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AGA eDigest Editors:

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Lead Story

House Approves Temporary Fix to Prevent Physician Cuts; AGA Pushes for Permanent Solution

The House approved a temporary fix to physician payments that would prevent the scheduled 21.3 percent cut in Medicare reimbursement from being implemented on Jan. 1, 2010. The AGA, along with most of organized medicine, recently signed a letter organized by the AMA urging Congress to prevent the 21.3 percent cut, but to still enact a permanent solution to the sustainable growth rate (SGR).

[article continued below](#)

Research

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Lead Story, continued

The AGA will continue to push this critical issue in the context of health reform and believes that revamping the Medicare physician payment system must be part of overall reform.

The fix would provide physicians with a two-month freeze in payments, which was included as part of the defense appropriations bill. The Senate is expected to take up the measure later this week.

The Senate could finish health-care reform by their Christmas deadline and would then conference with the House on a final bill in January. The temporary fix gives Congress time to complete health reform and address physician payments in that legislation.

The AGA will continue to provide updates on the SGR and health reform via *AGA eDigest*. For more up-to-the-minute information, please sign up for the *AGA Washington Insider*, a policy blog for GIs.

PLP   

CGH Image of the Month

Private Practice Councillor

Online Education

- [Capsule Endoscopy in Special Situations Webinar](#)
- [Risks of NSAID Use Webinar](#)
- [GERD Online Module](#)
- [IBS and Chronic Constipation Online Module](#)
- [2009 Clinical Congress Online Sessions](#)
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- [SedationFacts.org](#)
- [Hepatitis C Resource Center](#)
- [GI SAM - IBD & GI Bleeding](#)



Intraductal Papillary Mucinous Neoplasm of the Pancreas

Gero Wieners, Helmut Neumann, Klaus Mönkemüller

A 70-year-old woman with coronary artery disease and diabetes mellitus was admitted because of acute pancreatitis. She had been suffering from recurrent epigastric abdominal pain for one year, which was ameliorated with anti-spasmodics. Her physical examination was remarkable for epigastric pain on palpation and decreased bowel sounds. The serum amylase level was 14.22 $\mu\text{mol/L}$ and the lipase level was 34.49 $\mu\text{mol/L}$. On abdominal ultrasound, a large pancreatic duct was noticed. CT disclosed a massively dilated pancreatic duct with minimal pancreatic tissue left. On endoscopic retrograde cholangiopancreatography, the ampulla of Vater was unremarkable. The pancreatogram revealed a massively dilated main pancreatic duct, with multiple filling defects (figure).

[Read more.](#)

RESEARCH

Doctors Forecast Effects of Obesity & Smoking

Although increases in obesity over the past 30 years have adversely affected the health of the population in the U.S., there have been concomitant improvements in health because of reductions in smoking. Having a better understanding of the joint effects of these trends on longevity and quality of life will facilitate more efficient targeting of health-care resources. In a study published in the *New England Journal of Medicine*, doctors stated that if past obesity trends continue unchecked, the negative effects on the health of the U.S. population will increasingly outweigh the positive effects gained from declining smoking rates. Failure to address continued increases in obesity could result in an erosion of the pattern of steady gains in health observed since early in the 20th century.

New England Journal of Medicine; 2009; 361(23): 2252-60

PLP | | |

Obesity Resource for Your Patients

The No-Diet Obesity Solution for Kids

Written by a pediatric GI, this new patient resource provides parents of overweight and obese children with practical advice, stories and examples from other families.

[Learn more and order today!](#)

Are Novel Barrett's Screening Programs Cost Effective?

Screening interventions for Barrett's esophagus are appealing; however, there is little supporting evidence. According to a review in *Gastroenterology*, the evidence does not adequately incorporate novel treatments and the potential for risk stratification of surveillance. Future research should aim to encompass both of these factors.

Gastroenterology; 2009; 137(6): 1869-76



Monograph: IBS, Constipation & Acid-Related Disorders

This [monograph reviews](#) cutting-edge information from recent meetings and interprets how these data will affect clinicians' ability to provide optimal care for patients with these syndromes.

Study Indicates Value of Auto-Antibody Analysis in Liver Disease

It is challenging to diagnose patients with chronic cholestatic liver diseases when all the classic criteria are not fulfilled. In a study published in *Clinical Gastroenterology and Hepatology*, doctors evaluated the performance of the recently developed MIT3-based enzyme-linked immunosorbent assay (ELISA), which detects anti-mitochondrial auto-antibodies (AMAs), together with ELISAs for other auto-immune liver disease-related antibodies in patients with chronic cholestatic liver disease. They found that ELISAs for AMAs and anti-nuclear antibodies are useful in diagnosis and prognosis of patients with features of primary biliary cirrhosis who lack conventional AMA, and in patients with a cholangiopathy of undetermined etiology.

Clinical Gastroenterology and Hepatology; 2009; 7(12): 1355-1360



Childhood Trauma Associated with Hypothalamic-Pituitary-Adrenal Axis Responsiveness

A history of early adverse life events is associated with a poorer outcome and higher levels of distress in adult patients with functional GI disorders. An early adverse life event is thought to predispose individuals to develop a range of chronic illnesses by inducing persistent changes in the central stress response systems, including the hypothalamic-pituitary-adrenal axis. Hypothalamic-pituitary-adrenal axis hyper-responsiveness to a visceral stressor is related more to a history of early adverse life events than to the presence of IBS, according to data appearing in *Gastroenterology*. However, hypothalamic-pituitary-adrenal axis reactivity has a moderating effect on IBS symptoms.

Gastroenterology; 2009; 137(6): 1954-62



Research Awards Fund Diverse Facets of GI Study

research projects that address the prevention, diagnosis, treatment and cure of digestive diseases. FDHN offers an array of grants, which are available to investigators at all stages of their careers, and which support research on a broad range of topics.

Application deadlines are approaching for four awards that reflect the diversity of FDHN's grants:

The Bernard L. Schwartz Designated Research Scholar Award in Pancreatic Cancer provides \$75,000 per year for three years to young investigators working toward independent careers in pancreatic cancer research. Applications are due **Jan. 29**.

The Elsevier Pilot Grant is a research initiative grant of \$25,000 in non-salary funds to support new investigators hoping to establish their research careers, or established investigators developing pilot projects that represent new research directions for them. The award's intent is to stimulate research in gastroenterology- or hepatology-related areas by permitting investigators to obtain new data that can ultimately provide the basis for subsequent grant applications of more substantial funding and duration. Applications are due **Jan. 15**.

The June and Donald O. Castell Esophageal Clinical Research Award provides \$35,000 in research and/or salary support for junior faculty involved in clinical research in esophageal diseases. Applications are due **Jan. 22**.

Research Scholar Awards provide \$60,000 per year for two years to young investigators working toward independent careers in gastroenterology, hepatology or related areas. The awards' objective is to enable young investigators to develop independent and productive research careers in digestive diseases by ensuring that a major proportion of their time is protected for research. Applications are due **Jan. 29**.

Application materials and more information about each award are available on the FDHN's Web site, www.fdhn.org.



FDHN Announces New Research Scholar Award

The AGA Foundation for Digestive Health and Nutrition (FDHN) is now accepting applications for a new research scholar award, the AGA-General Mills Bell Institute of Health and Nutrition Research Scholar Award in Gut Physiology and Health.

This award will provide \$75,000 per year for three years (\$225,000 total) for a young investigator working toward an independent research career studying the relationship of gut microflora to physiology and immune function. The award's intent is to foster the scientific independence of a junior investigator by ensuring protected time for research.

Recipients will be selected based on the novelty, feasibility and significance of the research proposal; the attributes of the candidate, including potential for independence; evidence of institutional commitment; and the research environment.

The deadline to apply is **Jan. 29, 2010**. To be eligible, applicants must meet the following criteria:

Hold an MD, PhD or equivalent degree.

Hold a full-time faculty position at a North American university or professional institute on or before July 1, 2010.

Be an [AGA member](#) at the time of application.

Have a record of accomplishment in research.

Be in the early years of a research career (i.e., no more than five years have elapsed since the completion of clinical or post-doctoral training).

Detailed eligibility criteria and a downloadable application are available on the [FDHN's Web site](#).



Win \$10,000 For Your Probiotics Research

The Institut Rosell Probiotics Challenge is open to college or university students who submit a probiotics-related abstract to DDW[®] 2011*. Visit www.probioticschallenge.com to learn how to win one of three cash prizes.

**Abstract submission opens in September 2010.*

POLICY

Appropriations Bill Includes 2.3 Percent Increase for NIH

President Obama signed the Omnibus Appropriations Act this week, which funds six of the seven unfinished spending bills for fiscal year (FY) 2010, including the NIH spending bill. The measure increases NIH funding by 2.3 percent for FY 2010. This is not the level that the research community was advocating for, but is more than the president originally proposed in his budget.

Many in Congress were not supportive of a 7 percent to 10 percent increase, which is what the research community was proposing, given the unprecedented increase that NIH received as part of the stimulus package earlier this year. The AGA will continue to advocate for increases in NIH funding that builds on the current progress and momentum being generated in the research arena.



CLINICAL PRACTICE

FDA Reiterates Transition from SYSTEM 1

On Dec. 10, the FDA held a national teleconference regarding its notice, issued a week earlier, about the [STERIS SYSTEM 1[®] Sterile Processing System](#). Following the teleconference, [STERIS released a letter](#) to its customers, which includes a link to the unofficial transcript of the call. It also reiterates the FDA recommendation that health-care facilities transition from SYSTEM 1 to an acceptable alternative. It goes on to state, "If an acceptable alternative is not readily available, FDA stated that health-care facilities should not cancel surgical procedures and may continue using SYSTEM 1. The FDA has requested that health-care facilities prepare a transition plan, which the agency believes could be implemented within three to six months."

Several related documents are available on the [STERIS Web site](#). In

addition, four major documents are now available on the FDA Web site:

- [Alternatives to SYSTEM 1](#)
- [Notice of the FDA's concern](#)
- [May 15, 2008, warning letter](#)
- [Q&A document](#)



CPT Coding Changes for 2010

The AGA Institute, ACG and ASGE, and their advisors work closely throughout the year regarding the AMA's current procedural terminology (CPT) process. For 2010, several changes were made to the CPT codes used to report gastroenterology services, outlined in the CPT 2010 codebook, including changes made under the following code descriptors:

- Cholangioscopy/pancreatography.
- CT colonography.
- Photo-dynamic therapy.
- Evaluation and management: consultations.
- Concurrent care and transfer of care.
- Gastrostomy.
- Hemorrhoid.
- ICD-9-CM codes.

To learn about the specific coding changes that will affect gastroenterology practice, read "[What's new: CPT coding changes for 2010](#)" by the GI societies' CPT representatives:

- Joel V. Brill, MD, AGA, CPT advisor
- Daniel C. DeMarco, MD, ACG, CPT advisor
- Glenn D. Littenberg, MD, ASGE, CPT advisor

Read more information on the [AMA CPT process](#) and the [ICD-9 code changes](#).

Any CPT-related questions or concerns for advisors can be directed to [Adam Borden](#), AGA new technologies and reimbursement manager.

CMS Provides Guidance to Physicians

Medicare has [issued a transmittal](#) regarding the consultation services payment policy. [Read a summary](#) of the most important issues addressed in the transmittal. In addition, a MedLearn article was released on Dec. 14 with an effective date of Jan. 1, 2010, entitled "[Revisions to Consultation Services Payment Policy](#)." It contains detailed information for providers on appropriate coding with the elimination of the consultation codes.

Webinar: Elimination of Consultation Codes

Despite opposition from the AGA, CMS will move forward on Jan. 1, 2010, with the implementation of the new consultations billing policy. The AGA is working with ACG and ASGE, and other specialty societies to appeal this decision, requesting that CMS delay for one year implementation of the policy, which eliminates consultation codes. Until that delay is secured, practices should prepare for the change.

On Tuesday, Dec. 22, 2009, AGA and MGMA will be hosting a one-hour Webinar to discuss how this ruling will impact gastroenterology practices. The Webinar will cover:

Why Medicare decided to eliminate the consultation codes and how that will affect the operation of the gastroenterology practice.

How to calculate the financial impact on your practice.

The additional gastroenterology coding changes for 2010.

AGA members receive a \$50 discount by using a member-only discount code, **AGA10WC00**. [Register today](#).



CMS Updates

CMS Wants to Hear from You

CMS is listening and wants to hear from you about the services provided by your Medicare fee-for-service (FFS) contractor that processes and pays your Medicare claims. CMS is preparing to conduct the fifth annual [Medicare contractor provider satisfaction survey](#) (MCPSS). This survey offers Medicare FFS providers and suppliers an opportunity to give CMS feedback on their interactions with Medicare FFS contractors related to seven key business functions:

- Provider inquiries
- Provider outreach and education
- Claims processing
- Appeals
- Provider enrollment
- Medical review
- Provider audit and reimbursement

The survey will be sent to a random sample of approximately 30,000 Medicare FFS providers and suppliers. Those who are selected to participate in the 2010 MCPSS will be notified starting in January. If you are selected to participate, please take a few minutes to complete this important survey. Providers and suppliers can complete the survey via a secure Web site or by mail, fax or telephone.

CMS Clarifies Diagnostic Test Instructions

[CMS is providing instructions](#) for the place and date of service (DOS) for the interpretation and technical component of diagnostic tests. These instructions are effective Jan. 4, 2010.

The appropriate date of service for the professional component is the actual calendar date that the interpretation was performed. For example, if the test of technical component was performed on April 30 and the interpretation of the test was read on May 2, the actual calendar date or DOS for the performance of the test is April 30, and the actual calendar date or DOS for the interpretation or read of the test is May 2.

Providers Must Wait for Medicare Claim Crossover

CMS reminds all providers, physicians and suppliers to allow sufficient time for the Medicare crossover process to work — approximately 15 work days after Medicare's reimbursement is made — before attempting to balance bill their patients' supplemental insurers. That is, do not balance bill until you have received written confirmation from Medicare that your patients' claims will not be crossed over, or you have received a special notification letter explaining why specified claims cannot be crossed over.

Remittance advice remark codes MA18 or N89 on your Medicare

remittance advice (MRA) represent Medicare's intention to cross your patients' claims over. Medicare will continue to issue supplemental notifications to all participating providers, physicians and suppliers, informing them if claims targeted for crossover, as evidenced by MA18 or N89 on the MRA, do not actually result in successful crossover transmissions. [Learn more.](#)



PQRI & E-Prescribing Educational Products Available

CMS has posted on its Web site [2010 PQRI](#) and [e-prescribing incentive](#) program educational products. Additional information on the [PQRI](#) and [e-prescribing incentive](#) programs can be found in the final 2010 Medicare physician fee schedule rule with comment period (74 FR 61788 through 61861) that was published in the Federal Register on Oct. 30, 2009. Follow the statute/regulations/program instructions section page on the left.

Reporting for the 2010 PQRI and e-prescribing incentive program begins Jan. 1, 2010; there is no need to sign up or pre-register in order to participate.



e-Prescribing Resource

Take a free e-prescribing readiness assessment at www.GetRxConnected.com/AGA, sponsored by the AGA Institute.

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:

Endoscopic mucosal resection for treatment of high-grade dysplasia and early cancer in Barrett's esophagus.

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

New Expert Columns Added to Hep C Resource Center

Two new expert columns, [Mechanisms of Viral Eradication and Early Treatment in Hepatitis C: Implications for Therapy](#), and [Hepatitis C](#)

Infection — Diagnosis and Treatment in Pediatric and Adult Patients, have been added to the AGA Institute and Medscape hepatitis C resource center. This center is designed to provide health-care providers with data that has been translated into practical information and can help in diagnosing and treating patients with hepatitis C. Resources from the center will fill knowledge gaps and address:

- Effective use of standard of care.
- Management of difficult-to-treat patients.
- Strategies for increasing awareness of new agents in hepatitis C virus (HCV) management.

Additional resources include:

Screening for Hepatocellular Carcinoma in Patients with Hepatitis C Cirrhosis.

The Hepatitis C Virus: Prospecting for Specifically Targeted Therapies.

Video roundtable discussion from DDW[®] 2009.

Future resources will be released over the next six months, including an online clinical update to test your knowledge, a Webcast and additional expert columns. These resources will address standard of care, how to manage difficult-to-treat HCV patients and new agents in HCV management.

This program has been approved for *AMA PRA Category 1 CME Credit(s)*[™].

This program is supported in part through an independent educational grant from Vertex Pharmaceuticals.



AGA to Explore Technological Innovation in GI

There is enormous potential for technological innovation in gastroenterology. While recent advances in minimally invasive surgery and endoscopic procedures have made inroads into enhanced patient care, there are still many unmet needs to be addressed. AGA is committed to better understanding the role and impact of new technology development on gastroenterology and exploring how specialty societies, such as the AGA, can support such development. To this end, the AGA, in collaboration with premier venture capital firm, Kleiner Perkins Caufield & Byers (KPCB), will host a unique conference on the opportunities and barriers to fostering innovation in gastroenterology. *Fostering Innovation and Technology in Digestive and Metabolic Disease: A Conference for Inventors, Medical Device Companies and Investors* will be held March 19 and 20, 2010, at the Four Seasons Hotel Silicon Valley in East Palo Alto, CA.

The conference will bring together a distinguished group of experts representing all of the major sectors that impact technology development and adoption. They will examine the processes of innovation and device development, from concept to clinical trials to regulatory and market approval, and ultimately, reimbursement. The conference will also explore how comparative effective research and outcomes will affect these processes.

Participants will hear from experienced investors and company leaders who will discuss how they identify their investment targets and metrics for success. GI physicians will benefit from sessions with key decision

makers who will share their expertise about hurdles in the development processes and how clinical trial design impacts regulatory, coverage and reimbursement outcomes. There will also be extensive opportunities for networking, including a reception on Friday evening.

Learn more and register at www.gilearn.org/innovation.

The AGA Institute and KPCB gratefully acknowledge the following conference sponsors:

Platinum-level sponsors: SmartPill and PENTAX.

Gold-level sponsors: Crospon and Given Imaging.

Silver-level sponsors: Apollo Endosurgery and BÂRRX® Medical.



2010 AGA Clinical Congress

*Managing GI Conditions:
Integrating Scientific Evidence
and Clinical Experience*

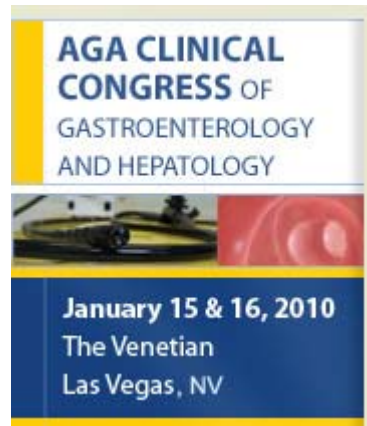
**Early bird registration ends
tomorrow, Dec. 18.**

Free registration for trainees.

Attend this year's congress and
walk away with the latest
advances in clinical care.

Earn up to 14.5 *AMA PRA
Category 1 Credits™*.

[Register now.](#)



Nutrition & IBD Focus of New Online Module

Patients with IBD are faced with unique nutritional challenges. In order to successfully manage these patients, gastroenterologists must recognize and be familiar with the nutritional needs that their patients require.

Nutrition and Inflammatory Bowel Disease, a new online module in the AGA Institute's [nutrition toolkit series](#), addresses the concern of malnutrition in patients with IBD, the current available treatments and what the future holds for this issue. Additional modules in the toolkit series include:

Obesity for the Gastroenterologist — includes an overview of dietary, behavioral, drug and surgical management options for successful weight loss and maintenance.

Nutrition in the Patient with Liver Disease — reviews key factors in identifying malnutrition in liver disease patients and options for ensuring proper nutrition in those patients.

Each online module includes slides with corresponding audio delivered by subject-matter experts, as well as pre- and post-test questions. A score report will be provided upon completion.

The nutrition toolkit series is an online education component of the AGA Institute's [nutrition and obesity initiative](#). The initiative includes access to AGA Institute obesity-related educational materials and suggested Web sites that offer tools such as nutritional calculators and

meal-planning tips. Additional modules on obesity- and nutrition-related issues are in development and will be made available throughout the year.



IBD Resource

Assess and enhance your command of the treatment, diagnosis, symptoms and risk factors associated with gastroenterology- and hepatology-related topics, including IBD, with [GI SAM](#), a new series of online self-assessment modules.

ANNOUNCEMENTS

Reduce Your Taxes by Giving to the AGA Foundation

As the end of the year quickly approaches, remember your charitable contributions can help reduce your taxes. Gifts in support of the AGA foundation are tax deductible to the full extent of U.S. law. Gifts must be made prior to Dec. 31, 2009, to be eligible for 2009 tax benefits.

To make a secure online donation, visit <https://secure.gastro.org/fdhn/donate.asp>. You may also make a donation via credit card by calling the foundation's office at 301-222-4002 or faxing your credit card information to 301-222-4010. Checks should be made out to the AGA foundation and mailed to 4930 Del Ray Avenue, Bethesda, MD 20814.



Important Drug Warning Released

An important FDA-mandated drug warning pertaining to all AGA clinician members is scheduled to be communicated this 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](#).



PUBLICATIONS

Gastro & CGH Video Abstracts of the Month



Watch Adriano Maida, MD, discuss his recently published *Gastroenterology* article, "[Differential Importance of GIP Versus GLP-1 Receptor Signaling for Beta-Cell Survival in Mice.](#)" Provide your thoughts and comments on this important study via the [YouTube](#) comments tool.



Watch Evan S. Dellon, MD, discuss his recently published *Clinical Gastroenterology and Hepatology* article, "[Clinical, Endoscopic and Histologic Findings Distinguish Eosinophilic Esophagitis from Gastroesophageal Reflux Disease.](#)" Provide your thoughts and comments on this important study via the [YouTube](#) comments tool.

[PLP](#) | [Print](#) | [Email](#) | [Share](#)

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.

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@hcbmsg.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.



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



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