PSG Rumblings
SUMMER 2022
PENNSYLVANIA SOCIETY OF GASTROENTEROLOGY / NEWSLETTER

President's Message / David L. Diehl, MD, FACP, FASGE

www.pasg.org

@DavidDiehlMD

New Initiatives for the PSG in 2022

First of all, I hope that everyone is having a fun and healthy summer! May COVID-19 stay far away, and the good times roll on.

We remain on track to have our first in-person annual meeting since 2019! Please plan to come for this event which will be at the famous Hershey Hotel from September 9 to 11. The meeting, as always, is family friendly, and the program is outstanding. Come for the learning and also to rekindle fellowship with your PSG colleagues! Please look elsewhere in this edition of Rumblings for the meeting agenda.

I would like to remind the GI Fellows that our annual **abstract competition** will be another highlight of the meeting. We encourage fellows to submit an abstract which will be judged by an expert panel of reviewers. There is prize money for the top 3 submissions ($500 first place, $400 second place, and $300 third place); in addition, the top 20 submissions will get compensated for their hotel stay ($800 to cover 2 nights for first 10 abstracts, and $400 to cover 1 night for second 10). If you had a poster submission within the past year at the DDW or similar meeting, you are allowed to use that. No excuse not to participate in the abstract competition now!

There are a number of new initiatives that we are rolling out in 2022. Here are the highlights:

PSG Webinar series
The PSG Webinar series kicked off in March with an outstanding discussion on eosinophilic esophagitis. We had our second PSG Webinar on June 21st on the topic of NASH/Fatty liver. Future sessions will cover topics in inflammatory bowel disease, Third Space endoscopy, Diversity issues and more. The PSG Webinar series provides important educational content for our membership, but also serves to drive increased awareness of the PSG by being a generator of social media content. If you have an idea of a topic that you would like to see covered in a Webinar format, please let me know!

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PSG/SOCIAL: @PAGastroSoc

INSIDE:

President's Message *continued from page 1*

PSG Mentorship Program
There are 17 GI training programs in PA and West Virginia, with more than 100 fellows. In addition, there are an additional 7 advanced endoscopy training programs. As of right now, there is not an organized system within the state for these fellows to find mentors for professional or career advice. Therefore, I am instituting the **PSG Mentorship program** whose goals are to provide opportunities for both mentors and mentees to meet and discuss important issues. The mentorship may be based on a research interest, a clinical interest, or other points of commonality. We will be actively seeking out PSG members who would be willing to act as mentors for fellows in training, and also for early career GI fellowship graduates. We welcome your involvement with this effort as it gets underway.

"Expert Opinion" Network
There will always be clinical situations that will be out of the ordinary, even for an experienced clinician. When I personally encounter a situation like this, I have found that I can send an email to literally any expert in the world (assuming that I can find their email address!) and invariably get a response back with an insightful opinion. I aim to institute an **"Expert Opinion Network"** that can match PSG experts with those who have specific questions about a clinical case. We certainly have many world-class gastroenterologists in Pennsylvania and West Virginia that would be great experts to provide advice. Please look out for announcements regarding the Expert Opinion program and I hope that many of you will volunteer to provide Expert Opinions for questions that are in your wheelhouse of expertise.

"Project 100"
This is our effort to have 100% of the PA and WV GI fellows join the PSG. Randy Brand at UPMC has already made this a reality at his center, and he serves as inspiration for the rest of us. We are reaching out to the program directors of the GI fellowships so that they can understand the important work of the PSG and why they and their fellows should join. We are also, for the first time, compiling a comprehensive list of GI fellows in these two states so that we can increase possibilities of communication.

There are so many benefits for trainees to join the PSG, and membership is free for fellows! I am hoping for a lot of help from the FIT members of the PSG board to make Project 100 make its goal.

PSG Grants
New for 2022 is the PSG grant program! This program will offer up to 2 grants of $12,500 each in the fields of 1) increasing access and utilization of CRC screening and 2) improving value in endoscopic care delivery. More details about these grants will be available on the PSG website. You must be a PSG member to apply for a grant. Awardees will be announced at the September Annual Meeting!

PSG Website Update
The look and content of the PSG website (www.PASG.org) has not changed in about 3 years. In conjunction with the media department at PAMed, we are planning a comprehensive overhaul to improve the appearance and more important, usability of the website. More details to come, but we will be working hard in the next few months to make this happen! When it is ready, we will announce it widely on all of our social media platforms!

As always, thanks for your support of the PSG simply by being a member. In addition, I hope that we can count on you to be a mentor to a GI fellow or early-stage gastroenterologist after in their first couple of years of practice, or an expert for the "Expert Opinion" project. Interest in committee service is of course always welcome. And if there's any way that you feel the PSG can help you out, please drop me an email (dldiehl@geisinger.edu).

Have a great summer!

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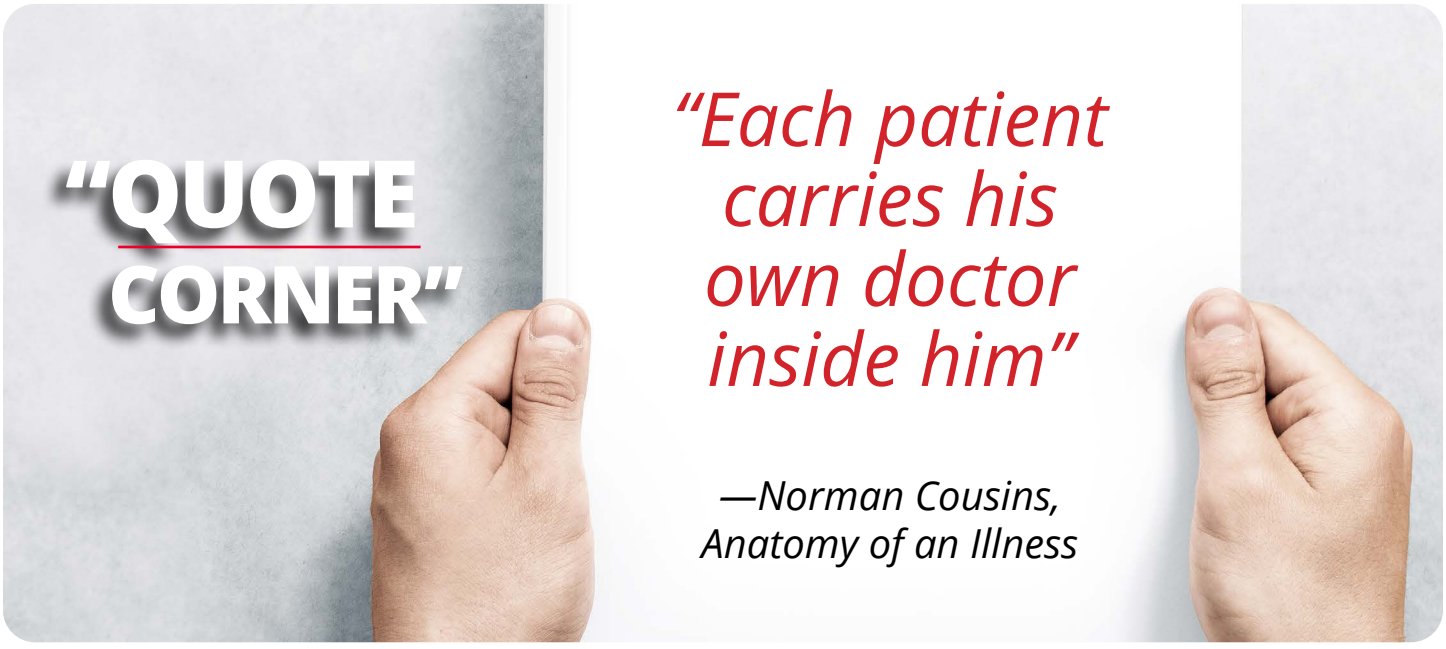

"Each patient carries his own doctor inside him"

—Norman Cousins, Anatomy of an Illness

Meet the New Fellow in Training (FIT) representatives to the PSG Board!

Strong fellow in training (FIT) representation has always been an important part of the PSG. We have a whole new panel of FITs who are eager to participate and lead the way with the PSG goals. I am expecting very high levels of FIT involvement this year from this outstanding group of fellows. Among other things, I think that our Social Media presence will increase markedly.

So, to introduce the new group of FITs, here are their brief autobiographical sketches:

Rebecca Loh, MD

Hometown: Bradenton, FL

Education:
- Undergrad: University of Pennsylvania
- Medical School: Thomas Jefferson University
- Residency: Thomas Jefferson University
- GI fellowship: Thomas Jefferson University, first year (rising second year)

Your professional plans after finishing GI fellowship:
I am hoping to remain at an academic center as I'm interested in medication education/training and likely will pursue a career in transplant hepatology

Include a paragraph or two about yourself:
I was born in NYC but moved to Florida where I completed most of my pre-college education. I subsequently moved to Philadelphia for undergraduate and have been here ever since! I have played volleyball since high school and was an active member of the Club Volleyball team at Penn as well as the Jefferson Volleyball Club team during medical school. Unfortunately, I am taking a brief hiatus from this hobby due to tearing my ACL (for the second time) last year, but I look forward to the day that I can get back to playing in the many recreational leagues in Philadelphia.

During residency, I was a member of our Medical Education pathway and graduate with a distinction in Medical Education. I had a lot teaching opportunities both for residents and medical students during my chief resident year prior to starting GI fellowship. Currently, I am working on some research projects in both hepatology and GI as I am potentially hoping to pursue the 3-year GI/hepatology track at my fellowship program.

Hobbies?
Volleyball, collecting and cooking up new recipes on Pinterest, eating my way through the Philadelphia restaurant scene

Are you a dog person or a cat person? (could also be both, neither, or maybe fish!)
BOTH but I am allergic to cats...my husband and I have a dog (Shiba Inu)

Favorite TV show or Movie:
hard to pick a favorite though my husband and I recently binged the newest season of Stranger Things!

Shandiz Shahbazi, MD

Hometown: Fairfax, Virginia

Education:
Undergraduate: University of Maryland-College Park
Medical School: Medical College of Virginia
Residency: Georgetown University Hospital
GI Fellowship: Penn State Hershey Medical Center (2021-2024)

Your professional plans after finishing GI fellowship:
Currently leaning towards general gastroenterology and obesity medicine

Include a paragraph or two about yourself:
I was born and raised in the DC area. I am the first physician in my family! I love meeting new people from different walks of life, traveling abroad, trying new cuisines and experimenting in the kitchen! I enjoy research and started working at the National Institutes of Health at the end of high school and continued for six years. I was inducted into the Gold Humanism Honor Society in medical school and served as the Graduate Medical Education Resident Representative for 500+ house staff in residency. I am currently finishing my first year of

fellowship at Penn State Hershey Medical Center and also serving on Penn State's Graduate Medical Education Committee.

Reid Malcolm, DO

Hometown: Columbia, SC

Education:
- BS Government and Economics, Wofford College 2007
- JD University of South Carolina School of Law 2008
- DO Edward Via College of Osteopathic Medicine Carolinas Campus 2018
- Internal Medicine Residency Geisinger Medical Center 2021
- GI Fellowship Geisinger Medical Center PGY-5

Your professional plans after finishing GI fellowship:
General GI, likely community practice.

Include a paragraph or two about yourself:
I am originally from South Carolina but have found a home in Danville, PA, where I did my medicine residency and now GI fellowship. I am accompanied on this journey by my wife, Lizzie, and our daughters, Coie (7) and Ann (3 - a Danville native). I graduated law school in 2010 and practiced law for a little over a year - the story of my transition from law to medicine is less interesting than what you are probably imagining. I graduated from VCOM-Carolinas, where I served as Student Government President and the National Parliamentarian of the Council of Osteopathic Student Body Presidents. I was also active in the South Carolina Medical Association while in medical school and was the first medical student in history to give a lecture for CME credit at the SCMA annual meeting, during the President's Educational Session in 2018. My background in law and politics has made me aware of the importance of organized medicine to provide physicians a voice in the decisions outside of medicine that impact the way we practice. I am honored and excited to have been asked to serve as a Fellow in Training Representative to the Pennsylvania Society of Gastroenterology and can't wait to see what the next year brings.

Hobbies?
- Guitar
- Snow skiing
- Vinyl record collecting
- Fountain pens
- College and NFL Football
- Atlanta Braves baseball
- Science fiction

Are you a dog person or a cat person? Dog

Favorite TV show or Movie:
Star Trek

Zeba Hussaini, MD

Hometown: Reading, PA and Toronto, ON, Canada

Education - Undergrad: Ursinus College (double major in Biology and Ethics), Medical School: Jefferson Medical College, Residency: Internal Medicine at Thomas Jefferson University Hospital, and GI fellowship: currently a first year (soon to be second year!) at Penn State Hershey Medical Center

Professional plans after finishing GI fellowship:
General GI with a special interest in IBD and nutrition.

Include a paragraph or two about yourself:
My goal has always been to be a doctor but learn about everything else too. I've always loved the humanities in medicine which was only strengthened during my time at a liberal arts school, Ursinus College. I graduated from Ursinus College with a double major in biology and applied ethics. I was a fellow for Center for Science and the Common Good (CSCG) which sponsored by the Howard Hughes Medical Institute and encouraged science majors to make the most of liberal education

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Meet the New Fellow in Training (FIT) representatives to the PSG Board!

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and become a public and civic intellectual while pursuing science as a career. I received the Senior Alumni Award while I was there and went on to Jefferson Medical College (now Sidney Kimmel Medical College) where my interests in the humanities continued and I was able to participate in various programs that were not directly related to medicine but were meaningful to me and I'm sure made me a better clinician, such as the Physician Executive Leadership program and medical interpreters' program to name a couple. I went on to be the wellness committee president of my residency during the pandemic which was quite interesting and very fulfilling and received educational honor roll award all three years by the medical students.

Interacting with and educating medical students has always been very important to me! I recently taught at a GI skills night for PSCOM students, and I realized I was equal parts terrified of 1) being asked a question I don't know the answer to and 2) coming off as too old or not cool, haha! I received an Exceptional Teaching Recognition from a medical student today actually and that truly made my day.

Hobbies: Biking both outdoors and indoors (I'm a peloton gal), traveling, cooking, trying new foods, spending time with family and friends, reading novels

Are you a dog person or a cat person?
Definitely a puppy person!

Favorite TV show or Movie:
Ted Lasso - I love a feel good show.

Ramiro De La Guerra, MD

Hometown: West Palm Beach, FL

Education: I earned my undergraduate degree at Johns Hopkins University in Baltimore where I studied Romance Languages and Biology. I attended St. George's University SOM for medical school and completed my Internal Medicine residency at Allegheny Health Network in Pittsburgh where I am currently a 3rd year GI fellow.

Professional plans after finishing GI fellowship:
I plan to practice general Gastroenterology in the Pittsburgh area.

About myself:
I was born and raised in Florida but I've lived all over the country and even out of the country before settling in Pittsburgh with my wife and two kids. I am a member of the Latin American Cultural Union and the Latino Community Center. I also spend time volunteering for the Human Rights Campaign.
My interests include trivia competitions, history and learning languages. So far I fluently speak Spanish, French and Italian and I'm working on learning Kannada, German, and Russian. I'm also a cinephile and have yet to see a movie I don't like. On the weekends you can catch me playground-hopping with my family.

Are you a dog person or a cat person?
I love dogs but currently own a cat (who acts more like a dog)!

PSG Research Grants and Awards: Request for Proposals (RFP)

The Pennsylvania Society of Gastroenterology is a private, non-profit organization established to support the practice of gastroenterology in the Commonwealth of Pennsylvania and the State of West Virginia. The PSG was founded in 1982, and this is the first time the PSSG is funding research grants.

For 2022, we are looking for research proposals in the following two areas:

(1) Increasing access and utilization of colorectal cancer screening

(2) Improving value in endoscopic care delivery

Each grant award will be up to $12,500.

Submission: Please submit the application via electronic file in Microsoft Word or Adobe PDF format to the grant application website

Apply for Our Research Grant Here

Grant Eligibility Criteria

Applicant Criteria:

- Applicant Criteria: Must be a PSG member. Be a physician, physician in training (letter of support), or hold an advanced degree (MD, DO, PhD).
- Must be held in the field within gastrointestinal disease that impacts the regional patient populations of Pennsylvania and West Virginia.
- Mentor program: Through the PSG grant process, a physician applying for a grant may request and be provided with a mentor through the PSG.
- Grant research proposals should not exceed 3 pages. They should include a Specific Aims, Background and Significance, Preliminary Data, Proposed Studies, and Methods.
- Literature cited should be provided separately.
- Investigators may be in any stage of their career. Separate budget justification is required.
- All grant applicants are encouraged to attend the annual meeting of the calendar year where the recipient will be announced.
- All recipients are expected to present their research at the Annual PSG meeting 1 year following the award and are expected to provide a short description of their research for the PSG newsletter (Rumblings).
- Recipients are expected to reference the PSG award for any publications that result from the grant.

Other Grant details:

- Grant awardees will receive 50% of funds in September 2022 and remaining 50% after a 6-month single page progress report is received (due 3/1/22) and reviewed by the research task force for appropriate progress.
- All grants are for 1 year

Questions? Please contact Shyam Thakkar, MD or Audrey Dean by email

Introduction To the Digestive Disease National Coalition—40 Years of Advocacy for Patients with Digestive Diseases

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bit.ly/ACG-Magazine-DDNC

For more than 40 years, the Digestive Disease National Coalition (DDNC) has advocated for federal policies and legislation benefiting patients with digestive diseases and the clinicians who support them. At the conclusion of the original late1970s National Commission on Digestive Disease Research, representatives from the professional GI societies and the digestive disease patient community, several of whom served as commissioners, decided that it would take a collaborative effort of all stakeholders to convince Congress to implement the structural changes to the NIH digestive disease research program recommended by the National Commission.

This decision to establish a coalition to speak with one voice in support of the recommendations of the National Commission was the birth of the DDNC. Congress responded to the DDNC's advocacy to enhance the Division of Digestive Disease Research at the then National Institute of Arthritis and Diabetes and Digestive and Kidney Diseases (NIADDK, now NIDDK), and also added other important elements to the digestive disease division, giving it more authority to support a comprehensive research program—including the current NIDDK Silvio O. Conte Digestive Diseases Research Core Centers program.

In the late 1990s, the DDNC worked alongside the professional GI societies to advocate for legislation providing for the establishment of a Medicare benefit for colon cancer screening and was also the driving force behind the establishment of the Centers for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program which works with state, local, and academic partners to implement evidence-based interventions known to be effective in increasing colorectal cancer screening. More recently, the DDNC partnered with the American Cancer Society and the professional GI societies to pass legislation to solve the "polyp penalty"—the Removing Barriers to Colorectal Cancer Screening Act, which waives Medicare coinsurance requirements with respect to colorectal cancer screening tests.

To this day, the hallmark of the DDNC continues to be the collaboration among patient and provider organizations to speak with one voice to legislators and federal government officials. The DDNC works closely with all federal health agencies and helped write the national hepatitis screening program for HHS, ran webinars for the FDA regarding its new food safety division, and helped compose the 10-year federal plan for gastrointestinal disease.

"With time, I learned that the best pathway for change is influencing influencers. Change is hastened by personally interacting with outside groups both to get new ideas and to assess the true impact of change."

—Ralph McKibbin, MD, FACG, DDNC Past-President, PSG Past-President

Q1. MCKIBBIN Why did you get involved with the DDNC?
Years ago, as a new member of my hospital medical staff, I was appointed to our cancer committee and became the Cancer Liaison Physician to the Commission on Cancer. This made me responsible for improving all cancer care in our cancer center. With time, I learned that the best pathway for change is influencing influencers. Change is hastened by personally interacting with outside groups both to get new ideas and to assess the true impact of change. We now use the term stakeholder engagement. Through the Pennsylvania Society of Gastroenterology, I became the representative to the DDNC so that we could share our views directly with our federal representatives and to receive input on topics from the many patient care organizations and other stakeholders. This has made our state society more relevant and greatly strengthened our ability to impact policy on the state and federal levels and to challenge insurance carrier restrictions.

Q2. MCKIBBIN Why does the DDNC matter to the GI community?
The DDNC was conceived as a stakeholder group. Each member association has its own best interests at heart but by getting us together to discuss the impact of proposed legislative and policy changes, we can arrive at a consensus position that is best for all patients with gastrointestinal diseases. This is a powerful thing when we advocate with policymakers, and they take notice. DDNC's success in advocating for change is very well respected. On a personal level, DDNC representatives will interact with peers from state and national GI societies as well as leaders from national patient groups and industry, which gives us a broader perspective. This type of networking is a valuable resource for the member groups and can grow and strengthen our physician leadership.

Q3. MCKIBBIN What are the issues that the DDNC tackles that most resonate with you, and why?
Access to care is probably the one area of advocacy that is dear to my heart. As an actively practicing physician, I see many inflammatory bowel disease patients, as well as others with chronic diseases, and non-medical switching is a very important problem impacting our patients. Changing medications in stable patients based solely on price is proven to lead to nonadherence, poorer clinical outcomes, and higher patient and system costs. The DDNC has been instrumental in organizing efforts to level the playing field and regulate issues such as this.

"This unified voice is extremely powerful not only on Capitol Hill, but also at various federal agencies that oversee funding for research and care of patients with digestive disease."

—Costas H. Kefalas, MD, MMM, FACG, DDNC Past President, GIQuIC President, ACG Trustee

Q1. KEFALAS Why did you get involved with the DDNC?
My involvement with the DDNC began when we co-founded the Ohio Gastroenterology Society (OGS) in 2009. We reached out to the DDNC because of the work they were doing, with respect to advocacy at the federal level, but also at the state level. There were a number of prominent state GI societies that were members (FL, PA, NY, TX, etc.). What was intriguing to our OGS board at that time was the fact that the DDNC advocated in teams of physicians, nurses, industry representatives, and, most importantly, patients. The patient advocates are the most effective advocates on Capitol Hill, because their stories matter more than any policy or numbers that the rest] of the DDNC advocacy team]discusses. Subsequent to this, I was asked to serve as the ACG representative to the DDNC, when Dr. Peter Banks stepped down from this position after many years of dedicated service.

Q2. KEFALAS Why does the DDNC matter to the GI community?
The DDNC fulfills a critical mission in the GI community. Being based in Washington, DC, and led by the professional staff of the Health and Medicine Counsel of Washington, the DDNC includes numerous national GI societies, state GI societies, pharma, and patient advocate groups covering a multitude of GI diseases and conditions. This unified voice is extremely powerful not only on Capitol Hill, but also at various federal agencies that oversee funding for research and care of patients with digestive diseases, such as the NIH and FDA, to name only two. DDNC staff send information and updates to each of the member organizations who, in turn, pass that along to individual members. And once again, the advocacy efforts of the DDNC are unmatched, in terms of the scope and depth of the team approach, most importantly with the inclusion of patient advocates.

Q3. KEFALAS What are the issues that the DDNC tackles that most resonate with you, and why?
Over the years, there have been many specific issues with which the DDNC has been successfully involved. Colorectal cancer screening access and insurance coverage has been foremost in my mind over the years, given the effectiveness of colorectal cancer screening in general and via colonoscopy in particular. But there are so many others, including access for testing and treatment of viral hepatitis, access to treatment considered experimental for end stage GI cancer or disease, the annual push for NIH research funding and protection against decreases to the same, and promotion of reasonable drug costs. These issues affect most of our patients, and I cannot be grateful enough to the DDNC for what they have done and continue to do for our patients, year in and year out, since 1978 when the DDNC was founded.

Bryan Green, MD, FACG, DDNC President

Q1. GREEN Why did you get involved with the DDNC?
I became involved with the DDNC while I was serving as the President of the South Carolina Gastroenterology Association (SCGA). In this position I had championed digestive health issues at the state level, especially funding for our

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Introduction to the Digestive Disease National Coalition—40 Years of Advocacy for Patients with Digestive Diseases

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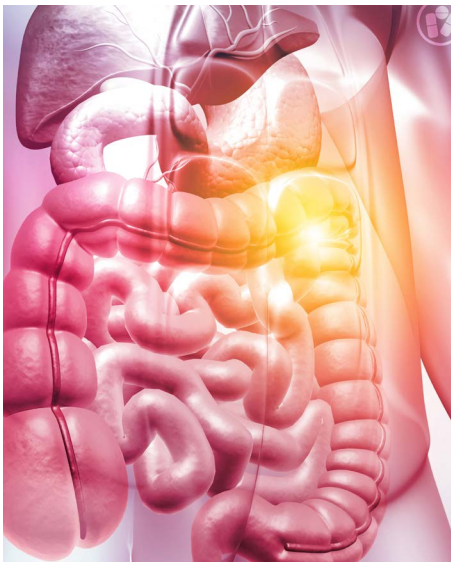
statewide Colon Cancer Prevention Network (CCPN) that provides free screening colonoscopies to uninsured South Carolinians. I realized that many of largest issues of digestive health are shared by patients throughout the country and can be best addressed at the federal level.

Q2. GREEN Why does the DDNC matter to the GI community?
By partnering with Public Policy | 19 patient-centered organizations, the physicians involved in the DDNC can send a more compelling and heartfelt message to legislators. For instance, when I advocate for increased coverage of colon cancer prevention with a spouse of colon cancer victim who put off getting a colonoscopy due to the fear of a large coinsurance bill, it sends a far more poignant message to the legislator. While we as physicians are scientific, most legislators are not. The combination of the scientific viewpoint and the passion of a patient is far more cogent than either alone.



Q3. GREEN What are the issues that the DDNC tackles that most resonate with you, and why?
We were very proud to get the "polyp penalty" removed that turned a 100% covered screening colonoscopy into a diagnostic one and left patients with a bill. Currently non-medical switching where an insurance company requires a patient to change from an effective medication or try several ineffective ones first has become commonplace. Additionally, the advent of Pharmacy Benefit Managers (PBMs) in the last several years restrict patient access to affordable medications. While PBMs were touted as a way to lower drug costs, they have simply shifted more of the cost to patients. The DDNC is working hard to educate legislators on these dangerous trends that deny patients the affordable care they need and deserve.

The DDNC welcomes the participation of all patient organizations and national and state-based provider organizations. Visit the DDNC website (www.ddnc.org) or contact Dale Dirks, Lesia Griffin, and Jackson Rau at 202-544-7497.
– Dale Dirks and Jordan Rau, DDNC Staff, Health and Medical Counsel of Washington ACG & DDNC

About The Coalition:
The Digestive Disease National Coalition (DDNC) is an advocacy organization comprised of the major national voluntary and professional societies concerned with digestive diseases. The DDNC focuses on improving public policy and increasing public awareness with respect to diseases of the digestive system.

DDNC Mission:
The DDNC's mission is to work cooperatively to improve access to and the quality of digestive disease health care in order to promote the best possible medical outcome and quality of life for current and future patients.

New Developments in Therapeutic Endoscopy

What is "Third Space Endoscopy"?

by David L Diehl, MD, FACP, FASGE
Director of Interventional Endoscopy
Geisinger Medical Center, Danville, PA

Most Gastroenterologists might have heard about "**Third Space Endoscopy**", but the exact meaning of this term may be unclear. The "**first space**" is the inside of the gut lumen, and we all work there on a daily basis. The "**second space**" is outside the gut wall (generally the peritoneal cavity). Work in the second space is managed with open or laparoscopic surgery. In the past 10-15 years, an endoscopic method of entry to the peritoneum was developed (natural orifice translumenal endoscopic surgery, or "NOTES"), but has not dislodged the primacy of laparoscopy for the second space.

The "third space" is that potential space between the mucosa and the muscularis. Certainly, we have all injected saline under a polyp to facilitate safe resection; this submucosal injection is into the "third space". However, in third space endoscopy, the endoscopist remains in that space to accomplish the therapeutic goals of the procedure.

For third space endoscopic procedures, a submucosal bleb is raised (usually with the injection of 2-10 mL of saline), and a mucosal incision made. The submucosal connective tissue is carefully dissected, and the endoscope enters the submucosal layer. Further dissection allows for "tunneling" in the submucosal space. Tunneling allows the endoscope to reach the foregut sphincters (LES, UES and pylorus) or submucosal lesions (SMLs). After the target has been treated (e.g., cutting of a sphincter or removal of the SML), the entry point of the tunnel is closed. Proper closure of the entry point of the tunnel is critical because this will prevent a perforation or access of luminal contents to the tunnel.

In the last several years the introduction of new techniques has expanded what endoscopists can do in the third space. One of the first and most important third space technique was the development of peroral endoscopic myotomy, or **POEM**. POEM has become an important therapeutic option for achalasia and other esophageal motility disorders. This technique was initially described by Pasricha et al in 2007, and then in 17 patients by Inoue, a thoracic surgeon from Yokohama, Japan, in 2010.

For esophageal POEM, a submucosal bleb is raised in the esophagus, the mucosa is cut, and the endoscope advanced into the submucosal space. The submucosal tunnel is extended down about 10-15cm to a point that is approximately 2cm distal to the LES. Throughout this entire process, care is taken to identify and cauterize submucosal vessels before cutting them. Next, the circular muscle is cut with a dissection knife (myotomy). Finally, the entry point is closed with clips or endoscopic suturing.

By now, there is a lot of mature data showing the efficacy and safety of POEM in the treatment of achalasia, comparing it favorably to standard treatments. The "Achilles' heel" of POEM is the higher incidence of GERD as compared to a Heller myotomy or pneumatic dilation. The optimal length of the myotomy and how long to extend the myotomy down onto the stomach is an area of active research. Optimizing the myotomy length may lead to a lower incidence of post-POEM GERD.

Closely following the POEM approach in the esophagus, innovative endoscopists have applied the third space approach for management of other GI problems. For the management of gastroparesis, submucosal tunneling and pyloric myotomy (Gastric or **G-POEM**) can be useful. The clinical results are good, but patient selection is of critical importance, since gastroparesis is not a homogeneous disease. To identify which patients might benefit the most from G-POEM, one approach that is used by many experts is a therapeutic trial of Botox (200 units) injected into the pylorus in a 4-quadrant pattern. Patients who respond to the Botox are considered to have decreased pyloric distensibility accounting for gastroparesis and G-POEM can be offered.

A tunneling approach can also be used for management of Zenker's diverticulum, the "**Z-POEM**" procedure. A related application of Z-POEM is for management of symptomatic cricopharyngeal bars without a diverticulum. Tunneling has also been used to remove submucosal lesions (submucosal tunneling with endoscopic resection, or "**STER**") Submucosal tunneling is also useful for the performance of endoscopic submucosal dissection (**ESD**), although in this case, the entry point is not closed, but the entire mucosal layer (the polyp) is "unroofed" and removed *en bloc*.

Starting with POEM, and continuing with G-POEM, Z-POEM, STER, and tunneling ESD, the entire field of "**Third Space Endoscopy**" is bringing important advances to therapeutic endoscopy. It will be very interesting to see what new third space indications are developed in the near future!

PSG 2022 ANNUAL SCIENTIFIC MEETING

Pennsylvania Society of Gastroenterology

SEPTEMBER 9-11, 2022

THE HOTEL HERSHEY, HERSHEY, PA

Shyam Thakkar, MD
Program Chair

AGENDA

Friday, September 9, 2022

6:00-8:30 p.m. Welcome Reception at the Hotel (Family friendly)

Saturday, September 10, 2022

7:00-7:30 a.m. Registration/Continental Breakfast with Exhibitors/View Posters

7:30-7:45 a.m. Welcome/Presidential Address/Annual Business Meeting
David L. Diehl, MD

Hepatology & IBD

7:45-8:05 a.m. Updates on Research and Treatment in NAFLD
Dina Halegoua-DeMarzio, MD

8:05-8:25 a.m. Hepatitis C Treatment Model in 2023
Michael Babich MD

8:25-8:45 a.m. IBD Updates, Therapies, and the Horizon of AI
Gary Lichtenstein, MD

8:45-9:05 a.m. Complications in IBD...Management of Strictures, Fistulas, and Abscesses
Jennifer Veverka, MD

9:05-9:15 a.m. Q&A

Pancreaticobiliary

9:15-9:35 a.m. Management of Biliary Strictures
David Loren, MD

9:35-9:55 a.m. Pancreas Cyst Management and the New Frontier of Endoscopic Ablation
Matthew T. Moyer, MD, MS, FASGE

9:55-10:15 a.m. Acute Pancreatitis...Defining the Plan
Diraj Yadev, MD

10:15-10:25 a.m. Q&A

10:25 – 10:45 a.m. Break and Visit Exhibitors Keynote Address

10:45-11:10 a.m. Consolidation Trends in GI
Michael Weinstein, MD, Capital Digestive Care, LLC

Endoscopy

11:15 – 11:35 a.m. Current State of Endoluminal Bariatric Interventions
Shailendra Singh, MD, WVU

11:35 – 11:55 a.m. Outcomes reporting in Endoscopy, delivering quality and the benefit of AI – ***Shyam Thakkar, MD***

11:55 a.m.-12:15 p.m. Endoscopy On Call…Must Have Innovations for the Urgent Scope ***Jennifer Maranki, MD***

12:15-12:25 p.m. Q&A

FIT Program

12:45 – 1:45 p.m. Fellows GI Jeopardy competition for the Gastro Cup (Lunch Provided) ***Harshit Khara, MD***

1:45-6:00 p.m. Free Time (on your own)

6:00-9:00 p.m. Family Fun Night: Reception and Dinner (pre-registration required)

Sunday, September 11, 2022

7:00-7:45 a.m. Registration/Continental Breakfast with Exhibitors/View Posters

Practice Management

7:45-8:05 a.m. Transforming the Environmental and Financial Challenges of Endoscopy ***Swampa Gayam, MD***

8:05-8:25 a.m. Medical Malpractice Update ***Richard Moses, DO***

8:25-8:45 a.m. Female Centric Gastrointestinal Care ***Vicki Bhagat, MD***

8:45-9:05 a.m. Ergonomics in Endoscopy ***Austin Chiang, MD***

9:05-9:15 a.m. Q&A

Cancer

9:20-9:40 a.m. Colorectal Cancer Screening Updates and Perspective ***Robert Schoen, MD***

9:40-10:00 a.m. Endoscopic Resection of Advanced Neoplasia…Options and Management Strategies ***Alexander Schlachterman, MD***

10:00-10:20 a.m. Demographics in GI Cancer Prevention…the Underrepresented and the Underserved ***Akinbowale Oyalowo, MD***

10:20-10:40 a.m. Pancreatic Cancer Screening – the how, when, and why ***Randall Brand, MD***

10:40-10:50 a.m. Q&A

10:50-11:10 a.m. Break and Visit Exhibitors

IBS, Reflux & Motility

11:10-11:30 a.m. Deciphering the Optimal Treatment Option for Your Patient with IBS-C ***Nitin Ahuja, MD***

11:30-11:50 a.m. Fecal Transplant in IBS…Are we there yet??? ***Rouenne Seeley, DO***

11:50 a.m.-12:10 p.m. Patient Centric Management Redefines Reflux Care ***Kristle Lee Lynch, MD***

12:10-12:30 p.m. Updates on Motility Challenges and Treatments ***Zubair Malik, MD***

12:30-12:40 p.m. Q&A

12:40 p.m. Closing Remarks

12:45 p.m. Adjourn

CLICK HERE TO REGISTER

Total - 9.0 hours CME

Legislative**UPDATE**

F. Wilson Jackson, MD

Pennsylvania's General Assembly is out of session until mid-September 2022. That is not to say, however, that important issues to physicians will be tabled until then. Active and primary legislative issues to our members are:

- **Venue Rule (House Bill 2660)**
- **Prior Authorization (Senate Bill 225)**

We can take each of these in turn.

Venue Rule: Those of you who were practicing medicine in the early 2000's will recall the malpractice crisis at that time when there was a surge of malpractice premiums. One of the drivers of the sharp rise in premiums was change of venue. At that time, trial attorneys were able and often chose to move cases to jurisdictions with historically more favorable jury verdicts regardless of where a malpractice claim occurred. The Medical community mobilized, and the change of venue was suspended though never retired. The decision to resurrect the change of venue rests with the Pennsylvania Supreme Court. Codifying a more reasonable venue rule whereby a trial occurs within the jurisdiction and presided by a jury of peers reflective of the community where a claim occurred would require a Constitutional amendment. This may seem like a long road and it is. House Bill 2660 introduced by State Representative Rob Kauffman would move the decision of venue from the Pennsylvania Supreme Court to the Legislature. Moving this piece of legislation would require the item be added to the general ballot and, if approved by voters, it must also be passed during two different legislative sessions. It's a long but worthwhile objective.

Prior Authorization:

Prior authorization is the bane of every practicing physician and their medical staff. At times, even the most mundane and reasonable request for a study or medication is met with request for further information or outright denial necessitating an at times escalating levels of appeal. The added burden of time and resources often delays patient care while adding additional costs to our health care system – costs that are borne by physician practices. Senate Bill 225 will improve the process and reduce some of the administrative burden of prior authorization.

As always, your board of The Pennsylvania Society of Gastroenterology will continue to engage the Pennsylvania legislature to advocate on our members behalf. If you have opportunity to speak or meet with your local representative, please speak to these two items. Please also let us know if there are issues or items that we can add to our legislative agenda.

Diversity & Inclusion: Our Future & Foundation for Growth

Diversity, equity, belonging, and engagement are at the core of the Pennsylvania Society of Gastroenterology's (PSG) values. The PSG encourages, welcomes, supports, and recognizes diverse opinions and voices of our members, staff, and business partners. We know it is important to intentionally foster understanding related to ethnicity, accessibility, age, gender, and sexual orientation. This will foster our commitment to collegiality and authentically connect us closer to our members, their patients, and the communities they serve

Adopted January 22, 2022

PSG Pennsylvania Society of Gastroenterology

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