuss the risks with their physician.
Dictionary of common terms related to NSAID-induced GI risks.
Printable fact sheet on NSAID risks.
A patient Webcast describing a first-hand experience with complications from using NSAIDs.

Resources for the physician include:

Webcast with Byron Cryer, MD, professor of internal medicine, Digestive and Liver Diseases, The University of Texas Southwestern Medical Center, Dallas, that focuses on the prevalence and prevention of NSAID-induced ulcers as well as strategies to reduce the risks from NSAIDs.
Printable fact sheet on NSAID risks.
Guides for discussing potential risks with your patients.

View the complete program at www.connecttoprotect.com.

This program is supported through an unrestricted grant from Horizon Therapeutics.

AGA Institute to Hold Conference on Fostering Innovation in GI

Mark your calendar for AGA Institute's first conference on how to foster innovation in GI. Co-sponsored by Kleiner Perkins Caufield & Byers (KPCB), Fostering Innovation and Technology in Digestive and Metabolic Diseases: A Conference for Inventors, Investigators and Investors will be held March 19 & 20, 2010, at the Four Seasons Hotel Silicon Valley in East Palo Alto, CA. From concept to clinical trials to regulatory and market approval, reimbursement, and ultimately adoption, the conference will examine the processes of innovation and device development and includes a distinguished faculty representing all of the major sectors that impact technology development, comparative effectiveness and adoption. Registration will open in mid-November.

The conference provides attendees with an unparalleled opportunity to learn about the innovation process and how the AGA is supporting technology and advancements in gastroenterology. GI physicians (investigators), in particular, will benefit from sessions with key decision makers who will share their expertise about the hurdles in the development processes and how clinical trial design impacts regulatory, coverage and reimbursement outcomes.
Conference directors, Pankaj J. Pasricha, MD; Joel V. Brill, MD, AGAF; and Mark H. DeLegge, MD, AGAF, have designed an outstanding program that explores innovation in gastroenterology, diabetes and obesity, and how to transition new concepts into clinical reality. Experienced investors and company leaders will discuss how they identify their investment targets and metrics for success. Speakers and case studies will address innovation in gastroenterology, metabolic disorders, obesity and endoluminal therapies. There will be extensive opportunities for networking, including a reception on Friday evening.

Learn more about this exciting conference at www.gilearn.org/innovation.

The AGA Institute and KPCB gratefully acknowledge the following sponsors:

- **Platinum-level sponsors:** SmartPill and PENTAX
- **Gold-level sponsors:** Cropson and Given Imaging
- **Silver-level sponsor:** Apollo Endosurgery

**Regional IBS Case Discussion Groups**

A series of small-group, CME/CE educational meetings on IBS are scheduled around the U.S. through November. Seeking Solutions to Challenging Cases in IBS are designed to address dilemmas encountered in IBS management. A complex patient case history will be the focus of each discussion and will cover issues regarding IBS diagnosis of the different subtypes, pharmacologic and non-pharmacologic management strategies, and associated comorbidities and psychological symptoms.

Dates and locations include:

- Nov. 4 — Portland, ME.
- Nov. 5 — Irvine, CA and Dallas, TX.
- Nov. 10 — Bethesda, MD; Columbus, OH; and New York, NY.
- Nov. 17 — Denver, CO.
- Nov. 18 — Great Neck, NY and Pittsburgh, PA.
- Nov. 19 — Philadelphia, PA.

Register today.

Boston University School of Medicine designates this educational activity for a maximum of 1.5 AMA PRA Category 1 CME Credit(s)™.

This educational activity is jointly sponsored by Boston University School of Medicine and Spire Learning, in collaboration with the AGA Institute.

This program is supported by an educational grant from Sucampo Pharmaceuticals, Inc. and Takeda Pharmaceuticals North America, Inc.

**PUBLICATIONS**

**Gastro and CGH Supplements Just Published**
**Read Gastroenterology Supplement on Micronutrient Dosing**

Patients in need of parenteral nutrition care require physicians with an expert knowledge in correct micronutrient dosing. In this year's annual American Society for Parenteral and Enteral Nutrition (ASPEN) research workshop, of which the AGA was an organizational partner, leading international experts discussed the latest information on correct dosages of parenteral vitamins and trace elements.

The proceedings from this workshop, including Q&A sessions transcribed by ASPEN research workshop directors Alan L. Buchman, MD, MSPH, and Lyn J. Howard, MB, FRCP, are featured in this month's supplement to *Gastroenterology*, "Micronutrients in Parenteral Nutrition: Too Little or Too Much?" The supplement addresses the following questions:

- Are there micronutrients that should be added to routine parenteral nutrition?
- Are micronutrients given at an appropriate dosage?
- How are micronutrient requirements altered in the critically or chronically ill?

The supplement was edited by Kelly A. Tappenden, PhD, RD, professor of nutrition and gastrointestinal physiology, University of Illinois, Urbana-Champaign. She states, "The current supplement is invaluable for comprehensively outlining current state-of-the-art knowledge regarding parenteral micronutrient requirements across a spectrum of disease states and sets a critical research agenda for acquiring needed knowledge to optimize patient care."

**Read CGH Supplement on Pancreatic and Biliary Disease**

Diseases of the pancreas and biliary tract are often among the most challenging conditions for gastroenterologists to treat. In this year's fifth annual joint meeting of the AGA and the Japanese Society of Gastroenterology, world-renowned experts presented new information about the complex nature of these conditions, highlighting the field's knowledge of disease mechanisms, emerging diagnostic modalities and understanding of the natural history of pancreatobiliary disease.

Summaries of these presentations are featured in this month's supplement to *Clinical Gastroenterology and Hepatology*, "Inflammation and Carcinogenesis in the Pancreas and Biliary Tract: Mechanism and Practice."

Topics include:

- Disease mechanisms, from molecular pathology to anatomic variations.
- Improved diagnostic strategies and imaging modalities to identify malignancies.
- Advances in identifying the natural history of diseases such as acute and autoimmune pancreatitis.

Supplement editors Tooru Shimosegawa, MD, and Fred S. Gorelick, MD, believe that this supplement will stimulate the interest of both investigators and practitioners, improving patient care and encouraging new research.

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**Hot off the Press**

Featured in this month's *GI & Hepatology News* is "Bariatric Patients Need Ongoing Management."
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.

Central Pennsylvania

Excellent opportunity for BC/BE gastroenterologist proficient in all therapeutic endoscopic procedures. Well-established, six-physician practice with state-of-the-art ASC. Outstanding salary, benefits and incentive compensation plan. Learn more about our practice at www.gicare.com. Fax curriculum vitae to 717-761-0465, Attention: Lisa Scicchitano or e-mail lscicchitano@gicare.com.

Maryland

Baltimore

Employer: Johns Hopkins University, Johns Hopkins Bayview Department of Medicine
Specialty: Gastroenterology  
Location: Baltimore, MD  
Position Type: Faculty

Description: The division of gastroenterology and hepatology at the Johns Hopkins Bayview Medical Center is recruiting for full-time faculty positions available July 1, 2009. Candidates should be board-certified or eligible and proficient in endoscopic procedures. ERCP/EUS desirable, but not required. Responsibilities include patient care and teaching with opportunity for clinical investigation. Salary and rank commensurate with experience. Please send cover letter and CV electronically to Mack C. Mitchell Jr., MD, director, Johns Hopkins Bayview Division of Gastroenterology (mmitch15@jhmi.edu). AA/EOE.

New Jersey
Somerset County

Outstanding opportunity for BC/BE gastroenterologist in busy, progressive six physician group located in Somerset County, NJ. This is a vibrant suburban area near New York and Philadelphia with excellent schools, housing and cultural activities. 100 percent GI practice includes attached two-room endoscopy center. Therapeutic ERCP and EUS experience preferred. Superior benefits, incentive bonus and rapid partnership tract. Please send CV to rberrios@hcbsg.com.

New York
White Plains

The Westchester Medical Group, a rapidly growing, physician-owned and managed multi-specialty practice with 150 physicians and over 500 employees headquartered in White Plains, NY, is seeking a BC/BE gastroenterologist to become the fourth full-time physician performing general GI plus ERCP and EUS with FNA procedures.

The practice is widely known and has received numerous honors for its effective integration of high-efficiency business practices and cutting-edge technologies to continually improve coordinated health-care delivery to the community it serves. Salary guarantee with bonus and productivity model with attractive income potential. Fax CV to HR at 914-457-1403 or e-mail hr@westchestermed.com.

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.

Global Probiotics Council — Young Investigator Grant for Probiotics Research (YIGPRO)

The Global Probiotics Council (GPC), a committee established in 2004 by DANONE and Yakult Honsha Co., Ltd., has announced the third annual Young Investigator Grant for Probiotics Research (YIGPRO). The purpose of the two annual grants of $50,000 each is to contribute to the advancement of probiotics and gastrointestinal microbiota research in the United States, and to impact academic and career development of young investigators, attracting them into the field of probiotics and microbiota.

The official announcement and description of this opportunity may be found at: www.probioticsresearch.com.

Register Now

AGA CLINICAL CONGRESS
of Gastroenterology and Hepatology

Jan. 15 & 16, 2010 - The Venetian® & Palazzo® - Las Vegas, NV

Register by Dec. 18 and SAVE!
Free registration for AGA member trainees.
www.gilearn.org/clinicalcongress

ADD-ON PROGRAMS - Jan. 17

- Sedation course
- Practice skills workshop

The educational sessions at the AGA Clinical Congress are supported in part by educational grants from UCB, Inc. and AstraZeneca with additional support provided by Abbott; Eisai, Inc.; Procter & Gamble Pharmaceuticals, Inc.; Shire; Takeda Pharmaceuticals North America, Inc.; Vertex; and Centocor.