



Join Your Colleagues in Philly for ACG 2007

The Premier GI Clinical Event of the Year!

Dear Colleagues,

Welcome to ACG 2007, ACG's Annual Scientific Meeting and Postgraduate Course, the premier GI clinical event of the year. This year's program features internationally recognized experts and rising stars in the field of gastroenterology providing the latest clinical updates plus what is on the horizon that may impact your practice.

You'll find several new features to this year's meeting. ACG offers a new Allied Health Professionals Symposium, "A Case Based Approach to the Management of Common GI Diseases," on Sunday, October 14, from 2:00 pm–5:00 pm. If your support staff of physician assistants, nurse practitioners and nurses are joining you at the meeting, we encourage you to attend this symposium with them.

ACG will also feature Poster Rounds with the Experts. Each day of the poster sessions a well-known expert will lead attendees around to posters of interest. Day one will feature some of the *Journal* editorial leaders; day two, ACG Board of Trustee members; and day three, ACG Educational Affairs Committee members. This is a great opportunity to discuss posters, garner insight from the expert, and make new contacts with other attendees in a low-key, relaxed atmosphere. Poster Rounds with the Experts runs from Sunday–Tuesday. You'll find more information included as a flyer in your registration bag or visit the Information Booth or Registration for more details.

This year marks a historic milestone for ACG as we celebrate our 75th Anniversary. In celebration of our anniversary, ACG has published a book, *American College of Gastroenterology: Seventy-Five Years of Commitment to Clinical Gastroenterology, Gastroenterologists, and Patient Health*. The book is offered free to any ACG member attending ACG 2007. A ticket is included with your name badge and you can pick up your book at the ACG booth, #1518. We've also created a special 75th Anniversary exhibit display that may be found in the Grand Hall.

Don't miss the social event of the meeting, the President's Reception, which will take place on Monday evening from 7:00 pm–9:00 pm at the Marriott Salon CDE. Reconnect with old colleagues and make new contacts.

In closing, I want to thank you for the opportunity to serve you this year. It has been my pleasure to be the ACG President and I welcome everyone to the ACG 2007 Annual Scientific Meeting and Postgraduate Course.

Sincerely,

David A. Johnson, MD, FACP
ACG President



Schedule at a Glance

Friday, October 12	Saturday, October 13	Sunday, October 14	Monday, October 15
<p>Continental Breakfast 6:30 am-8:00 am</p> <p>Registration <i>Bridge Area</i> 6:30 am-8:00 pm</p> <p>Review of GI Structure and Function Course <i>Lecture Hall</i> 7:00 am-12:30 pm</p> <p>Practice Management Course <i>Room 108 AB</i> 7:00 am-6:00 pm</p> <p>ASGE-Sponsored Endoscopy Course <i>Room 103 ABC</i> 8:00 am-5:15 pm</p> <p>GI Pharmacology Course <i>Lecture Hall</i> 1:45 pm-4:45 pm</p> <p>ACG Store <i>Grand Hall</i> 2:00 pm-6:00 pm</p> <p>Recertification Preparation and Update Course <i>Room 111 AB</i> 5:15 pm-8:15 pm</p>	<p>Continental Breakfast <i>Grand Hall</i> 7:00 am-7:45 am</p> <p>Registration <i>Bridge Area</i> 7:00 am-5:15 pm</p> <p>Postgraduate Course <i>Ballroom AB</i> 7:50 am-5:15 pm</p> <p>ACG Store <i>Grand Hall</i> 8:00 am-4:30 pm</p> <p>David Sun Lecture <i>Ballroom AB</i> 10:20 am-10:50 am</p> <p>Optional Learning Luncheons <i>(Ticket required. See ticket for room assignment.)</i> 12:40 pm-1:55 pm</p> <p>Career Opportunities for Women in GI Luncheon <i>Room 104 AB</i> 12:40 pm-1:55 pm</p> <p>NEW! Trainees Luncheon <i>(Ticket required.)</i> <i>Room 110 AB</i> 12:40 pm-1:55 pm</p> <p>GI Jeopardy <i>Room 204 ABC</i> 5:30 pm-7:00 pm</p>	<p>Continental Breakfast <i>Grand Hall</i> 7:00 am-7:45 am</p> <p>Registration <i>Bridge Area</i> 7:00 am-6:30 pm</p> <p>Postgraduate Course <i>Ballroom AB</i> 7:50 am-5:15 pm</p> <p>Auxiliary Registration/Hospitality Suite <i>Marriott Room 304</i> 8:00 am-12:00 noon</p> <p>ACG Store <i>Grand Hall</i> 8:00 am-4:30 pm</p> <p>Job Forum <i>Room 203 B</i> 8:00 am-5:45 pm</p> <p>Optional Learning Luncheons <i>(Ticket required. See ticket for room assignment.)</i> 12:20 pm-1:35 pm</p> <p>NEW! ACG Allied Health Professionals Symposium <i>Room 104 A</i> 2:00 pm-5:00 pm</p> <p>Poster Sessions <i>Exhibit Hall AB</i> 3:30 pm-7:00 pm</p> <p>Exhibit Hall Open <i>Exhibit Hall AB</i> 3:30 pm-7:00 pm</p> <p>NEW! Allied Health Professionals Reception <i>Room 104 B</i> 5:00 pm-6:00 pm</p> <p>Trainees' Forum <i>Room 103 AB</i> 5:30 pm-7:00 pm</p> <p>Alumni Receptions <i>Consult ACG Registration Area for room locations.</i> 6:00 pm-7:00 pm</p> <p>Women and Minorities in GI Reception <i>Marriott Room 309</i> 6:00 pm-7:00 pm</p>	<p>Registration <i>Bridge Area</i> 7:00 am-5:15 pm</p> <p>Auxiliary Registration/Hospitality Suite <i>Marriott Room 304</i> 8:00 am-12:00 noon</p> <p>ACG Store <i>Grand Hall</i> 8:00 am-4:30 pm</p> <p>Job Forum <i>Room 203 B</i> 8:00 am-5:00 pm</p> <p>Annual Meeting <i>Ballroom AB</i> 8:00 am-5:15 pm</p> <p>Presidential Address <i>Ballroom AB</i> 9:00 am-9:30 am</p> <p>Exhibit Hall Open <i>Exhibit Hall AB</i> 9:30 am-4:00 pm</p> <p>Poster Sessions <i>Exhibit Hall AB</i> 10:30 am-4:00 pm</p> <p>Lunch Break <i>Food available for purchase in Exhibit Hall AB.</i> 12:15 pm-2:00 pm</p> <p>FAQ Session – Esophagus <i>Exhibit Hall AB</i> 12:30 pm-1:00 pm</p> <p>FAQ Session – Pancreas <i>Exhibit Hall AB</i> 1:15 pm-1:45 pm</p> <p>The American Journal of Gastroenterology Lecture <i>Ballroom B</i> 2:40 pm-3:20 pm</p> <p>ACG Business Meeting <i>Ballroom B</i> 5:30 pm-6:00 pm</p> <p>International Attendee Reception <i>Marriott Room 309/310</i> 6:00 pm-7:00 pm</p> <p>President's Reception <i>Marriott Salon CDE</i> 7:00 pm-9:00 pm</p>

Attention ACG Members

Looking to hire qualified candidates? Post your job openings for free at the ACG 2007 Job Forum. You can schedule on-site interviews or follow up with prospective employees after the meeting. For more information on how you can participate in the ACG 2007 Job Forum, visit www.acgmeetings.org/jobforum.

Tuesday, October 16

Optional Breakfast Sessions

(Ticket required. See ticket for room assignment.)
6:45 am-8:30 am

Registration

Bridge Area
6:45 am-6:00 pm

Auxiliary Registration/Hospitality Suite

Marriott Room 304
8:00 am-12:00 noon

ACG Store

Grand Hall
8:00 am-4:30 pm

Job Forum

Room 203 B
8:00 am-5:00 pm

Annual Meeting

Ballroom AB
8:30 am-6:00 pm

Exhibit Hall

Exhibit Hall AB
9:30 am-4:00 pm

J. Edward Berk Distinguished Lecture

Exhibit Hall AB
10:00 am-10:30 am

Poster Sessions

Exhibit Hall AB
10:30 am-4:00 pm

Lunch Break

Food available for purchase in Exhibit Hall AB.
12:15 pm-2:00 pm

FAQ Session – Liver

Exhibit Hall AB
12:30 pm-1:00 pm

FAQ Session – IBD

Exhibit Hall AB
1:15 pm-1:45 pm

Emily Couric Memorial Lecture

Ballroom AB
2:00 pm-2:30 pm

Wednesday, October 17

Optional Breakfast Sessions

(Ticket required. See ticket for room assignment.)
6:45 am-8:30 am

Registration

Bridge Area
6:45 am-12:30 pm

Auxiliary Registration/Hospitality Suite

Marriott Room 304
8:00 am-11:00 am

ACG Store

Grand Hall
8:00 am-12:00 noon

Job Forum

Room 203 B
8:00 am-12:30 pm

Annual Meeting

Ballroom AB
8:30 am-12:30 pm

Exhibit Hall

Exhibit Hall AB
9:30 am-12:00 noon

David Y. Graham Lecture

Ballroom B
10:15 am-10:45 am



ACG Information Booth

Located in the Grand Hall, ACG's new Information Booth will offer help with questions about room locations, CME credits, membership issues, area dining venues, and a variety of other topics.

ACKNOWLEDGEMENTS

The American College of Gastroenterology acknowledges with thanks contributions in support of this year's program from the following:

Abbott Labs

AstraZeneca

Braintree

Ganeden Biotech

TAP Pharmaceutical Products, Inc.

Fleet Laboratories

Shire Pharmaceuticals

Sucampo/Takeda Pharmaceuticals

UCB, Inc.

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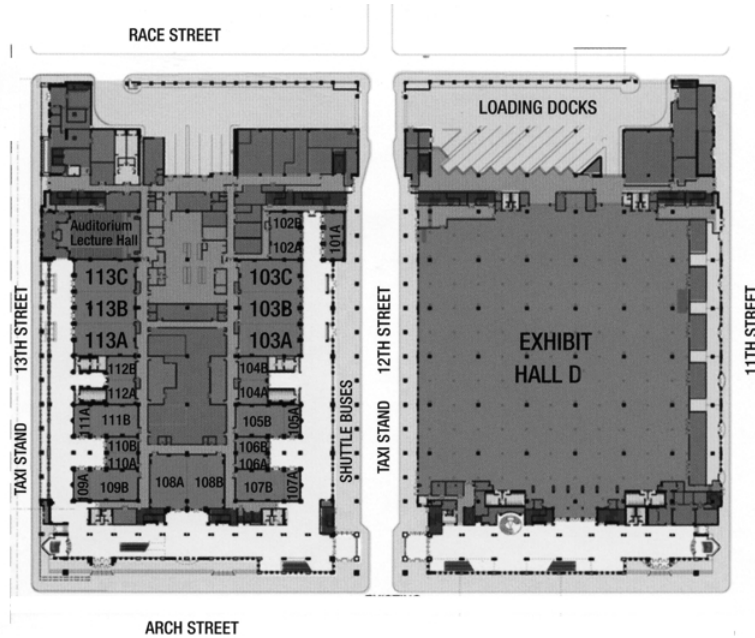
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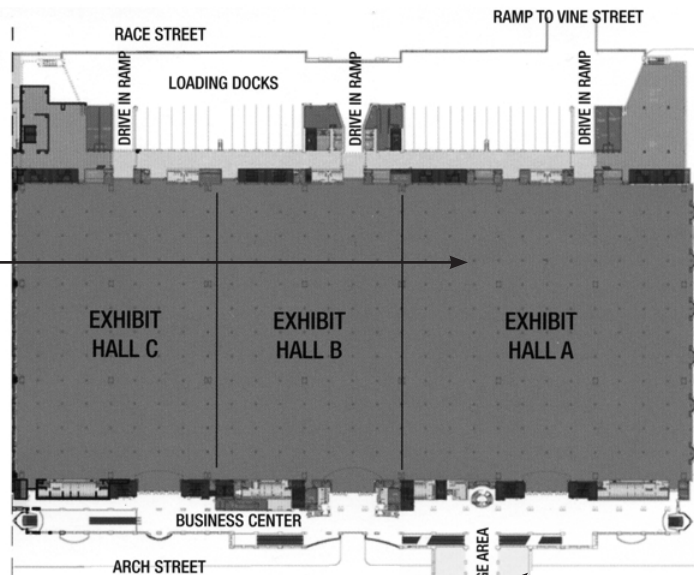
STREET LEVEL

Friday Optional Courses,
Postgraduate Course
Learning Luncheons and
Annual Meeting
Breakfast Sessions



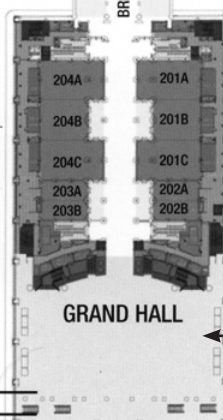
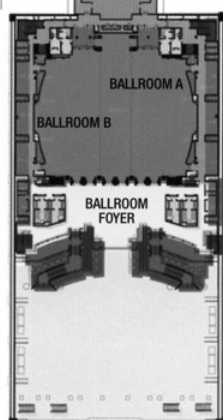
LEVEL 2

Exhibits,
Poster Sessions,
FAQ Sessions



Postgraduate Course and
Annual Meeting Sessions

*EXISTING BALLROOMS
ABOVE LEVEL 2*



*LEVEL 2
MEETING
ROOMS*

ACG REGISTRATION

Speaker Ready Room, Press
Room, and Annual Meeting
Simultaneous Plenary
and Symposia Sessions

ACG Information Booth
and ACG Store

Event Locations — Friday, October 12

			PAGE ##
6:45–8:00 am	Continental Breakfast	Outside course room	##
7:00 am–12:30 pm	Review of GI Structure and Function Course Registration is required. Visit ACG Registration to register, however session may be sold out.	Lecture Hall	##
7:00 am–6:00 pm	Practice Management Course Registration is required. Visit ACG Registration to register, however session may be sold out.	Room 108 AB	## ##
8:00 am–5:15 pm	ASGE-sponsored Endoscopy Course Registration is required. Visit ACG Registration to register, however session may be sold out.	Room 103 ABC	## ##
1:45–4:45 pm	What's New in GI Pharmacology Course Registration is required. Visit ACG Registration to register, however session may be sold out.	Lecture Hall	##
5:15–8:15 pm	Recertification Preparation and Update Course Registration is required. Visit ACG Registration to register, however session may be sold out.	Room 111 AB	##

Event Locations — Saturday, October 13

7:00–7:45 am	Continental Breakfast	Grand Hall	
7:50 am–5:15 pm	Postgraduate Course	Ballroom AB	
10:20–10:50 am	David Sun Lecture Esophageal Dilation: A Perspective of 45 Years of Experience: Pearls, Perils and Pitfalls <i>H. Worth Boyle, Jr., MD, MACG</i>	Ballroom AB	
12:40–1:55 pm	OPTIONAL LEARNING LUNCHEONS Cost is \$50 person/per session. Visit ACG Registration to purchase tickets, however some sessions may be sold out.	Room location on ticket	
12:40–1:55 pm	Career Opportunities for Women in GI Luncheon Advanced registration required.	Room 104 AB	
12:40–1:55 pm	Trainees Luncheon Cost is \$25 person. Visit ACG Registration to purchase ticket, however this event may be sold out.	Room 110 AB	
5:30–7:00 pm	GI Jeopardy Competition • All attendees are invited	Room 204 ABC	

Event Locations — Sunday, October 14

			PAGE
7:00–7:45 am	Continental Breakfast	Grand Hall	##
7:50 am–5:15 pm	Postgraduate Course	Ballroom AB	
12:20–1:35 pm	OPTIONAL LEARNING LUNCHEONS Cost is \$50 person/per session. Visit ACG Registration to purchase tickets, however some sessions may be sold out.	Room location on ticket	## ##
2:00–5:00 pm	ACG Allied Health Professionals Symposium Registration is required. Visit ACG Registration to register, however session may be sold out.	Room 104 A	## ##
3:30–7:00 pm	Poster Sessions Open	Exhibit Hall	##
3:30–7:00 pm	Exhibit Hall Opens	Exhibit Hall	##
5:30–7:00 pm	Trainees Forum • All Trainees are invited	Room 103 AB	
6:00–7:00 pm	Alumni Receptions • ???	Room ???	##
6:00–7:00 pm	Women and Minorities in GI Reception • All attendees are invited	Marriott Hotel Room 309/310	

Event Locations — Monday, October 15

			PAGE
8:00 am	Opening Remarks	Ballroom AB	19
8:00–9:00 am	President's Plenary Session	Ballroom AB	19
9:00–9:25 am	Presidential Address <i>David A. Johnson, MD, FACG</i>	Ballroom AB	19 & 29
9:25–9:30 am	Awards Program	Ballroom AB	19
9:30–10:30 am	President's Plenary Session	Ballroom AB	19
10:30–11:00 am	Coffee Break • Visit Exhibits	Exhibit Hall AB	3
11:00 am–12:15 pm	SIMULTANEOUS SYMPOSIA 1 1A: Top Down or Step Up Therapy in Crohn's Disease: Which is Right? 1B: Complications from Cirrhosis: We're Making Progress	Ballroom A Ballroom B	20 20
12:15–2:00 pm	Lunch Break • Visit Poster Session	Exhibit Hall AB	3
12:30–1:00 pm	FAQ Session: Esophagus	Exhibit Hall AB	20
1:15–1:45 pm	FAQ Session: Pancreas	Exhibit Hall AB	20
2:00–2:40 pm	SIMULTANEOUS PLENARY SESSIONS Session 1: Colorectal Cancer Prevention/Small Intestine Session 2: Pancreatic/Biliary	Room 204 ABC Room 201 ABC	20 20
2:40–3:20 pm	<i>The American Journal of Gastroenterology Lecture</i> NOTES: Just Because We Can, Should We? <i>Anthony N. Kalloo, MD, FACG & Jeffrey L. Ponsky, MD, FACG</i>	Ballroom B	4 & 21
3:20–3:50 pm	Break • Visit Exhibits	Exhibit Hall AB	3
3:50–5:15 pm	SIMULTANEOUS SYMPOSIA 2 2A: Colon Cancer Screening: What You Need to Know for the Future 2B: How and When to Intervene for Biliary Symptoms	Ballroom A Ballroom B	21 21
5:30–6:00 pm	Annual Business Meeting • College Members and Fellows invited	Ballroom B	21 & 29
6:00–7:00 pm	International Reception • All International attendees are invited	Marriott Rooms 309/310	21 & 29
7:00–9:00 pm	President's Reception • All attendees are invited	Marriott Salon CDE	21 & 29

Event Locations — Tuesday, October 16

6:45–8:00 am	BREAKFAST SESSIONS Cost is \$40 per person/per session. Visit ACG Registration to purchase tickets, however some sessions may be sold out.	Room location on ticket	PAGE ##
8:30–10:00 am	Plenary Session: IBD/Endoscopy	Ballroom AB	##
10:00–10:30 am	J. Edward Berk Distinguished Lecture Alice in Wonderland: The Endoscopist of the Future and the Gastrointestinal Mucosa Through the “New” Looking Glass <i>M. Brian Fennerty, MD, FACG</i>	Ballroom B	## ##
10:30–11:00 am	Coffee Break • Visit Exhibits	Exhibit Hall	##
11:00 am–12:15 pm	SIMULTANEOUS SYMPOSIA 3 3A: Irritable Bowel Syndrome: SIBO or “Pla-SIBO”? 3B: Esophagus: Burning Issues in 2007 3C: Screening for GI Malignancies: An International Perspective	Ballroom B Ballroom A Room 204 ABC	## ##
12:15–2:00 pm	Lunch Break • Visit Poster Session	Exhibit Hall	## ##
12:30–1:00 pm	FAQ Session: Liver	Exhibit Hall	##
1:15–1:45 pm	FAQ Session: IBD	Exhibit Hall	##
2:00–2:45 pm	Emily Couric Memorial Lecture Pancreatic Cancer: Present Understanding and Future Prospects <i>Peter A. Banks, MD, MACG</i>	Ballroom B	##
2:45–4:15 pm	SIMULTANEOUS PLENARY SESSIONS Session 1: Outcomes/Research/Stomach Session 2: Liver/Esophagus	Room 204 ABC Room 201 ABC	## ## ## & ##
4:15–4:45 pm	Break • Visit Exhibits	Exhibit Hall	
4:45–6:00 pm	SIMULTANEOUS SYMPOSIA 4 4A: Advances in Therapy for Ulcerative Colitis 4B: HGI Bleeding: What Do You Do When the EGD & Colonoscopy are Normal? 4C: Spotlight on Obesity	Ballroom A Ballroom B Room 204 ABC	## ## ## ##

Event Locations — Wednesday, October 17

		Room location on ticket	PAGE
6:45–8:00 am	BREAKFAST SESSIONS Cost is \$40 per person/per session. Visit ACG Registration to purchase tickets, however some sessions may be sold out.		##
8:30–10:15 am	SIMULTANEOUS PLENARY SESSIONS Session 1: Colon/Functional Bowel Disorders Session 2: IBD/Esophagus/Endoscopy	Room 204 ABC Room 201 ABC	## ##
10:15–10:45 am	David Y. Graham Lecture Evidence-Based Medicine: What Does it Mean for Gastroenterology–Present and Future <i>Walter L. “Pete” Peterson, MD, FACG</i>	Ballroom B	## ##
10:45–11:15 am	Coffee Break • Visit Exhibits	Exhibit Hall AB	##
11:15 am–12:30 pm	SIMULTANEOUS SYMPOSIA 5 5A: Hepatitis C: New Insights 5B: The Ins and Outs of the Difficult Colonoscopy	Ballroom A Ballroom B	## ##
12:30 pm	Meeting Adjourns		
12:30–5:30 pm	Women’s Networking, Negotiating and Leadership Skills Workshop Advanced registration required. Visit ACG Registration to register, however session may be sold out.	Room 109 AB	

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*Deceased

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General Information

The 72nd Annual Scientific Meeting of the American College of Gastroenterology will be conducted on Monday, Tuesday and Wednesday, October 15–17, 2007, in conjunction with the Annual Postgraduate Course on Saturday and Sunday, October 13–14, 2007, at the Pennsylvania Convention Center in Philadelphia, Pennsylvania. The optional Annual Practice Management Course will be held on Friday, October 12 for a full day of practice management tips. Four additional optional programs will be held on Friday, October 12: (1) a half-day Review of GI Structure and Function course, (2) a full-day ASGE-sponsored endoscopy course, (3) a half-day GI Pharmacology course, and (4) a half-day course focusing on recertification preparation.

Registration (*Bridge Area on Level 2 outside Exhibit Hall*)

Registration will be open in the Bridge Area of the Pennsylvania Convention Center during the following hours:

Friday, October 12	6:30 am - 8:00 pm
Saturday, October 13	7:00 am - 5:15 pm
Sunday, October 14	7:00 am - 6:30 pm
Monday, October 15	7:00 am - 5:15 pm
Tuesday, October 16	6:45 am - 6:00 pm
Wednesday, October 17	6:45 am - 12:30 pm

Meeting Materials

Meeting materials (including name badges and optional event tickets) will be available for pick-up on-site at the ACG Registration Desk beginning on Friday, October 12 at 6:30 am in the Bridge Area.

Cancellation

Written notice of cancellation and requests for refunds must be received by the College's office by September 21, 2007. After this date, no refunds will be possible. Registration cancellations are not accepted by telephone. An explanation must be provided in writing.

Annual Scientific Meeting (*Ballroom AB*)

There is no registration fee for ACG Members (including FACG and MACG), Residents/Trainee/Candidate Members, and Allied Health Members. In addition, Non-Member Residents/Trainees will have their registration fee waived if they provide a letter from their Program Director indicating they are currently in training. Guests/Non-Member Physicians/Exhibitors are required to submit a registration fee. Non-Member Allied Health Professionals are also required to submit a registration fee. Tickets for the optional breakfast sessions on Tuesday and Wednesday may be purchased for \$40. Please visit the ACG Registration Desk in the Bridge Area to purchase tickets. All registrants of the Annual Scientific Meeting will receive a copy of the meeting syllabus. Attendees of the optional Breakfast Sessions will receive a syllabus which includes the presentations for all breakfast sessions. For course details, see page ##.

Annual Postgraduate Course (*Ballroom AB*)

A comprehensive syllabus with a separate self-assessment examination will be included. The Postgraduate Course again offers registrants the opportunity to participate in the optional Learning Luncheon programs. There are a limited number of participants who may attend each Learning Luncheon. There is a separate charge of \$50 per ticket for the Learning Luncheons. Please visit the ACG Registration Desk in the Bridge Area to purchase tickets. For course details, see page ##.

Optional Friday Courses – Friday, October 12

Details for optional Friday courses begin on page ##.

Accreditation

The American College of Gastroenterology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American College of Gastroenterology designates these educational activities for a maximum as noted below of *AMA PRA Category 1 Credits™*. Each physician should claim credit commensurate with the extent of their participation in the activity.

<i>Annual Scientific Meeting</i>	16.5
<i>Postgraduate Course</i>	14
<i>Practice Management Course</i>	9
<i>GI Structure and Function Course</i>	5
<i>What's New in GI Pharmacology?</i>	3
<i>Recertification Course</i>	3
<i>Allied Health Professionals Symposium</i>	3

Exhibit Hall (*Exhibit Hall AB*)

The science and technology of medicine is ever changing and advancing the practice of gastroenterology. Showcasing these latest advances in technology and therapeutics is the ACG 2007 Exhibit Hall where more than 150 companies will display and demonstrate their products and services. With the variety of exhibitors expected to participate, there are certain to be displays of interest for all attendees. Companies who exhibit include pharmaceuticals manufacturers, medical instrument suppliers, research companies, technology companies, publishers, non-profit organizations, recruiters and many others.

Exhibit Hall Scavenger Hunt. Again this year ACG will offer the Exhibit Hall Scavenger Hunt. The vast amount of new information available in the Hall is reason enough to visit, but attendees now have the opportunity to be entered into a drawing to win fabulous prizes by visiting certain areas of the Hall. The Exhibit Hall will be open from Sunday, October 14 to Wednesday, October 17. Don't miss the chance to benefit your practice by exploring what the Exhibit Hall has to offer, and have some fun while doing so! Exhibit Hall hours are:

Sunday, October 14	3:30 pm-7:00 pm
Monday, October 15	9:30 am-4:00 pm
Tuesday, October 16	9:30 am-4:00 pm
Wednesday, October 17	9:30 am-12:00 noon

The ACG Store (*Grand Hall*)

Postgraduate Course and Annual Meeting syllabi, as well as other educational materials will be available for purchase at the ACG Store. ACG logo items, such as jackets, golf shirts, mugs, and mouse pads will also be available. ACG Store hours are:

Friday, October 12	2:00 pm-6:00 pm
Saturday, October 13	8:00 am-4:30 pm
Sunday, October 14	8:00 am-4:30 pm
Monday, October 15	8:00 am-4:30 pm
Tuesday, October 16	8:00 am-4:30 pm
Wednesday, October 17	8:00 am-12:00 noon

General Information

Americans With Disability Act (ADA)

Attendees at the ACG Annual Scientific Meeting and Postgraduate Course who need additional reasonable accommodations or who have special needs should contact the ACG office no later than October 1, 2007.

On-Site Child Care Information

The American College of Gastroenterology will again be offering child care services during its 2007 Annual Meeting and Postgraduate Course. The service will be available from Saturday, October 13 through Wednesday, October 17 at the Philadelphia Downtown Marriott. A child care attendant will be on duty from 7:00 am until 5:00 pm on Saturday, Sunday, Monday and Tuesday, and from 7:00 am until 12:30 pm on Wednesday. Please visit the ACG Registration Desk in the Bridge Area for more information.

The Scientific Poster Sessions (Exhibit Hall AB)

The Scientific Poster Programs will be conducted in the Exhibit Hall of the Pennsylvania Convention Center during the following hours:

Sunday, October 14 3:30 pm-7:00 pm
Monday, October 15 9:30 am-4:00 pm
Tuesday, October 16 9:30 am-4:00 pm
Wednesday, October 17 . . . 9:30 am-12:00 noon

Speaker Ready Room (Room 203 A)

All faculty members are requested to check in their slides at least 30 minutes prior to the opening of the session in which they are to speak. The Speaker Ready Room will be open beginning on Thursday, October 11 from 2:00 pm—5:00 pm, on Friday, October 12 from 6:00 am – 5:00 pm, on Saturday, October 13 through Tuesday, October 16 from 6:00 am – 5:00 pm, and on Wednesday, October 25 from 6:30 am – 12:30 pm.

Press Room (Room 202 A)

The Press Room will be open on the following days: Thursday, October 11 from 6:00 pm – 8:00 pm; Friday, October 12 from 6:00 am – 5:00 pm; Saturday, October 13 from 7:00 am – 5:00 pm; Sunday, October 14 from 7:00 am – 5:00 pm; Monday, October 15 from 7:00 am – 5:00 pm; Tuesday, October 16 from 6:30 am – 6:00 pm on; and Wednesday, October 17 from 6:30 am – 12:30 pm. Authors are requested to check the Press Board for interviews. No announcements will be made in the Scientific Sessions.

ASGE Learning Center (Exhibit Hall AB)

The American College of Gastroenterology is once again pleased to have the opportunity to include at its 2007 Annual Scientific Meeting highlights from the ASGE Learning Center. This program will be available in the Exhibit Hall at the Pennsylvania Convention Center and will be open on Sunday, October 14 from 3:30 pm – 7:00 pm, on Monday and Tuesday, October 15–16 from 9:30 am – 4:00 pm and on Wednesday, October 17 from 9:30 am – 12:00 noon.

NEW ACG Information Booth (Grand Hall)

Located in the Grand Hall, ACG's new Information Booth will offer help with questions about room locations, CME credits, membership issues, area dining venues, and a variety of other topics.

ACG thanks Fleet for their support of the ACG Information Booth.

ACG Internet Cafés Now three locations!

Stay in touch with the home and office. Visit the ACG 2007 Internet Cafés. E-mail family and colleagues back home and surf the web. Now with three locations to serve you throughout the meeting.

Location 1: Exhibit Hall, Booth #1616
Location 2: Grand Hall
Location 3: Main floor in the 200 Hallway before registration

ACG thanks Elan Pharmaceuticals/Biogen and UCB, Inc. for their support of the ACG Internet Cafés.

ONLINE Self-Assessment Test

Beginning Monday, October 15, the ONLINE Self-Assessment Test will be available for purchase. The online version of the popular print resource from ACG allows you to answer questions at your own pace. Start and stop the exam as often as you need. Your work is saved each time you access the online test. The test is organized by organ system and includes more than 300 multiple-choice questions. The test tracks your responses, indicates correct answers with detailed discussion and supporting references, and provides your overall/category scores. Complete the test and earn a maximum of 12 *AMA PRA Category 1 Credits™*. In addition, even after you've finished the test you can continue to go back and review, re-read, and check on linked references for further study. \$75 for members; \$100 for non-members. For more information and to purchase, visit www.acg.gi.org.

ACG's Self-Assessment Program for Maintenance of Certification

The American Board of Internal Medicine has approved ACG's Self-Assessment Program (SAP) for credit in the ABIM Maintenance of Certification (MOC) program. ABIM diplomates enrolled in the MOC program who successfully complete the program will be awarded 20 self-evaluation of medical knowledge points by ABIM. ACG's web-based module, a comprehensive educational program dedicated to providing clinical updates in specific topic areas in gastroenterology, is comprised of 60 case-based, multiple-choice questions. Upon completion, users are able to access detailed explanations and linked references to other educational resources, and earn up to 4 *AMA PRA Category 1 Credits™*. ACG members will pay \$60 for the MOC module, non-members will pay \$80. Available October 15, 2007. For more information and to purchase, visit www.acg.gi.org.

CD-ROMs

AstraZeneca is sponsoring CD-ROMs from the 2007 Postgraduate Course and Annual Meeting which will be made available to participants.

Postgraduate Course on CD-ROM: Pick up your order form at the designated CD-ROM desk in the Grand Hall. A \$10 shipping and handling fee applies. Allow 6-8 weeks for delivery.

Annual Meeting Abstracts on CD-ROM: Contains all abstracts in the plenary and poster sessions. Return the coupon distributed in your registration bag either to the ACG Exhibit Booth, #1518, or to the ACG Store, Sunday through Wednesday. Limited quantities available. First come, first served.

ACG thanks AstraZeneca LP for their unrestricted grant support of these products.

David Sun Lecture

Esophageal Dilation: A Perspective of 45 Years of Experience: Pearls, Perils and Pitfalls

Saturday, October 13

10:20 am – 10:50 am • Ballroom AB

This year's David Sun Lecture has been awarded to H. Worth Boyce, Jr., MD, MACG, who will present "Esophageal Dilation: A Perspective of 45 Years of Experience: Pearls, Perils and Pitfalls." Held during the Annual Postgraduate Course, The David Sun Lectureship in Postgraduate Education was established by Mrs. Sun in memory of her husband, Dr. David Sun, an outstanding gastroenterologist and investigator. The Lecturer, with a distinguished background in gastroenterology or an allied field, is chosen by the Course Directors of the Postgraduate Program subject to the approval of the Educational Affairs Committee and the Board of Trustees. All who are registered for the Postgraduate Course are invited to attend.

The American Journal of Gastroenterology Lecture

NOTES: Just Because We Can, Should We?

Monday, October 15

2:40 pm – 3:20 pm • Ballroom B

Join colleagues for a lively debate, "NOTES: Just Because We Can, Should We?" Leading experts on the subject, Anthony N. Kalloo, MD, FACP, and Jeffrey L. Ponsky, MD, FACP, will provide point/counterpoint views on whether NOTES should become part of our everyday practice, the benefits to patients of NOTES vs. traditional or laparoscopic surgery, if patients will be receptive to this type of surgery, and whether we leave it up to the surgeons. This event is sponsored by ACG and Blackwell Publishing, co-publishers of *The American Journal of Gastroenterology*. You can view previous AJG lectures and learn more about the upcoming lecture by visiting www.amjgastro.com.

J. Edward Berk Distinguished Lecture

Alice in Wonderland: The Endoscopist of the Future and the Gastrointestinal Mucosa Through the "New" Looking Glass

Tuesday, October 16

10:00 am – 10:30 am • Ballroom AB

This year's J. Edward Berk Distinguished Lecture has been awarded to M. Brian Fennerty, MD, FACP, who will present "Alice in Wonderland: The Endoscopist of the Future and the Gastrointestinal Mucosa Through the 'New' Looking Glass." Awarded to individuals prominent in gastroenterology or a related area, the J. Edward Berk Distinguished Lecturer is nominated by the President and the appointment is subject to approval by the Board of Trustees. The lectureship was established in recognition of the significant contributions made by J. Edward Berk, MD, MACG, to clinical gastroenterology during his long and distinguished clinical and academic career. A nationally and internationally renowned physician and teacher, Dr. Berk also served as ACG President from 1975-1976. All who are registered for the Annual Meeting are encouraged to attend.

Emily Couric Memorial Lecture

Pancreatic Cancer: Present Understanding and Future Prospects

Tuesday, October 16

2:00 pm – 2:30 pm • Ballroom AB

Peter A. Banks, MD, MACG, has been designated to deliver the Emily Couric Memorial Lecture. The title of his presentation will be "Pancreatic Cancer: Present Understanding and Future Prospects." This new lecture was developed by the ACG, the Virginia Gastroenterological Society and the Old Dominion Society of Gastroenterology Nurses and Associates to honor Virginia State Senator Emily Couric who died of pancreatic cancer in October of 2001. Senator Couric was a strong advocate for health care issues, particularly in her instrumental work to pass the nation's first legislation mandating health insurance coverage for colorectal cancer screening. All who are registered for the Annual Meeting are encouraged to attend.

David Y. Graham Lecture

Evidence Based Medicine: What Does it Mean for Gastroenterology—Present and Future?

Wednesday, October 17

10:15 am – 10:45 am • Ballroom B

Walter L. "Pete" Peterson, MD, FACP, is being honored this year as presenter of the David Y. Graham Lecture, "Evidence Based Medicine: What Does it Mean for Gastroenterology—Present and Future?" The presenter is chosen by the President and is subject to approval by the Board of Trustees. This named lectureship was established in 2004 in recognition of the many contributions to clinical gastroenterology made by David Y. Graham, MD, MACG. The lectureship was made possible through a donation by Otsuka Pharmaceutical Co., Inc., and Meretek Diagnostics, Inc. Dr. Graham gave the inaugural presentation. All who are registered for the Annual Meeting are encouraged to attend.

There are numerous opportunities at ACG 2007 to network with your peers. Here are a few of the events taking place this year at ACG 2007.

ACG Presidential Address

ACG Presidential Address

Monday, October 15
9:00 am – 9:30 am • Ballroom AB

David A. Johnson, MD, FACP, ACG President, will address attendees during the Presidential Address to mark the beginning of the Annual Meeting. The President uses this opportunity to welcome members, highlight ACG's accomplishments over the past year, and bid farewell as he passes leadership of the ACG on to the President-Elect.

Receptions

Allied Health Professionals Symposium Reception

Sunday, October 14
5:00 pm – 6:00 pm • Room 104 B

All attendees who registered for the Allied Health Professionals Symposium are invited to attend and enjoy cocktails and hors d'oeuvres while meeting colleagues.

Women and Minorities in Gastroenterology Reception

Sunday, October 14
6:00 pm – 7:00 pm • Marriott Hotel Room 309/310

All those interested in the issues facing women and minorities in the GI field are invited to attend and enjoy cocktails and hors d'oeuvres while meeting colleagues.

International Reception

Monday, October 15
6:00 pm – 7:00 pm • Marriott Hotel Room 309/310

All International attendees are invited to attend and enjoy cocktails and hors d'oeuvres while meeting colleagues.

President's Reception

Monday, October 15
7:00 pm – 9:00 pm • Marriott Hotel Salon CDE

The President's Reception is a light-hearted, social gathering open to all meeting attendees. Join us for refreshments and a chance to network and mingle with your fellow professionals.

Alumni Receptions

Every year, several Alumni Receptions are planned for alumni of various medical schools. Invited attendees will receive an invitation by mail from their alumni group.

Additional Events

Career Opportunities for Women in GI Luncheon

Saturday, October 13
12:40 pm–1:55 pm • Room 104 AB

The Women in Gastroenterology Committee is hosting a program on Sunday, October 13, from 12:40 pm–1:55 pm geared to medical students and residents who are facing difficult decisions in the future of their medical careers. Female gastroenterologists from a variety of medical backgrounds will address the issues of being a female subspecialist, balancing career and family, and opportunities for women in medicine and more specifically, gastroenterology. Advanced registration is required and space is limited. Please contact Maria Susano in the ACG office at 301-263-9000 for more information.

ACG Annual Business Meeting

Monday, October 15
5:30 pm–6:00 pm • Ballroom B

All ACG Members and Fellows (FACP) are encouraged to attend the College's Annual Business Meeting, where College business will be discussed and voted on. The meeting will be held on Monday, October 15 from 5:30 pm–6:00 pm, immediately following that day's Annual Scientific Session.

Women's Networking, Negotiating and Leadership Skills Workshop

Wednesday, October 17
12:30 pm–5:30 pm • Room 109 AB

The Women in Gastroenterology Committee is hosting a program on Wednesday, October 17, from 12:30 pm–5:30 pm geared to Senior GI Fellows and Junior Faculty discussing networking, negotiation and leadership skills for women. Advanced registration is required and space is limited. Please contact Maria Susano in the ACG office at 301-263-9000 for more information.

ACG Auxiliary

Sunday – Tuesday, 8:00 am–12:00 noon
Wednesday, 8:00 am–11:00 am
Marriott Hotel Room 304

The ACG Auxiliary will provide a Hospitality Suite for spouses during the ACG Annual Meeting, offering a place to relax and unwind, review tour and visitor information, or just chat with friends. Registration for Auxiliary members will also be available in the suite.

All Auxiliary members are invited to attend the Auxiliary Board Meeting on Monday, October 15 from 10:00 am–11:00 am. The Auxiliary will also offer special tours for adults and children. Please visit the ACG Physician Registration Desk at the Pennsylvania Convention Center for more information about the Auxiliary and the tours.

Trainees' Luncheon: What I Learned My First Year in Practice

Saturday, October 13
12:40 pm–1:55 pm • Room 110 AB



Before you enter your first year of practice, learn from the experience of someone who just recently completed his first year. Larry E. Clark, MD, will discuss lessons learned from personal interactions, financial matters, prioritizing busy schedules, and focusing on quality of life issues for newly practicing gastroenterologists.

A separate fee of \$25 is required for this event. See page 87 for information on how to register.

GI Jeopardy: Buzz In for Your Training Program

Saturday, October 13
5:30 pm–7:00 pm • Room 204 ABC

ACG's favorite quiz show, GI Jeopardy, will be back again in 2007. To become a contestant, you must be a fellow-in-training, but all are welcome to attend the competitive final round, a spirited GI version of the television classic. The competition begins in July with a preliminary round open to all GI training programs. Groups of fellows will take a 45-question online test on a variety of GI organs and diseases. The top five scoring programs will then be invited to send two-person teams to compete in front of a live audience at the 2007 ACG Postgraduate Course. Travel expenses for the teams will be covered by ACG. Last year's GI Jeopardy finalists were supported by more than 300 lively audience members giving the event a real game show atmosphere. Visit the Trainees' section of the ACG website for further details on how to participate. Following the conclusion of the GI Jeopardy competition, a reception will be held to allow fellows to network with their peers.

Trainees' Forum: Scoping Out Your Future: Finding a Job and Transitioning into Practice

Sunday, October 14
5:30 pm–7:00 pm • Room 103 AB

Don't miss this year's Trainees' Forum, "Scoping Out Your Future: Finding a Job and Transitioning to Practice." All trainees should attend this event, scheduled for Sunday, October 14, from 5:30 pm–7:00 pm, immediately following the Sunday session of the ACG Postgraduate Course. The program will include information on finding the right job, finances, ASCs, and transitioning into the first year of practice. The panel will include experts in the field as well as recent graduates. Short presentations will be accompanied by ample time for questions. The program, available without charge to all trainees in gastroenterology and hepatology, will offer an opportunity for social interchange. Don't miss out on this important information; it can help you take control of your career. Light hors d'oeuvres and beverages will be served.

Job Forum: Where Candidates and Employers Meet

Sunday – Tuesday, October 14–16, 8:00 am–5:00 pm *and*
Wednesday, October 17, 8:00 am–12:30 pm • Room 203 B

Looking for a job? ACG's Job Forum offers valuable networking opportunities. With so many GI professionals convening in Philadelphia, the ACG Job Forum provides an ideal setting for applicants to share their credentials with employers and to review position openings across the U.S. and Canada. The Job Forum includes a mechanism for the exchange of CVs and a message service to connect employers and job candidates. Visit www.acgmeetings.org to take advantage of this opportunity and fill out the necessary online forms.

J. EDWARD BERK DISTINGUISHED LECTURERS formerly ACG Distinguished Lecture

- 2007 M. Brian Fennerty, MD, FACG: Alice in Wonderland: The Endoscopist of the Future and the Gastrointestinal Mucosa Through the 'New' Looking Glass**
- 2006 Joel E. Richter, MD, MACG: Eosinophilic Esophagitis: New Disease or Old Friend in Disguise?
- 2005 Bruce R. Bacon, MD, FACG: Hereditary Hemochromatosis – What We Have Learned Since the Discovery of HFE
- 2004 Brian Saunders, MBBS, MD, MRCP: Colonoscopy in Evolution
- 2003 Eamonn M.M. Quigley, MD, FACG: Demystifying Motility; Gut Motor Dysfunction in Clinical Practice
- 2002 Roger Williams, CBE, MD: Improved Treatments for Decompensated Liver Disease Including Liver Support Devices
- 2001 Richard P. MacDermott, MD, FACG: Immunology and Therapy of IBD
- 2000 Lawrence J. Brandt, MD, MACG: Patients' Attitudes and Apprehensions About Endoscopy: Calming Troubled Waters
- 1999 Marcia Angell, MD: Evaluating Media Stories of Health Risk
- 1998 Kees Huibregtse, MD: The Endoscopic Approach to Benign Bile Duct Strictures and Leaks
- 1997 David Wingate, MD: Small Bowel Motility – Out of the Closet and into the Clinic
- 1996 Guido Tytgat, MD: Conditions Mimicking Crohn's Disease
- 1995 David Y. Graham, MD, MACG: Peptic Ulcer Disease: The Rest of the Story
- 1994 Eugene R. Schiff, MD, FACG: Long Term Treatment of Chronic Viral C Hepatitis
- 1993 Jerome Kassirer, MD, FACG: Making Decisions with Patients: Fixing the Flaws
- 1992 Willis C. Maddrey, MD, FACG: Chronic Hepatitis – 1992
- 1991 Robert H. Blank, MD: Rationing Medicine: Hard Choices in the 1990's
- 1990 Vay Liang Go, MD: Brain-Gut Interaction: Relevance to Clinical Gastroenterology
- 1989 Professor Dame Sheila Sherlock: Liver Disease – The Next Decade
- 1988 Thomas Almy, MD (Hon.): The Gastroenterologist and The Graying of America
- 1987 John Fordtran, MD, FACG (Hon.): Recent Insights into the Pathogenesis of Chronic Diarrhea
- 1986 Henry D. Janowitz, MD, FACG: The Natural History of Inflammatory Bowel Disease and Therapeutic Decisions
- 1985 Norton J. Greenberger, MD, FACG (Hon.): Pathophysiological Approach to the Patient with a Diarrheal Disorder
- 1984 Henri Sarles, MD: Management of Pain in Chronic Pancreatitis
- 1983 Denis P. Burkitt, MD: The Role of Fibre in the Prevention of Common Intestinal Disease
- 1982 Howard A. Spiro, MD, FACG: From Parsnips to Pomegranates – A Look Back at Gastroenterology
- 1981 Basil I. Hirschowitz, MD, FACG: Clinical Perspectives of Gastric Secretion
- 1980 Charles E. Code, MD, FACG (Hon.): The InterDigestive Gastrointestinal Housekeeper
- 1979 Baruch S. Blumberg, MD, FACG (Hon.): The Relation Between HBsAG and Hepatic Carcinoma
- 1978 Charles S. Lieber, MD, FACG: Alcohol and the Liver: Progress Through 1978
- 1977 Joseph B. Kirsner, MD, FACG (Hon.): The Biomedical Problems Presented by Inflammatory Bowel Disease
- 1976 Basil C. Morson, MD, FACG (Hon.): Biopsy of the Colon and Rectum in Inflammatory Disease
- 1975 Thomas C. Chalmers, MD, FACG (Hon.): What Should Distinguish a Gastroenterologist?
- 1974 Lloyd M. Nyhus, MD, FACG (Hon.): New Frontiers in Treatment of Duodenal Ulcer

- 1973 Henry L. Bockus, MD, FACG (Hon.): The Doctor Image
- 1972 Henry Colcher, MD, FACG: Gastrointestinal Endoscopy, 1972
- 1971 Irving M. Arias, MD, FACG (Hon.): Jaundice–1972
- 1970 Hans Popper, MD, FACG (Hon.): The Problem of Hepatitis
- 1969 Richard H. Marshak, MD, FACG: Ulcerative Granulomas and Ischemic Colitis
- 1968 David A. Dreiling, MD, FACG: Basic Mechanism in Pancreatic Secretion

BAKER PRESIDENTIAL LECTURESHIP

- 2003 Loren A. Laine, MD, FACG: Reducing NSAID-Induced GI Injury: Keeping the Gastroenterologist Home at Night
- 2002 David A. Lieberman, MD, FACG: Colonoscopy for Cancer Screening and Surveillance: Do We Have the Resources to Do Both?
- 2001 Bruce R. Bacon, MD, FACG: Hereditary Hemochromatosis: Implication of Gene Discovery on Pathophysiology and Clinical Practice
- 2000 Nicholas J. Talley, MD, FACG: Irritable Bowel Syndrome 2000: New Concepts, New Therapies, New Hope
- 1999 Sum P. Lee, MD, FACG: A Tale of Two Opposums and a Discussion on Gallstones
- 1998 Willis C. Maddrey, MD, MACG: Reflections on the Emergence of Hepatology
- 1997 Joseph B. Kirsner, MD: The Impact of Research on Clinical Gastroenterology During the 20th Century
- 1996 Barry J. Marshall, MD, FACG: H. pylori in the Year 2000
- 1995 Donald O. Castell, MD, FACG: Reflections of an Esophagologist
- 1994 Peter A. Banks, MD, FACG: Acute Necrotizing Pancreatitis
- 1993 Daniel Present, MD, FACG: Immunosuppressive Therapy for IBD
- 1992 Sidney J. Winawer, MD, FACG: The Prevention of Colorectal Cancer: Progress and Prospects
- 1991 Lawrence J. Brandt, MD, FACG: Colitis in the Elderly
- 1990 Paul D. Webster, III, MD, FACG: Pancreatic Function and Disease at the Cellular Level
- 1989 David B. Sachar, MD, FACG: Inflammatory Bowel Disease: Back to the Future
- 1988 Melvin Schapiro, MD, FACG: The Community Hospital Gastroenterologist: Survival of the Species
- 1987 James L. Achord, MD, FACG: Nutrition, Alcohol and the Liver
- 1986 H. Worth Boyce, Jr., MD, FACG: Peroral Esophageal Dilation: Historical Perspective and Current Applications
- 1985 Jerome D. Waye, MD, FACG: The Colon Polyp – Promises, Problems, Prospects
- 1984 Burton I. Korelitz, MD, FACG: Pregnancy, Fertility and IBD
- 1983 David Y. Graham, MD, FACG: The Role of the Clinical Gastroenterologist in Research
- 1982 Bergein E. Overholt, MD, FACG: Socioeconomic and Political Future of Gastroenterology
- 1981 Frank P. Brooks, MD, FACG: Cortical Control of Gastrointestinal Function
- 1980 Richard G. Farmer, MD, FACG: Factors in the Long-Term Prognosis of Patients with Inflammatory Bowel Disease
- 1979 Charles S. Lieber, MD, FACG: Potentiation of Drug-Induced Liver Injury by Chronic Alcohol Consumption
- 1978 John T. Galambos, MD, FACG: Surgery, Enzyme Kinetics and a Way of Life
- 1977 Francisco Villardel, MD, FACG: Cytological Diagnosis of Digestive Cancer
- 1976 William M. Lukash, MD, FACG: Experiences of a White House Physician
- 1974 F. Warren Nugent, MD, FACG: Crohn's Colitis Comes of Age

Special Awards and Lectures

DAVID SUN LECTURESHIP IN POSTGRADUATE EDUCATION

- 2007 H. Worth Boyce, Jr., MD, MACG: Esophageal Dilation: A Perspective of 45 Years of Experience: Pearls, Perils and Pitfalls**
- 2006 Anthony N. Kalloo, MD, FACP: Natural Office Transgastric Endoscopic Surgery: Dawn of a New Era
- 2005 Douglas K. Rex, MD, FACP: Optimizing the Impact and Safety of Colonoscopy in Colon Cancer Prevention
- 2004 Richard L. Sampliner, MD, FACP: Current Controversies in Barrett's Esophagus
- 2003 Lawrence J. Brandt, MD, MACG: Superior Mesenteric Arterial Emboli and Acute Mesenteric Ischemia: An Update
- 2002 Christina M. Surawicz, MD, FACP: The Differential Diagnosis of Colitis
- 2001 Lawrence R. Schiller, MD, FACP: Chronic Diarrhea
- 2000 Teresa Wright, MD: Hepatitis C in the Next Decade
- 1999 Stephen B. Hanauer, MD, FACP: New Therapies for the Treatment of IBD
- 1998 David Y. Graham, MD, MACG: Treatment of *H. pylori* – 1998
- 1997 Rowen K. Zetterman, MD, FACP: Alcoholic Liver Disease
- 1996 Rodger Haggitt, MD, FACP: Dysplasia in Ulcerative Colitis: A 20-Year Odyssey
- 1995 David Skinner, MD: Esophageal Surgery – 1995
- 1994 Thomas Starzl, MD: Gastrointestinal Organ Transplantation for the 1990's – An Outcome Analysis. Can We Afford the Technology in the Era of Cost Containment?
- 1993 Cyrus E. Rubin, MD, FACP: Small Bowel Pathology
- 1992 Peter Cotton, MD, FACP: Malignant Obstructive Jaundice: A Real Challenge
- 1991 Sum P. Lee, MD, FACP: Pathophysiology of Gallstone Formation: Romancing the Stone
- 1990 Marvin Sleisenger, MD: GI Diseases in the Immunocompromised Host
- 1989 Laszlo Safrany, MD, FACP: Bile Ducts, Common Duct Stones, and Pancreatitis
- 1988 Scott J. Boley, MD: Colon Ischemia – The First 25 Years
- 1987 William Y. Chey, MD, FACP: Ulcerogenic Tumor Syndrome in 1987
- 1986 David H. Van Thiel, MD, FACP: Liver Transplant – The Role of the Gastroenterologist
- 1985 James W. Freston, MD, FACP: The Therapy of Peptic Ulcer Disease: Where are We?
- 1984 Henri Sarles, MD: Pathogenesis of Alcoholic Chronic Pancreatitis – A Secretory Concept
- 1983 Thomas C. Chalmers, MD, FACP: The Clinical Trial
- 1982 Sidney J. Winawer, MD, FACP: Surveillance of GI Cancer
- 1981 Paul D. Webster, III, MD, FACP: Acute and Chronic Pancreatitis
- 1980 Paul Sherlock, MD, FACP: Current Concepts of the Epidemiology and Etiology of Colorectal Cancer
- 1979 I. N. Marks, MD, FACP: Crossroads in Peptic Ulcer Therapy
- 1978 Rosalyn S. Yalow, PhD: Radioimmunoassay in Gastroenterology
- 1977 J. Edward Berk, MD, FACP: New Dimensions in the Laboratory Diagnosis of Pancreatic Disease

AUXILIARY LECTURES

- 1982 Heidrun Rotterdam, MD: Contribution of Gastrointestinal Biopsy to an Understanding of Gastrointestinal Disease
- 1981 Eleanor E. Deschner, MD: Early Proliferative Changes in Gastro-intestinal Cancer
- 1980 Dame Sheila Sherlock, MD: Primary Biliary Cirrhosis
- 1979 Elizabeth Barrett-Connor, MD: Traveler's Disease
- 1978 Margot Shiner, MD: Contribution of Electron Microscopy to Our Knowledge of Small Intestinal Disease

AMERICAN JOURNAL OF GASTROENTEROLOGY LECTURE

- 2007 Anthony N. Kalloo, MD, FACP, & Jeffrey L. Ponsky, MD, FACP: NOTES: Just Because We Can, Should We?**
- 2006 David A. Johnson, MD, FACP, Robert E. Schoen, MD, MPH & Gregory S. Cooper, MD, FACP: Colon Cancer Screening: When to Start and Stop
- 2005 Stephen B. Hanauer, MD, FACP & William J. Sandborn, MD, FACP: Steroid-Refractory Severe Acute Ulcerative Colitis: Infliximab or Cyclosporine
- 2004 Arthur Boudreaux, MD, Douglas K. Rex, MD, FACP & Gregory Zuccaro, Jr., MD, FACP: The Use of Anesthesia in Endoscopy – A Critical Examination
- 2003 David Y. Graham, MD, MACG & Jay L. Goldstein, MD, FACP: Emerging Data on NSAIDs, GI Complications and Implications for Your Practice

DAVID Y. GRAHAM LECTURE

- 2007 Walter L. Peterson, MD, FACP: Evidence Based Medicine: What Does it Mean for Gastroenterology—Present and Future?**
- 2006 Amnon Sonnenberg, MD, MSc, FACP: The “Incredibly Simple” Solution to the Cohort Phenomenon of Peptic Ulcer
- 2005 Francis K.L. Chan, MD: Use of NSAIDs in a COX-2 Restricted Environment
- 2004 David Y. Graham, MD, MACG: *Helicobacter pylori* and Gastric Cancer: The Problem – The Solution

EMILY COURIC ANNUAL LECTURE

- 2007 Peter A. Banks, MD, MACG: Pancreatic Cancer: Present Understanding and Future Prospects**
- 2006 Douglas K. Rex, MD, FACP: What is Needed to Transform Colonoscopy into a Truly Protective Strategy Against Colorectal Cancer?

BERK/FISE CLINICAL ACHIEVEMENT AWARD

(formerly the ACG Clinical Achievement Award)

- 2007 Joel E. Richter, MD, MACG**
- 2006 Seymour Katz, MD, MACG
- 2005 David B. Sachar, MD, MACG
- 2004 Alvin M. Zfass, MD, MACG
- 2003 Arthur H. Aufses, Jr., MD, MACG
- 2002 Cyrus Rubin, MD, FACP
- 2001 Jerome D. Waye, MD, MACG
- 2000 Bergein Overholt, MD, MACG
- 1999 Lawrence J. Brandt, MD, MACG
- 1998 Leslie H. Bernstein, MD, FACP
- 1997 Sidney J. Winawer, MD, MACG
- 1996 Burton I. Korelitz, MD, MACG
- 1995 David Y. Graham, MD, MACG
- 1994 Howard Spiro, MD, FACP
- 1993 F. Warren Nugent, MD, FACP
- 1992 Henry D. Janowitz, MD, FACP
- 1991 John T. Galambos, MD, FACP
- 1990 Leon Schiff, MD, FACP
- 1989 James L. A. Roth, MD, FACP
- 1988 J. Edward Berk, MD, MACG
- 1987 Leonidas Berry, MD, FACP

THE SAMUEL S. WEISS AWARD FOR OUTSTANDING SERVICE TO THE AMERICAN COLLEGE OF GASTROENTEROLOGY

2006 William D. Carey, MD, MACG
2005 David Y. Graham, MD, MACG
2004 Edgar Achkar, MD, FACP
2002 Lawrence J. Brandt, MD, MACG
2001 Joel E. Richter, MD, MACG
2000 Seymour Katz, MD, FACP
1998 Rowen K. Zetterman, MD, FACP
1997 Arthur H. Aufses, Jr., MD, MACG
1996 Arvey I. Rogers, MD, MACG
1995 Jerome D. Wayne, MD, MACG
1994 J. Edward Berk, MD, MACG
1993 Arthur Lindner, MD, MACG
1992 Franz Goldstein, MD, MACG
1991 James L. Achord, MD, MACG
1990 Robert L. Berger, MD, FACP
1989 Angelo E. DaGradi, MD, MACG
1987 Joseph E. Walther, MD, MACG
1986 Richard L. Wechsler, MD, FACP
1984 John P. Papp, MD, MACG
1982 Daniel Weiss, B.S., M.A.
1980 David A. Dreiling, MD, MACG
1978 Henry Colcher, MD, MACG
1976 Murrel H. Kaplan, MD, FACP
1974 Robert R. Bartunek, MD, FACP
1972 Milton J. Matzner, MD, FACP

MINORITY HEALTH CARE

This new ACG achievement award recognizes an ACG Member or Fellow whose work in the areas of clinical investigation or clinical practice has improved the digestive health of minorities or other underserved populations of the United States.

2007 LaSalle D. Leffall, Jr., MD, FACP

2007 ACG MASTERS RECIPIENTS

Eugene M. Bozyski, MD, FACP
James T. Frakes, MD, FACP
Linda Rabeneck, MD, FACP
Ashok N. Shah, MD, FACP

For more information about this year's ACG award recipients, see the ACG Awards brochure distributed with your registration materials.

need page #s

2007 ACG Auxiliary Award Recipient (Trainee)

Constipation: Is it a Colonic Versus Generalized Gastrointestinal Tract Disorder, the Temple Experience
Shabana Shahid, MD, Henry Parkman, MD, Robert S. Fisher, MD,
Department of Gastroenterology, Temple University Hospital, Philadelphia, PA
 Paper 48, page ##.

2007 ACG Auxiliary Award Recipient (ACG Member/Fellow)

Cost-Benefit of PPI Gastroprotection Among Elderly NSAID Users
Neena S. Abraham, MD, MSCE, Jennifer Hasche, MSc, and Christine Hartman, PhD, Gastroenterology, Michael E. DeBakey VAMC; Baylor College of Medicine, Houston, TX and Health Services Research, Houston Center of Quality of Care and Utilization Studies; Michael E. DeBakey VAMC, Houston, TX
 Paper 33, page .

2007 ACG Governors Award Recipient for Excellence in Clinical Research

Ethanol Pancreatic Injection of Cysts: Results of a Prospective Multicenter, Randomized Double Blinded Study
William R. Brugge, MD, Kerry Collier, MA, Kathleen McGreevy, RN, C. Max Schmidt, MD, John DeWitt, MD, Gastroenterology, Indiana University, Indianapolis, IN; Gastroenterology, Massachusetts General Hospital, Boston, MA; and Surgery, Indiana University, Indianapolis, IN
 Paper 18, page .

Cytokeratin 18 Levels as a Noninvasive Biomarker for Nonalcoholic Steatohepatitis in Bariatric Surgery Patients
Dima Diab, MD, Lisa Yerian, MD, Phillip Schauer, MD, Sangeeta R. Kashyap, MD, Rocio Lopez, MS, and Ariel E. Feldstein, MD, Endocrinology, Pediatric Gastroenterology, General Surgery, Anatomical Pathology, and Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH
 Paper 12, page .

Toward Better Prognostic Modeling in Acute Liver Failure
Julie Polson, MD, Nick Rogers, MD, Linda S. Hynan, PhD, A.J. Naylor, BS, and William M. Lee, MD, Internal Medicine, and Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, TX
 Paper 39, page .

High Cortisol Levels are Correlated to Low Esophageal Pain Threshold to Balloon Distention in Patients with NERD and Functional Heartburn
Sheila Rodriguez-Stanley, PhD, Maggie Wolff, Tisha Adams and Philip B. Miner, Jr., The Oklahoma Foundation for Digestive Research, Oklahoma City, OK
 Paper 55, page .

Primary Sclerosing Cholangitis is a More Common Indication for Orthotopic Liver Transplantation Among African American than Non-African American Patients
Alastair D. Smith, MD, ChB and Judith W. Gentile, RN, ANP, Medicine, Duke University, Durham, NC
 Paper 4, page .

2007 ACG/Radhika Srinivasan Gender Based Research Award Recipient

Disparity in Gastroenterology: Is it Just "Academic" or a Significant Problem? A 10 Year Prospective Cohort Study
Aparajita Singh, MD, Carol A. Burke, MD, for the Women in GI Committee of ACG, Gastroenterology, Cleveland Clinic, Cleveland OH
 Paper 35, page .

2007 ACG/AstraZeneca Clinical Vignette Award Recipient

Severe Pulmonary Hypertension in Whipple's Disease*
Patricia A. Sanchez, MD, Joel Camilo, MD, Wendell K. Clarkston, MD, Gastroenterology, University of Missouri at Kansas City School of Medicine, Kansas City, MO.
 Poster 900, page .

Hereditary Gastric Carcinoma: At Management Cross Roads*
Jawaid Ahmed Shaw, MD, Motaz Al Hafnawi, MD, Tarun Kothari, MD, Kevin Casey, MD, Gastroenterology, Rochester General Hospital, and Gastroenterology, Unity Hospital, Rochester, NY.
 Poster 810, page .

2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient

Adenosine—A Key Neuromediator in the Pathogenesis of Functional Chest Pain
Ashok Attaluri, MD, Jose Remes-Troche, MD, Satish Rao, MD, Gastroenterology, University of Iowa, Iowa City, IA
 Paper 1, page .

Early Oral Feeding in Mild Acute Pancreatitis: A Randomized Prospective Trial
Nison L. Badalov, MD, Zankhana Mehta, MD, Hima Satyavolu, MD, Tejal Shah, MD, Jian-Jun Li, MD, Robin Baradaran, MD, Kadirawel Iswara, MD, Scott Tenner, MD, MPH, Division of Gastroenterology, Department of Medicine, Maimonides Medical Center, Brooklyn, NY
 Paper 10, page .

Dysplasia in Fundic Gland Polyps in FAP: Prevalence, Risk Factors and Optimal Biopsy Technique
Laura K. Bianchi, MD, Ana E. Bennett, MD, Rocio Lopez, MS, Hennie Hasson, RN and Carol A. Burke, MD, Gastroenterology, Anatomic Pathology, and Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH
 Paper 32, page .

Learning Curve for Double-Balloon Enteroscopy (DBE) at a U.S. Center
Seth A. Gross, MD, Mark E. Stark, MD, Gastroenterology, Mayo Clinic Jacksonville, FL
 Paper 26, page .

Endomysial Antibody Testing Improves Sensitivity in Screening for Celiac Disease in Your Children, A Five Year Single Center Experience
Muralidhar Jaila, MD, Caroline Kieserman-Shmokler and Ritu Verma, MD, Division of Gastroenterology and Nutrition, The Children's Hospital of Philadelphia, Philadelphia, PA
 Paper 3, page .

A Prospective Study of Factors Associated with Increased Gluten-Free Diet Adherence in Adults with Celiac Disease
Daniel A. Leffler, MD, Jessica B. Edwards George, PhD, Melinda D. Dennis, RD, Hani Abdullah, MD, Ciaran P. Kelly, MD, The Celiac Center, Beth Israel Deaconess Medical Center, Boston, MA
 Paper 11, page .

Missed Cancers vs Procedure-Related Complications: Balancing the Medico-Legal Risks of Surveillance Colonoscopy
D. Saini, MD, Sandeep Vijan, MD, Philip S. Schoenfeld, MD, Gastroenterology, University of Michigan, Ann Arbor, MI and Internal Medicine, University of Michigan, Ann Arbor, MI
 Paper 37, page .

Comparison of Sensed Acid Reflux Event Characteristics Among the Different GERD Groups
Ron Schey, MD, Tomas Navarro-Rodriguez, MD, Michael Shapiro, MD, Christopher Wendel, MS and Ronnie Fass, MD, The Neuroenteric Clinical Research Group, Southern Arizona 111 VA Health Care System and University of Arizona, Tucson, AZ
 Paper 47, page .

* Indicates a 2007 ACG Presidential Poster Award Recipient.

Does Tandem Colonoscopy Affect the Adenoma Detection Rate Described with Narrow Band Imaging?

Sally Stipho, MD, Nooman Gilani, MD, FACP and Francisco C. Ramirez, MD, FACP, Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ

Paper 6, page .

Functional Dyspepsia: The Economic Impact to Patients

Kirsten T. Weiser, MD, Abigail T Kennedy, BA, Brian E. Lacy, MD, PhD, Michael D. Crowell, PhD, and Nicholas J. Talley, MD, PhD, Dartmouth-Hitchcock Medical Center, Lebanon, NH, Mayo Medical Center, Scottsdale, AZ, and Mayo Medical Center, Rochester, MN

Paper 2, page .

2007 ACG/Centocor IBD Abstract Award Recipient

Incidence of Post-Surgical Complications Among Ulcerative Colitis (UC) Patients: A Population-Based Study

Salma Akram, MD, Steven B. Ingle, MD, Shamina Dhillon, MD, W. Scott Harmsen, MS, Alan R. Zinsmeister, PhD, William J. Tremaine, MD, William J. Sandborn, MD, Edward V. Loftus, MD, Mayo Clinic, Rochester, MN

Paper 57, page .

A Prospective, Controlled Longitudinal Study of the Effects of Oral Steroids at 3 and 5 Months on Bone Mineral Density (BMD) in Patients with IBD

Jae Gaun Hyun, MD, Asher Kornbluth, MD, James George, MD, Peter Legnani, MD, Simon Lichtiger, MD, Meredith Lewis, MS, Gastroenterology, Mount Sinai Medical Center, New York, NY

Paper 22, page .

Adenocarcinoma in Ileal Pouch-Anal Anastomosis: The Cleveland Experience

Revital Kariv, MD, Ana Bennett, MD, Yehuda Kariv, MD, Victor Fazio, MD, Ian Lavery, MD, Bret Lashner, MD, Bo Shen, MD, and Feza Remzi, MD, Digestive Disease Center, Cleveland Clinic, Cleveland, OH

Paper 23, page .

Exposing the Weaknesses: A Systematic Review of Azathioprine Efficacy in Ulcerative Colitis

Yvette Leung, MD, Remo Panaccione, MD, Brenda Hemmelgarn, PhD, and Jennifer Jones, Medicine, Division of Gastroenterology, University of Calgary, Alberta, Canada

Paper 59, page .

Mesalamine Protects Against Colorectal Cancer in Inflammatory Bowel Disease

Jeffrey Tang, MD, Gena Kucera, PhD, Omar Sharif, MD, Chetan Pai, DO and Ann L. Silverman, MD, Internal Medicine, Division of Gastroenterology, Henry Ford Hospital, Detroit, MI

Paper 5, page .

2007 ACG/Nakao Gender Based Research Award Recipient

Gender Differences and Bariatric Surgery Outcome

Inessa Khaykis, MD, Christine J. Ren, MD, George A. Fielding, MD, Warren Huberman, PhD, Barrie Wolfe, RD, Heekoung Youn, RN, Stefanie Hong, Fritz Francois Francois, MD, Elizabeth Weinshel, MD, Gastroenterology, Surgery, and Psychiatry, New York University Hospital, New York, NY

Paper 38, page .

2007 ACG Motility Award Recipient

Prevalence and Impact of Co-Morbid Psychological Distress on Response to PPI Therapy in Patients with GERD

William D. Chey, MD, Borko Nojkov, MD, Joel R. Rubenstein, MD, Susan A. Adlis, MS, Michael J. Shaw, MD, Division of Gastroenterology, University of Michigan Health System, Ann Arbor, MI and Park Nicollet Institute, Minneapolis, MN.

Poster 374, page .

How Useful is Digital Rectal Examination in the Diagnosis of Dyssynergia?

Priyanka Rao, Kasaya Tantiphlachiva, MD, Ashok Attaluri, MD, Satish Rao, MD, University of Iowa, Iowa City, IA

Paper 51, page .

Investigation of Wireless Capsule (SmartPill) for Colonic Transit: A Comparative Study with Radiopaque Markers in Health and Constipation

S. Rao, MD, FACP, B. Kuo, MD, W. Chey, MD, FACP, J. DiBaise, MD, FACP, L. Katz, MD, K. Koch, MD, FACP, J. Lackner, PsyD, SmartPill Research Group

Paper 54, page .

Gastric Emptying Scintigraphy Results in the ROME III Subgroup Classifications for Functional Gastro-Duodenal Disorders

Richard L. Walters, MD, Alan H. Maurer, MD, Henry P. Parkman, MD, Medicine, Temple University, School of Medicine, Philadelphia, PA

Paper 53, page .

2007 ACG/Olympus Colorectal Cancer Prevention Award Recipient

Which Adenoma Characteristic Has the Strongest Effect on Predicting Advanced Neoplasia or Numerous Adenomas on Follow-up Colonoscopy?

Carol A. Burke, MD, FACP, Leila Mott, John Baron, MD, Doug Robertson, MD, The Polyp Prevention Study Group, Gastroenterology, Cleveland Clinic, Cleveland, OH

Paper 9, page .

Role of Resistant Starch in Colorectal Cancer Prevention: A Prospective Randomized Controlled Trial

Shridhar S. Dronamraju, MD, Jonathan M. Coxhead, PhD, Seamus B. Kelly, MD, John G. Mathers, PhD, Human Nutrition Research Centre, School of Clinical Medical Sciences, Newcastle University, Newcastle Upon Tyne, Tyne and Wear, United Kingdom and Department of General Surgery, North Tyneside General Hospital, North Shields, Tyne and Wear, United Kingdom

Paper 13, page .

Elevated HbA1c is an Independent Predictor of Aggressive Clinical Behavior in Patients with Adenomatous Colonic Polyps

Ali A. Siddiqui, Haripriya Maddur, Suraj Naik, MD, Byron Cryer, Gastroenterology, Dallas VA Medical Center, Dallas, TX

Paper 7, page .

Effect of Initial Polypectomy Versus Surveillance Polypectomy on Colorectal Cancer Mortality Reduction: Micro-Simulation Modeling of the National Polyp Study

Ann G. Zauber, PhD, Sidney J. Winawer, MD, Iris Lansdorp-Vogelaar, MS, Marjolein van Ballegooijen, MD, PhD, Michael J. O'Brien, MD, Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, NY

Paper 14, page .

2007 ACG/Wyeth Gender Based Research Award Recipient

Statin Use and the Risk of Cholecystectomy in Women

Chung-Jyi Tsai, MD, Michael Leitzmann, MD, Walter Willett, MD, Edward Giovannucci, MD, Division of Digestive Diseases and Nutrition, University of Kentucky Medical Center; Division of Cancer Epidemiology and Genetics, National Institute of Health and Channing Lab, Department of Medicine, Harvard Medical School

Paper 34, page .

2007 Lawlor Resident Award Recipient

Gastric Electrical Stimulation for GastroparesisThe Temple Experience

Varadarajan Subbiah, MD, Sean Harbison, MD, John Meilahn, MD, Vanessa Lytes, GRNP, Robert S. Fisher, MD, Henry P. Parkman, MD, Medicine, Temple University, Philadelphia, PA

Paper 8, page .

Special Tours & Auxiliary Events

The ACG Auxiliary will provide a Hospitality Suite for spouses during the ACG Annual Meeting, offering a place to relax and unwind, review tour and visitor information, or just chat with friends. Registration for Auxiliary members will also be available in the suite. All Auxiliary members are invited to attend the Auxiliary Board Meeting on Monday, October 15 from 8:30 am–10:00 am. The Auxiliary will also offer special tours for adults and children. Please visit the ACG Physician Registration Desk at the Pennsylvania Convention Center for more information about the Auxiliary and the tours.

Auxiliary Schedule at a Glance

<p>SUNDAY, OCTOBER 14 Physician Registration <i>Bridge Area, Convention Ctr</i> 7:00 am - 6:30 pm</p> <p>Auxiliary Registration/ Hospitality Suite <i>Marriott Room 304</i> 8:00 am - 12:00 noon</p> <p>TOUR 1: Barnes Foundation* <i>Depart from Tour Lobby- Entrance</i> 12:30 pm - 4:30 pm</p>	<p>TUESDAY, OCTOBER 16 Physician Registration <i>Bridge Area, Convention Ctr</i> 6:45 am - 6:00 pm</p> <p>Hospitality Suite <i>Marriott Room 304</i> 8:00 am - 12:00 noon</p> <p>TOUR 2: Ron Avery Guided Bus Tour* <i>Depart from Tour Lobby- Entrance</i> 2:30 pm - 5:30 pm</p>
<p>MONDAY, OCTOBER 15 Physician Registration <i>Bridge Area, Convention Ctr</i> 7:00 am - 5:15 pm</p> <p>Auxiliary Registration/ Hospitality Suite <i>Marriott Room 304</i> 8:00 am - 12:00 noon</p> <p>Auxiliary Board Meeting <i>See Physician Registration Desk for Location</i> 8:30 am - 10:00 am</p> <p>TOUR 2: Medicine in Colonial Philadelphia* <i>Depart from Tour Lobby- Entrance</i> 12:00 noon - 4:00 pm</p> <p>President's Reception <i>Marriott Salon CDE</i> 7:00 pm - 9:00 pm</p>	<p>WEDNESDAY, OCTOBER 17 Physician Registration <i>Bridge Area, Convention Ctr</i> 6:45 am - 12:30 pm</p> <p>Hospitality Suite <i>Marriott Room 304</i> 8:00 am - 12:00 noon</p> <p>Breakfast will be available from 8:00 am to 11:00 am Sunday through Wednesday in the Auxiliary Hospitality Suite.-</p>

*Tour tickets will be distributed at the Physician Registration Desk. All tours include exclusive round-trip transportation by executive motorcoach, narration by professional tour guide, and all admissions, taxes and gratuities. All tours depart from the Tour Lobby Entrance of the Venetian Resort Hotel and Casino.

TOUR 1: The Barnes Foundation Tour

Sunday, October 14, 12:30 pm – 4:30 pm

Cost: \$52.00 per person

The Barnes Foundation houses one of the world's finest private collections of Post-Impressionist and early French modern art, including works by Renoir (180), Cezanne (69), Matisse (60), Picasso, Monet and Manet. Art from every corner of the globe is grouped with fine examples of antique furniture, ceramics, hand-wrought iron and Native American jewelry. Visit the Arboretum of the Barnes Foundation, which features an exceptional collection of rare and unusual trees and woody plants from all over the world. The 12-acre Arboretum surrounds the Foundation's Gallery and includes a fern collection, formal rose and perennial gardens, lilac groves, and groupings of mature trees, including specimens not usually grown in the Mid-Atlantic region. Some highlights include: an Araucaria araucana, or monkey puzzle tree, native to Chile; Parrotia persica, or Persian ironwood, indigenous to northern Iran; and Sequoia sempervirens, or coast redwood, native to a narrow strip of land along the Pacific coast of North America.

TOUR 2: Medicine in Colonial Philadelphia Tour

Monday, October 15, 12:00 noon – 4:00 pm

Cost: \$55.00 per person

Explore Philadelphia's rich medical history while visiting the Pennsylvania Hospital, the nation's oldest hospital. The hospital was founded in 1751 by Benjamin Franklin and Dr. Thomas Bond and features a medicinal garden and medical library. The tour will also visit the Physick House, an elegant freestanding Federal mansion built in 1786 by Henry Hill, a wealthy importer of Madeira wine. In 1815, the house was purchased by Dr. Philip Syng Physick, who was known during his lifetime as the "Father of American Surgery." He was responsible for advancement of surgical methods and improvements in surgical instrumentation. Finally, guests will visit The Mutter Museum, the oldest honorary medical academy in the nation. The museum is one of the few pathological and medical artifact museums that still exist. Its collection includes "The Soap Lady," the death cast of Siamese twins, Chang and Eng, a tumor removed from President Cleveland's jaw, skeletons and more!

TOUR 3: Ron Avery Guided Bus Tour

Tuesday, October 16, 2:30 pm – 5:30 pm

Cost: \$22.00 per person

See Philadelphia through the eyes of leading historian and native of Philadelphia, Ron Avery. A history major in college, Ron Avery worked as a newspaper reporter for more than 30 years in Philadelphia and the suburbs and has written three books about Philadelphia and produced three video tours of the city. Stops will include: The Benjamin Franklin Parkway (Rodin Museum, Cathedral of Saints Peter and Paul, Washington Monument). There may even be a climb to the top of the "Rocky Steps" for a panoramic view of the city! The tour will also visit South Broad Street, including the Kimmel Center, the Academy of Music, Bellevue-Stratford Hotel and the Union League Club. A short walk in historic Society Hill will include a visit to St. Peters Church and many houses that have been standing since George Washington was president. The tour will also stop by the Delaware River waterfront, where several historic ships are kept. Lastly, the tour will drive by Independence Hall, Carpenters Hall, Franklin Court, Christ Church Burial Ground, Constitution Center, Betsy Ross House, Federal Reserve Building and the First and Second Banks of the United States.

NEEDS ASSESSMENT

The practice of clinical gastroenterology is facing an enormous ever increasing array of options both in treatments and technology. These advancements apply to all elements of diagnosis and treatment, including pharmacological agents and enhancements to technology options for interventions. The pressure to include new and ever changing administrative requirements by policymakers and payors continues to create unique challenges for the busy gastroenterology clinician. Finally, patients are more educated than ever when they walk into their physician's office – even if all of the information they have is not of the highest quality. The result, for busy clinicians is a significant set of challenges that make knowledge of the full array of state of the art science and treatment options more important than ever. While the traditional goals of thorough diagnostics and sound therapeutic options continue to remain in place, the place for outcomes measurement and turning these findings into evidence-based care continues to grow.

The reimbursement limitation and work force challenges that have been apparent in recent years have continued unabated. For GI clinicians and their practices, the imperative is to find more efficient ways to gain the latest therapeutic knowledge and institute it without compromising the highest quality of patient care. Notwithstanding research indicating that different venues present significantly different safety profiles for patients, over the past several years, a host of large payors have attempted to step in and substitute judgment regarding the appropriate venue for treatment and procedures. Unfortunately, these changes have been made largely based on financial considerations and without the input of clinicians or against their recommendations. The risk of inconsistent outcomes as a result of these changes is an area of concern and the latest data regarding safety and technical developments will be critical to assuring continued high quality patient care. This attempt to substitute judgment of the clinician is not limited to issues such as venue for care delivery. There have been efforts focused on details such as which sedatives can or should be used or even which equipment or accessories should be used for various procedures. The multi-faceted pressures of new and increasing scientific developments, pressures from payors and policymakers and demands by patients with ever greater amounts of information of various levels of quality mandate that the clinical gastroenterologists find ways to constantly reevaluate the treatments used and mechanisms for delivery in their practices, regardless of the specific practice setting to guarantee that each individual patient obtains the treatment and services that are the best possible options for their specific needs.

The emphasis of ACG's educational efforts continues to reflect the objective of obtaining the timeliest diagnosis through screening for myriad gastroenterological diseases and conditions so that appropriate interventions, treatments and disease management can begin in the most timely fashion possible. Specifically, encouraging screening for liver diseases including the various forms of hepatitis and NAFLD, screening surveillance and treatment of colon cancer, GERD, eosinophilic esophagitis and Barrett's Esophagus; management and treatment of the family of inflammatory bowel diseases and the related conditions that can develop in this patient population; meeting the unique needs of patients who have undergone some form of obesity surgery or liver transplantation; and helping patients deal with the significant challenges presented by various functional GI disorders.

Recognizing that pancreaticobiliary diseases are amongst the most difficult to treat, education on identification, treatment and management of various forms of pancreatitis, pancreatic cysts and biliary disorders is critical to obtaining the best patient outcomes.

As the survival rate from the full range gastroenterological cancers across the board improves, there is an increasing need to keep educating the clinicians who will be following post-surgical patients. This important, evolving educational need must be met in a way that touches on the impact of various forms of cancer to the overall health of the patient's GI tract.

There is no area of GI that has seen more significant developments in pharmacological therapy options than inflammatory bowel disease. The GI clinician must be fully aware of the latest developments in biologics therapy and administration and patient management options in this area as well as advances that are being made in genetics as it relates to testing and diagnosis.

The constant technological advancements that are seen in endoscopic and other technologies employed in GI procedures creates a need to communicate the latest strategies for dealing with everything from patients with altered anatomy to removal of large and difficult polyps using endoscopic technology to the developing practice of natural orifice transluminal endoscopic surgery. In addition to using the same technology in a more efficient manner, developments of new technologies permit the gastroenterologist to observe areas that have not traditionally been viewable, such as the small bowel. Clinicians in a variety of practice settings can learn to integrate new therapies into their practice regime using technologies they are already using to provide cutting edge services to their patients.

Developments in understanding the underlying causes or motility disorders have been moving forward at a quick pace as the amount of clinical research in this area expands. In some cases, the result has been that effective treatments have become available for a variety of manifestations of these disorders. Understanding the latest science in the area of motility is critical to opening the door to treatment for a large group of patients who have been among the most difficult to treat. Exposure to the latest data will assist in the identification of the incidence of disorders such as celiac sprue and other nutritional disorders, new treatments, both pharmacological and device based, for well known but difficult to treat problems such as gastroparesis, cyclical vomiting and irritable bowel syndrome.

GI bleeding remains one of the most common and most challenging issues confronted by the clinical gastroenterologist. Be it the result of pain management techniques or cardiac care or patients with chronic liver disease or even occult bleeding of unknown origins, the clinician must be up to date on the latest information on strategies and techniques to prevent and treat bleeding all through the GI tract. This will include providing accurate, practical information directly to patients and referring physicians.

The continuing problem of *C. difficile* disease and other chronic and acute causes of diarrhea create a need for practitioners to have complete updates on state of the art research and care to meet the needs of their patients. The challenges of risk reduction are clear in this area and the clinical gastroenterologist is going to need to be equipped as a primary resource for their community for dealing with these patients and the issues that arise.

The demand for increased practice efficiency across all settings continues to drive the search for practical tools to positively impact care delivery and patient outcomes. Through the use of evidence based approaches to treatment and rational public health policy, clinicians need to identify new and innovative ways to deliver care across the community.

FACULTY DISCLOSURES

It is the policy of the American College of Gastroenterology to ensure objectivity, balance, independence, transparency, and scientific rigor in all its sponsored educational activities. Individuals participating in the planning or implementation of a sponsored activity are required to disclose to ACG any relevant financial relationship held within the past 12 months that may pose a potential commercial bias. Conflicts of interest will be identified and resolved prior to the beginning of the activity. ACG also requires presenters to disclose to participants any uses of drugs or devices mentioned in their presentations that are off-label or investigational.



THE FIRST ANNUAL ACG ALLIED HEALTH PROFESSIONALS SYMPOSIUM!

A Case Based Approach to the Management of Common GI Diseases

Sunday, October 14, 2007 • 2:00 pm – 5:00 pm • Room: 104A

Course Co-Directors: *Carol A. Burke, MD, FACG and Jan Santisi, RN*

Members/Fellows (includes Allied Health Members):	\$0
Non-Members registered for any other ACG course:	\$0
Non-Members not registered for any other ACG course:	\$75

New in 2007, ACG will offer a three-hour symposium designed specifically with allied health professionals in mind. Leading experts will speak on hot topics in GI. After the symposium, join colleagues for a special reception and then visit the Exhibit Hall to see the latest in technology and therapeutics. ACG members may attend the symposium for free. Non-Members who are also registered for any other ACG 2007 course may attend the symposium for free. Any Non-Member who has not registered for any other ACG 2007 course will pay \$75.

Course Description

Allied health professionals caring for patients with digestive diseases will be able to increase their knowledge about the current status of diagnostic tests and evidenced based treatments for some of the most common and chronic GI disorders including abnormal liver function tests, gastroesophageal reflux and Barrett's esophagus, Inflammatory Bowel Disease, Irritable Bowel Syndrome and Functional Dyspepsia. In addition, they will understand the benefits and limitations of current modalities for colorectal cancer screening and the use of emerging capsule technology which they will need to be familiar with in their day to day contact with patients with GI disorders. Using a fun and interesting case based approach, this symposium is designed for nurses, physician assistants, nurse practitioners and other allied health professionals interested in the latest information on diagnostic gastroenterology and state of the art treatment of gastroenterologic illnesses. Physicians are strongly encouraged to attend this symposium with their allied health personnel, as the optimal management of patients with digestive diseases often requires a dedicated and knowledgeable "team" of health care providers.

Accreditation

The American College of Gastroenterology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Gastroenterology designates this educational activity for a maximum of 3 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This program has been reviewed and is approved for a maximum of three hours of AAPA Category I (Preapproved) CME credit by the Physician Assistant Review Panel. Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

This continuing nursing education activity was approved by the Society of Gastroenterology Nurses and Associates, Inc., an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity is approved for 3 contact hours.

AGENDA

- 2:00 pm** **Abnormal LFTs**
K. Rajender Reddy, MD, FACG
- 2:20 pm** **GERD**
Joel E. Richter, MD, MACG
- 2:40 pm** **Ulcerative and Crohn's Colitis**
Sunanda V. Kane, MD, MSPH, FACG
- 3:00 pm** **Q & A**
- 3:15 pm** **P4P – Government and Private Payors: What Does this Mean...How Do I Prepare?**
David A. Johnson, MD, FACG
- 3:45 pm** **CRC Screening**
Carol A. Burke, MD, FACG
- 4:05 pm** **Capsule Endoscopy: A Nurse's Perspective on Implementation and Interpretation**
Jan Santisi, RN
- 4:25 pm** **IBS and Functional Dyspepsia**
Brian E. Lacy, MD, PhD, FACG
- 4:45 pm** **Q & A**
- 5:00 pm** **Adjourn to Allied Health Professionals Reception**

Program Objectives

At the conclusion of this program, participants will be able to:

- Recognize the common laboratory abnormalities associated with liver injury and link the patterns to a potential underlying cause of the hepatic disorder.
- Appreciate the etiology, natural history and treatment strategies of the common functional GI disorders including Irritable Bowel Syndrome and Functional Dyspepsia.
- Recognize the symptoms of IBD, the appropriate work up to make the diagnosis and understand a rational approach to guide treatment of IBD.
- Evaluate the current status of the payors' (including the federal government) programs to enhance the quality of medical care and standardize treatment for gastrointestinal diseases.
- Understand the current options and benefit of colorectal cancer screening.
- Understand the utility of capsule endoscopy (CE) in GI practice and understand the nursing perspective on implementation and interpretation of CE.
- Evaluate the medical and surgical options for GERD management.

Allied Health Professionals Symposium

Sunday, October 14, 2007 • 2:00 pm – 5:00 pm • Room: 104A

Course Co-Directors: Carol A. Burke, MD, FACP and Jan Santisi, RN

Faculty Listing and Disclosure Information

It is the policy of the American College of Gastroenterology to ensure objectivity, balance, independence, transparency, and scientific rigor in all its sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are required to disclose to ACG any relevant financial relationship or other relationship held within the past 12 months that may pose a potential commercial bias and to assist in resolving any conflict of interest that may arise from the relationship. The intent of this disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Faculty have noted the following relationships related to their Allied Health Professionals Symposium presentations.

Carol A. Burke, MD, FACP

Director, Center for Colon Polyps & Cancer, Cleveland Clinic Foundation, Cleveland, OH
Dr. Burke has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

David A. Johnson, MD, FACP

Professor of Medicine & Chief of Gastro, Eastern VA School of Medicine, Norfolk, VA
Dr. Johnson has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sunanda V. Kane, MD, MSPH, FACP

Assistant Professor of Medicine, Mayo Clinic, Rochester, MN
Speakers' Bureau: Prometheus Labs

Brian E. Lacy, MD, PhD, FACP

Associate Professor of Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH
Speakers' Bureau: Novartis, Takeda
Research grant (investigator initiated): Novartis

K. Rajender Reddy, MD, FACP

Director, Hepatology; Medical Director, Liver Transplantation, Hospital of the University of Pennsylvania, Philadelphia, PA
Dr. Reddy has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Joel E. Richter, MD, MACG

Chairman, Department of Medicine, Temple University School of Medicine, Philadelphia, PA
Dr. Richter has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Jan Santisi, RN

RN, Cleveland Clinic Foundation, Cleveland, OH
Consultant/Speaker: Olympus Intl., Given Imaging

Investigational Use Disclosure

ACG's disclosure policy maintains that if any unapproved or off-label use of a product is to be referenced in a CME program, the faculty member is required to disclose that the product is either investigational or it is not labeled for the usage being discussed. The following faculty member has indicated he may reference an off-label use in his Allied Health Symposium presentation.

Dr. Lacy – tricyclic antidepressants, SSRIs for IBS and dyspepsia

ACG's 2007 Educational Programs

Practice Management Course

Friday, October 12, 2007 • 7:00 am – 6:00 pm • Room: 108 AB

Course Co-Directors: *Stephen E. Deal, MD, FACG and Chalmers M. Nunn, Jr., MD, MMM*

Course Description

Learn ways to improve efficiency and increase profitability in your practice by attending the 20th Annual Practice Management Course. Course Directors Stephen E. Deal, MD, FACG, and Chalmers M. Nunn, Jr., MD, MMM, have organized a course that focuses on efficient practices and updates in areas of interest to the clinical gastroenterologist.

The ACG Practice Management Course will feature several physicians who are running successful practices PLUS a noted expert on negotiating, Roger Dawson. You'll walk away from the course with the skills to become a power negotiator.

The negotiating sessions are new to this year's program. Few are born with the knowledge on how to best negotiate, but it is a skill that can be learned. Roger Dawson, a leading expert on negotiating will lead the keynote session, "How to Become a Power Negotiator." In addition, he'll also present on such topics as using negotiating when dealing with payors, hospitals and your patients, resolving conflict and influencing your partners, and how to effectively deal with others. Attend and you'll walk away armed with the knowledge and confidence to negotiate the best solution for you, your practice and your patients. Other sessions will guide you on paying staff based on productivity, where to make an investment in IT and how to develop your practice website, quality of life issues for mid-level providers, managing a difficult physician, how to make your practice unique, and preparing for 2008.

Faculty

Stephen E. Deal, MD, FACG, Course Co-Director

Chalmers M. Nunn, Jr., MD, MMM, Course Co-Director

Roger Dawson, CPAE, CSP

Philip Grossman, MD, FACG

Klaus Mergener, MD, PhD, FACG

Irving M. Pike, MD, FACG

Karen L. Woods, MD, FACG

Program Description

Medical school, residency and fellowship did not prepare you for the challenges you face today. Reimbursement is declining, you are having to learn to be more productive and quite often you find yourself having a hard time dealing with your hospital, vendors, payors and even your partners. This course is designed to help you learn to deal more effectively with the practice management challenges you face and create a more positive outlook on the future. The main focus of the course is to transfer to you the most important business skill you can have—the ability to negotiate effectively. To achieve this, we have invited a premier instructor of negotiation, Roger Dawson, to be the keynote speaker. Throughout the course of the day, Mr. Dawson will be teaching you the skills you need to become a savvy negotiator.

Another important business skill is that of networking and learning from each other. We have speakers who have learned a great deal from the school of hard knocks in running their practice and they will share what they have learned on topics such as dealing with a difficult partner, information technology, avoiding the commodity trap, how to pay your staff based on productivity and using physician extenders more effectively. There will be ample breakout sessions where you will have the opportunity to interact more closely with the speakers. The lunch session is designed for you to learn from each other and meet members of the College who serve on the Practice Management Committee. The course will wrap up using the clinical performance data you are collecting on yourself to negotiate for better outcomes.

Program Objectives

Upon completion of this program attendees will:

- Improve their negotiation skills to more effectively deal with payors, vendors, hospitals and their partners.
- Learn how to use data and time to their and their patients' advantage.
- Run their practices more effectively through appropriate use of physician extenders to enhance the patient experience, avoiding the mistakes others have made and developing more effective pay practices.
- Develop a competitive differential advantage for their practice in the evolving business environment of consumerism where the burden of payment is now coming more from the patient rather than the payor.
- Learn how to more effectively deal with a difficult partner.
- Gain the newest perspective on how to incorporate information technology into your practice to improve patient care.

Accreditation

The American College of Gastroenterology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Gastroenterology designates this educational activity for a maximum of 9 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Practice Management Course

Friday, October 12, 2007 • 7:00 am – 6:00 pm • Room: 108 AB

Course Co-Directors: *Stephen E. Deal, MD, FACP and Chalmers M. Nunn, Jr., MD, MMM*

Members/Fellows:	\$225
Resident/Trainee/ Candidate Members:	\$0*/\$150
Allied Health Members:	\$150
Non-Members:	\$275
Practice Managers:	\$150

7:00 am • Continental Breakfast

Topic Table Discussions (committee members will facilitate discussion)

8:00 am • Welcome and Introduction of Keynote Session

*Stephen E. Deal, MD, FACP
and Chalmers M. Nunn, Jr., MD, MMM*

8:10 am • Keynote Session: Becoming a Power Negotiator

Roger Dawson, CPAE, CSP, Power Negotiating Institute

Negotiation is the most important business skill you can acquire, and Roger Dawson is a premier instructor in teaching negotiation techniques to physicians. Mr. Dawson will teach you powerful negotiation skills that physicians use in every contractual interaction to get more than they ever thought possible. You will leave this workshop with new strategies and tactics so that you can strengthen your practice and patient care as a savvy negotiator.

- Learn the five things that make you a power negotiator.
- Learn negotiating tactics that lead to win-win solutions.
- Learn how to gather information that gives you control.
- Learn how to negotiate the best deal possible from your payors.
- Learn how to negotiate win-win agreements with hospitals.
- Learn how to negotiate better deals with your vendors.
- Learn how to negotiate better for yourself and your patients.

10:00 am • Break

10:10 am • Using Negotiation in Your Practice to Deal with Payors Hospitals, and Patients — A Case Based Approach

*Roger Dawson, CPAE, CSP, Power Negotiating Institute
ACG Practice Management Committee Members*

- Spelling Out What You Want
- Closing the Deal
- How Time Pressure and Information Power Affect the Outcome

11:40 am • Break

11:50 am • Lunch — Learning from Each Other: Round Table Discussions About the Greatest Challenges Faced by Your Practice

1:00 pm • Paying Staff on Productivity

Karen L. Woods, MD, FACP

1:30 pm • IT Issues in GI: Where Do I Make the Investment?

Philip Grossman, MD, FACP

2:00 pm • Managing the Difficult Physician

Chalmers M. Nunn, Jr., MD, MMM

2:30 pm • Mid-Level Providers (NP/PA) in GI: Is it About Quality of Life, Income or BOTH?

Klaus Mergener, MD, PhD, FACP

3:00 pm • Break

3:10 pm • Breakout Session I (choose one)

- Resolving Conflict and Influencing Your Partners** (Room 111AB)
Roger Dawson, CPAE, CSP, Power Negotiating Institute
- How Much Should I Develop my Website?** (Room 109AB)
Philip Grossman, MD, FACP
- Running Your Practice: Lessons Learned in the School of Hard Knocks** (Room 113AB)
Karen L. Woods, MD, FACP
- Avoiding the Commodity Trap: Making Your Practice Unique** (Room 108AB)
Stephen E. Deal, MD, FACP

4:05 pm • Breakout Session II (choose one)

- Resolving Conflict and Influencing Your Partners** (Room 111AB)
Roger Dawson, CPAE, CSP, Power Negotiating Institute
- How Much Should I Develop my Website?** (Room 109AB)
Philip Grossman, MD, FACP
- Running Your Practice: Lessons Learned in the School of Hard Knocks** (Room 113AB)
Karen L. Woods, MD, FACP
- Avoiding the Commodity Trap: Making Your Practice Unique** (Room 108AB)
Stephen E. Deal, MD, FACP

4:50 pm • Break

5:00 pm • Preparing for 2008: Collecting Data on Yourself

Irving M. Pike, MD, FACP

5:30 pm • Knowing Thyself and Using that to Deal Effectively with Others

Roger Dawson, CPAE, CSP, Power Negotiating Institute

6:00 pm Adjourn

* ACG Resident/Trainee and Candidate Members ONLY. ACG will waive the usual \$150 Resident/Trainee/Candidate Member Practice Management Course registration fee only if registration is received and processed by September 21, 2007. The \$150 fee will apply to any registration received and/or processed after September 21.

ACG's 2007 Educational Programs

Practice Management Course

Friday, October 12, 2007 • 7:00 am – 6:00 pm • Room: 108 AB

Course Co-Directors: *Stephen E. Deal, MD, FACP and Chalmers M. Nunn, Jr., MD, MMM*

Faculty Listing and Disclosure Information

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Faculty have noted the following relationships related to their Practice Management Course presentations.

Stephen E. Deal, MD, FACP

Carolina Digestive Health Associates, Charlotte, NC

Dr. Deal has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Roger Dawson, CPAE, CSP

Power Negotiating Institute, Inc., Placentia, CA

Dr. Dawson has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Philip Grossman, MD, FACP

President, Drs. Grossman and Price PA, Miami, FL

Dr. Grossman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Klaus Mergener, MD, PhD, FACP

Digestive Health Specialists, Tacoma, WA

Dr. Mergener has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Chalmers M. Nunn, Jr., MD, MMM

CEO, Gastroenterology Associates of Central Virginia, Lynchburg, VA

Dr. Nunn has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Irving M. Pike, MD, FACP

Gastrointestinal & Liver Specialists of Tidewater, PLLC, Virginia Beach, VA

Dr. Pike has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Karen L. Woods, MD, FACP

Clinical Associate Professor of Medicine, Baylor College of Medicine, Houston, TX

Dr. Woods has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

ASGE-SPONSORED ENDOSCOPY COURSE — Innovation and Paradigm Shifts: The Gastrointestinal Endoscopist of the Future

Friday, October 12, 2007 • 8:00 am – 5:15 pm • Room: 103 ABC

Course Co-Directors: *Jonathan Cohen, MD, FACG, FASGE and Colleen Schmitt, MD, MHS, FACG, FASGE*

Course Description

Progress in the development and application of gastrointestinal endoscopy, like other technologies, may evolve from the solid, deliberate accumulation of knowledge through science, and from unexpected discoveries and attitudes that alter the way we approach clinical problems. These paradigm shifts offer new opportunities for adaptation to the challenges and disruptive changes facing endoscopists of the future. The purpose of the ASGE 2007 Interim Course is to examine the various facets of diagnostic and therapeutic endoscopy that may be impacted by future changes in health care, and to explore opportunities for practicing gastroenterologists to adjust to these changes.

Intended Audience

This course has been specifically designed for those practitioners in gastrointestinal endoscopy, especially gastroenterologists and gastrointestinal surgeons as well as fellows in training. The program will educate on state-of-the-art endoscopic techniques and devices as well as quality indicators in endoscopic procedures. This course is equally relevant to those in private practice and academic practice.

Course Objectives

At the conclusion of this course, participants should be able to:

- Describe next generation diagnostic endoscopy
- Explain proposed quality measures for physician volunteer reporting and demonstration (or lack) on outcomes
- Illustrate the potential for future turf battles, and the position of practicing gastroenterologists in these contests
- Explore opportunities for practicing gastroenterologists to adapt to changes predicted for the future
- Review the technologies that can be embraced by practicing gastroenterologists now and in the near future

Course Co-Directors

Jonathan Cohen, MD, FACG, FASGE, New York University School of Medicine, New York, NY

Colleen Schmitt, MD, MHS, FACG, FASGE, University of Tennessee, Chattanooga, TN

Faculty

Thomas M. Deas, Jr., MD, FACG, FASGE, Gastroenterology Associates of North Texas, LLP, Fort Worth, TX

Glenn M. Eisen, MD, MPH, FASGE, Oregon Health and Science University, Portland, OR

Grace H. Elta, MD, FACG, FASGE, University of Michigan, Ann Arbor, MI
Martin L. Freeman, MD, FACG, Hennepin County Medical Center, Minneapolis, MN

Robert A. Ganz, MD, FASGE, Minnesota Gastroenterology, Minneapolis, MN

Lauren B. Gerson, MD, Stanford University Hospital, Stanford, CA

Ian M. Gralnek, MD, MSHS, FASGE, Technion Institute of Technology & Rambam Medical Center, Haifa, Israel

Douglas A. Howell, MD, FACG, FASGE, Portland Endoscopy Center, Portland, ME

Peter Kelsey, MD, Massachusetts General Hospital, Boston, MA

Irving M. Pike, MD, FACG, Gastroenterology Consultants, Virginia Beach, VA

Douglas K. Rex, MD, FACG, FASGE, Indiana University Medical Center, Indianapolis, IN

Richard I. Rothstein, MD, FACG, Dartmouth-Hitchcock Medical Center, Lebanon, NH

C. Paul Swain, MD, Royal London Hospital, London, England

AGENDA

Endoscopic Practice Forum

- 8:05 am Colorectal Cancer
- 8:25 am Screening Techniques: Comparing Competing Technologies
 - CT Colonography/MR
 - Colon Capsule
 - Self-propelled Colonoscopy
- 8:45 am Discussion
- 9:05 am Changing Practice Patterns and Modalities in Acute GI Hemorrhage
- 9:45 am Discussion
- 10:05 am Break

New Avenues for Endoscopic Evaluation and Therapy — Impact for the Practicing Gastroenterologist

- 10:25 am The Role of Endoscopy in the Management of the Bariatric Patient:
 - Identification of Complications and Potential Solutions
 - Endoscopic Bariatric Interventions
- 10:45 am Narrow Bands, Broad Horizons
- 11:05 am Bile and Pancreatic Ducts Revisited: Therapeutic Cholangioscopy
- 11:25 am Adapting to the Advent of New and Disruptive Technologies
- 11:45 am Questions and Answers

Lunch Presentation

- 12:15 pm Pickles, Jams, and Other Sticky Situations—How the Experts Get Out of Trouble

Demonstrating Value for You and Your AEC

- 1:45 pm Value-based Purchasing and Price Transparency in the AEC—Coming to a Center Near You
- 2:05 pm Measuring Performance—What's On Your Report Card?
- 2:25 pm What Will Pay for Performance Mean for Practicing Gastroenterologists?
- 2:45 pm Questions and Answers
- 3:15 pm Break

The Future of Endoscopy: Capsule and Otherwise

- 3:40 pm To Eso and Beyond—Prospect of Capsule Replacement of Diagnostic Gastroscopy and Colonoscopy
- 4:05 pm The Therapeutic Capsule—Real Time Urgent Capsule Endoscopy in the Evaluation of Gastrointestinal Bleeding and the Development of Therapeutic Capabilities
- 4:25 pm New Place, New Spaces—Double Balloon Enteroscopy
- 4:45 pm Questions and Answers
- 5:15 pm Adjourn

Continuing Medical Education

The American Society for Gastrointestinal Endoscopy (ASGE) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASGE designates this educational activity for a maximum of 6.75 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

For more information contact:

ASGE, 1520 Kensington Road, Oak Brook, IL 60523

Tel: 630-573-0600

Fax: 630-573-0691

E-mail: education@asge.org

Web: www.asge.org/education

ACG's 2007 Educational Programs

Recertification Preparation and Update Course

Friday, October 12, 2007 • 5:15 pm – 8:15 pm • Room: 111 AB

Course Director: *Brooks D. Cash, MD, FACG*

Registration fee: \$100

Course Description

The challenges of quality patient care and optimal patient outcomes seem to increase exponentially from year to year through a combination of increased demand and burgeoning information/treatment options relating to disease guidelines, disease management recommendations, introduction of new pharmacotherapeutic agents and devices. The clinical gastroenterologist needs to build on his/her educational foundation regarding GI anatomy and disease states that lead to their board certification and re-certification while distilling the essence of new information and integrating it into their day-to-day practice. The requirement for recertification has posed an educational challenge for board certified gastroenterologists who are trying to manage their practice with their educational needs. This program is designed for physicians studying for their recertification exam who seek to increase their comfort level with the nature of the information they will be required to know as they take the exam.

Using a module developed by the ACG under the leadership of Philip O. Katz, MD, FACG, and approved for self-evaluation credit toward ABIM Maintenance of Certification, faculty comprised of gastroenterologists with expertise in selected areas will review some of the types of question topics and scientific rationale you will need to achieve awareness of/command over and be prepared to answer to be successful in specific recertification component areas.

Self-Evaluation Module: ACG's Self-Assessment Program for Maintenance of Certification

*Required in Conjunction with the
2007 ACG Recertification Preparation Course*

Earn 20 self-evaluation of medical knowledge points toward your ABIM Maintenance of Certification. ACG's online *Self-Assessment Program* is a 60-question module developed by ACG. When you complete the program, you'll earn a maximum of 4 Category 1 CME credits.

ACG member price: \$60 Non-member price: \$80

Program Objectives

Upon completion of this program attendees will:

- Learn the scope of the substantive areas in organ systems and disease management that they will need to be fully conversant in to successfully complete the exam.
- Obtain a clear understanding of the most effective test taking approaches.

Accreditation

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The American College of Gastroenterology designates this educational activity for a maximum of 3 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Attendee Requirements

Registrants are required to purchase the ACG's Self-Assessment Program for Maintenance of Certification credit (\$60 ACG members; \$80 non-members). Once registered, participants will be contacted regarding how to purchase the required module. Attendees enrolled in the ABIM's MOC program who successfully complete this ACG module will be awarded 20 self-evaluation of medical knowledge points by ABIM.

Faculty

Course Director – Brooks D. Cash, MD, FACG
Randall E. Brand, MD, FACG
William D. Chey, MD, FACG
Sunanda V. Kane, MD, MSPH, FACG
Philip O. Katz, MD, FACG
Paul Y. Kwo, MD
Darrell S. Pardi, MD, FACG

For more information on how to purchase the module, see General Information on page ##.

Recertification Preparation and Update Course

Friday, October 12, 2007 • 5:15 pm – 8:15 pm • Room: 111 AB

Course Director: *Brooks D. Cash, MD, FACG*

Faculty Listing and Disclosure Information

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Faculty have noted the following relationships related to their Recertification Course presentations.

Randall E. Brand, MD, FACG

Visiting Professor of Medicine, University of Pittsburgh and University of Pittsburgh Medical Center, Pittsburgh, PA
Dr. Brand has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Brooks D. Cash, MD, FACG

Associate Professor of Medicine, National Naval Medical Center, Gaithersburg, MD
Dr. Cash has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

William D. Chey, MD, FACG

Associate Professor of Medicine, Director GI Physiology Lab, University of Michigan Medical Center, Ann Arbor, MI
Dr. Chey has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sunanda V. Kane, MD, MSPH, FACG

Assistant Professor of Medicine, Mayo Clinic, Rochester, MN
Consultant: Centocor, Abbott, Procter & Gamble, Shire
Research Support: Procter & Gamble

Philip O. Katz, MD, FACG

Chairman, Division of Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA
Dr. Katz has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Paul Y. Kwo, MD

Associate Professor of Clinical Medicine, Indiana University Department of Medicine, Indianapolis, IN
Speakers' Bureau: Gilead, Idenix, Novartis
Grant Support: GSK

Darrell S. Pardi, MD, FACG

Assistant Professor of Medicine, Mayo Clinic, Rochester, MN
Research: AstraZeneca

Optional Friday Courses/ACG's 2007 Three-Day Board Review

Review of GI Structure and Function Course

Friday, October 12, 2007 • 7:00 am – 12:30 pm

Room: Lecture Hall

Course Co-Directors: *John F. Reinus, MD, FACG*
and *Douglas M. Simon, MD, FACG*

	Members/Fellows:	\$150
Resident/Trainee/Candidate Members:		\$110
Allied Health Members:		\$125
All Non-Members:		\$175

Attend ACG's Review of GI Structure and Function Course for a thorough review of the physiological, basic science underpinnings that are the basis for the Postgraduate Course review of pathophysiology, diagnosis and therapeutic measures.

Developed as an essential course for Board review, Review of GI Structure and Function will be presented by leading experts in the field.

AGENDA

- 7:00 am** **The Structure of the Hollow Viscera**
Elizabeth Montgomery, MD
- 7:30 am** **Gastrointestinal Motility**
Ikuo Hirano, MD, FACG
- 8:10 am** **Gastrointestinal Endocrinology**
John Del Valle, MD
- 8:30 am** **Break**
- 8:50 am** **Gastric Secretion**
Michael Wolfe, MD, FACG
- 9:10 am** **Pancreatic Structure and Function**
James H. Grendell, MD
- 9:30 am** **Intestinal Absorption and Secretion**
Lawrence R. Schiller, MD, FACG
- 10:15 am** **Gastrointestinal Immunology**
Maria T. Abreu, MD
- 10:30 am** **Break**
- 10:50 am** **Hepatic Structure and Function**
Paul Martin, MD, FACG
- 11:20 am** **The Composition and Circulation of Bile**
Michael Fuchs, MD, PhD
- 11:50 am** **Bilirubin Metabolism**
Jayanta Roy Chowdhury, MD
- 12:20 pm** **Adjourn**

What's New in GI Pharmacology Course

Friday, October 12, 2007 • 1:45 pm – 4:45 pm

Room: Lecture Hall

Course Director: *Philip O. Katz, MD, FACG*

	Members/Fellows:	\$150
Resident/Trainees/Candidate Members:		\$110
Allied Health Members:		\$125
All Non-Members:		\$175

There is an ever-increasing demand on a physician's time to keep up with the expanding list of pharmacologic treatment for GI and liver disorders. What's New in GI Pharmacology provides an intensive review of key GI pharmacology issues. Attendees will learn treatment options for such disorders as eosinophilic esophagitis, Barrett's esophagus, IBD, use of statins in patients with chronic liver disease, management of IBS, and treatments for obesity. This course is an essential component of the three-day Board Review.

AGENDA

- 1:45 pm** **Management of Eosinophilic Esophagitis 2007**
David A. Katzka, MD
- 2:15 pm** **Chemoprevention for Barrett's: PPIs, NSAIDs, Aspirin**
Stuart J. Spechler, MD, FACG
- 2:45 pm** **Optimizing Medical Therapy for IBD**
Stephen B. Hanauer, MD, FACG
- 3:15 pm** **Use of Statins in Patients with Chronic Liver Disease**
Mitchell L. Shiffman, MD, FACG
- 3:45 pm** **Management of Irritable Bowel Syndrome**
William D. Chey, MD, FACG
- 4:15 pm** **Treating Obesity: Reshaping the Future**
Amy E. Foxx-Orenstein, DO, FACG
- 4:45 pm** **Adjourn**

Accreditation — What's New in GI Pharmacology

The American College of Gastroenterology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Gastroenterology designates this educational activity for a maximum of 3 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Accreditation — GI Structure and Function

The American College of Gastroenterology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Gastroenterology designates this educational activity for a maximum of 5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ACG's 2007 Three-Day Board Review

Annual Postgraduate Course • What's New in GI Pharmacology Course • GI Structure and Function Course Friday through Sunday, October 12–14, 2007

THREE-DAY BOARD REVIEW

Designed as a board review for the young specialist preparing for the exam, the Three-Day Board Review includes the Review of GI Structure and Function Course, What's New in GI Pharmacology Course, and the Annual Postgraduate Course. This collection of courses is designed to provide a comprehensive update in basic science and help prepare attendees for specific topics covered in the exam. Additionally, through the Postgraduate Course, you will learn better ways to integrate the newest tools in diagnosis with the latest therapeutic/treatment alternatives to achieve optimal outcomes, improve your awareness and ability to incorporate patient care decision-making issues relating to common and not-so-common GI patient conditions, and enhance your overall capacity to frame effective disease management strategies in your practice. When you sign up for the Three-Day Board Review, you will automatically be enrolled in the three designated courses. See the Registration Form on page 87 for complete pricing information.

Program Description

With the volume of patients continuing to increase as the population ages and the research and information available in gastroenterology does as well, the demands on the clinical gastroenterologist seem to be increasing at an incredible pace. The complexity of the research and treatment options necessary to maximize positive outcomes means that the need to identify ways to maximize knowledge and provide tools to integrate this knowledge into practice is in greater demand than ever. To be successful, educational programming has to build on the key foundation and clinical skills of the attendees and offer practical methods and solutions for treating patients and obtaining positive outcomes that can be put into practice with a wide variety of patient profiles with minimal disruption to all parties. These principles are the basis for this year's educational programming from the ACG. The Course's fundamental objective is to improve the gastroenterologist's overall capacity to frame effective disease management strategies. Workshops, symposia and lunches provide updated perspectives on key GI and liver conditions/disorders and the procedural/technological baseline for sound diagnosis and treatment. This program is designed primarily for gastroenterologists and allied health professionals with significant involvement in diagnosis and treatment of GI and liver conditions and disorders who are interested in an aggressive but scientifically sound approach to management of the treatment needs of GI patients with these conditions. A comprehensive review will be conducted in didactic presentations from expert faculty, which collec-

tively will provide broad coverage of organ systems. Optional, smaller group, "Meet the Professor" Learning Luncheons, together with question periods interspersed in the didactic sessions, and the choice among a series of breakout sessions in GI and liver clinical care will provide ample opportunities for exploration of specific issues and greater depth in focused areas and GI procedures and treatments.

This year's faculty comprises a collection of true leaders in each of their respected fields. Learning from the "Masters" adds a different dimension to the traditional didactic format of postgraduate courses.

Program Objectives

Upon completion of this program, attendees will:

- Integrate new information about hepatitis C and non-alcoholic liver disease into current practice patterns along with reinforcing established care patterns for patients with fulminant hepatic failure and those status post liver transplant.
- Develop a systematic approach to the management of acute and chronic pancreatitis, the approach to cystic lesions and fluid collections of the pancreas and comprehending the evolving issues in the management of pancreatitis.
- Identify current issues/controversies in the management of patients with GI cancers, including tests for colorectal cancer, polyp surveillance strategies, detection of Barrett's esophagus, and screening issues for hepatocellular carcinoma in the setting of cirrhosis.
- Incorporate into patient care decision-making new data regarding the biologics in the treatment of IBD, the management of fistulous disease and the use of diagnostic testing and markers.
- Evaluate management tips from experts in a range of common practice issues such as taking out large polyps, managing ascites, using immunomodulators in IBD, and diagnosing celiac disease.
- Discuss approaches to managing gastrointestinal disease in the obese patient, managing the long-standing IBD patient and using new technologies in endoscopy.
- Identify evaluation and treatment options for functional disorders including IBS, functional dyspepsia, non-cardiac chest pain and chronic constipation.
- Analyze current treatment strategies for common gastrointestinal conditions such as IBD, pancreaticobiliary disease, IBS, viral hepatitis and chronic diarrhea.
- Assimilate appropriate diagnostic and treatment options for esophageal conditions including GERD, motility disorders, eosinophilic esophagitis and extra-esophageal reflux disease.
- Expand knowledge base regarding the management of gastroparesis, anorectal diseases, Barrett's esophagus and endoscopy-related issues including sedation, monitoring and efficiency.

ACG 2007 Self-Assessment Test ONLINE

Advance purchase is available for Annual Postgraduate Course registrants only.
See page ## for details.

ACG's 2007 Three-Day Board Review

Review of GI Structure and Function Course

Friday, October 12, 2007 • 7:00 am – 12:30 pm • Room: Lecture Hall

Course Co-Directors: John F. Reinus, MD, FACG and Douglas M. Simon, MD, FACG

Faculty Listing and Disclosure Information

It is the policy of the American College of Gastroenterology to ensure objectivity, balance, independence, transparency, and scientific rigor in all its sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are required to disclose to ACG any relevant financial relationship or other relationship held within the past 12 months that may pose a potential commercial bias and to assist in resolving any conflict of interest that may arise from the relationship. The intent of this disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Faculty have noted the following relationships related to their GI Pathology and Imaging Course presentations.

Maria T. Abreu, MD

Associate Professor of Medicine, Mount Sinai Medical Center, New York, NY

Consultant: Abbott, Berlex, Centocor, Procter & Gamble, Prometheus, UCB

Research Grant: Procter & Gamble

Speaker's Bureau: Abbott, Procter & Gamble, Prometheus, Salix

Jayanta Roy Chowdhury, MD

Professor, Albert Einstein College of Medicine, Bronx, NY

Dr. Chowdhury has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

John Del Valle, MD

Professor, Department of Internal Medicine, University of Michigan, Ann Arbor, MI

Dr. Del Valle has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Michael Fuchs, MD, PhD

Associate Professor of Medicine, Virginia Commonwealth University Medical Center, Richmond, VA

Dr. Fuchs has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

James H. Grendell, MD

Professor of Medicine, SUNY at Stony Brook School of Medicine, Mineola, NY

Dr. Grendell has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Ikuo Hirano, MD, FACG

Associate Professor, Northwestern University Medical School, Chicago, IL

Dr. Hirano has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Paul Martin, MD, FACG

Professor of Medicine, Mount Sinai School of Medicine, New York, NY

Dr. Martin has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Elizabeth Montgomery, MD

Professor of Pathology & Oncology, Johns Hopkins Hospital, Baltimore, MD

Dr. Montgomery has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Lawrence R. Schiller, MD, FACG

Program Director, GI Fellowship, Baylor University Medical Center, Dallas, TX

Dr. Schiller has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Michael Wolfe, MD, FACG

Chief, Section of Gastroenterology, Boston University School of Medicine, Boston, MA

Dr. Wolfe has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

What's New in GI Pharmacology Course

Friday, October 12, 2007 • 1:45 pm – 4:45 pm • Room: Lecture Hall

Course Director: *Philip O. Katz, MD, FACG*

Faculty Listing and Disclosure Information

It is the policy of the American College of Gastroenterology to ensure objectivity, balance, independence, transparency, and scientific rigor in all its sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are required to disclose to ACG any relevant financial relationship or other relationship held within the past 12 months that may pose a potential commercial bias and to assist in resolving any conflict of interest that may arise from the relationship. The intent of this disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Faculty have noted the following relationships related to their GI Pharmacology Course presentations.

William D. Chey, MD, FACG

Associate Professor of Medicine, Director GI Physiology Lab,
University of Michigan Medical Center, Ann Arbor, MI
*Consultant and/or Speakers' Bureau: AGI, GSK, Microbia,
Novartis, Procter & Gamble, Salix, Takeda, Pharmos*

Amy E. Foxx-Orenstein, DO, FACG

Associate Professor of Medicine, Mayo Clinic College of
Medicine, Rochester, MN
*Dr. Foxx-Orenstein has indicated that she has no relationship
which, in the context of her presentation, could be perceived
as a potential conflict of interest.*

Stephen B. Hanauer, MD, FACG

Professor of Medicine, University of Chicago, Chicago, IL
*Consultant: Abbott Labs, Alevan, Centocor, Elan, Ferring,
Genentech, Millennium Pharmaceuticals, Otsuka, Protein
Design Labs, Procter & Gamble, Prometheus, Salix, Shire,
UCB Pharma (Celltech)
Clinical Research: Abbott Labs, Centocor, Elan, Ferring,
Genentech, Otsuka, Protein Design Labs, Procter & Gamble,
Prometheus, Salix, Shire, UCB Pharma (Celltech)
Speaker: Centocor, Ferring, Procter & Gamble, Prometheus,
Salix, UCB Pharma (Celltech)*

Philip O. Katz, MD, FACG

Chairman, Division of Gastroenterology, Albert Einstein Medical
Center, Philadelphia, PA
*Dr. Katz has indicated that he has no relationship which, in the
context of his presentation, could be perceived as a potential
conflict of interest.*

David A. Katzka, MD

Co-Director, GI Motility/Physiology Program; Director,
Swallowing Program, Hospital of the University of
Pennsylvania, Philadelphia, PA
*Dr. Katzka has indicated that he has no relationship which,
in the context of his presentation, could be perceived as a
potential conflict of interest.*

Mitchell L. Shiffman, MD, FACG

Chief, Hepatology Section; Medical Director, Liver
Transplant Program, Virginia Commonwealth University
Medical Center, Richmond, VA
*Dr. Shiffman has indicated that he has no relationship
which, in the context of his presentation, could be
perceived as a potential conflict of interest.*

Stuart J. Spechler, MD, FACG

Chief, Division of Gastroenterology, Dallas VA Medical
Center, Dallas, TX
Grant Support: AstraZeneca, TAP, BARRX Medical

Investigational Use Disclosure

ACG's disclosure policy maintains that if any unapproved or off-label use of a product is to be referenced in a CME program, the faculty member is required to disclose that the product is either investigational or it is not labeled for the usage being discussed. The following faculty members have indicated they may reference an off-label use in their Pharmacology Course presentation.

Dr. Chey – renzapride, lubiprostone, linaclotide, asimadoline, alvimopan, methylnaltrexone, cefelemer, dextofisopam, AGN 203818, rifaximin, r-verapamil in the management of IBS.

ACG's 2007 Postgraduate Course — Saturday, October 13

Annual Postgraduate Course

Saturday and Sunday, October 13 and 14, 2007 • Room: Ballroom AB

Course Co-Directors: *Stephen B. Hanauer, MD, FACP, Sunanda V. Kane, MD, MSPH, FACP and Nicholas J. Shaheen, MD, FACP*

SATURDAY, OCTOBER 13, 2007

7:50 am – 5:15 pm

Session 1A: Liver Disease (Ballroom AB)

Moderator: *Michael W. Fried, MD*

- 7:50 am Introduction**
Stephen B. Hanauer, MD, FACP
Sunanda V. Kane, MD, MSPH, FACP
Nicholas J. Shaheen, MD, FACP
- 8:00 am Setting the Stage: Hepatitis C – Where Have We Been, Where Are We Going?**
Willis C. Maddrey, MD, MACG
- 8:20 am Non-Alcoholic Fatty Liver Disease**
Arun J. Sanyal, MD
- 8:40 am Hereditary Hemochromatosis and Other Metabolic Liver Disease**
Kris V. Kowdley, MD, FACP
- 9:00 am Fulminant Hepatic Failure**
Rowen K. Zetterman, MD, MACG
- 9:20 am Care of the Post-Transplant Patient**
Mitchell L. Shiffman, MD, FACP
- 9:40 am Panel Q & A**
- 10:00 am BREAK**
- 10:20 am David Sun Lecture – Esophageal Dilation: A Perspective of 45 Years of Experience: Pearls, Perils and Pitfalls**
H. Worth Boyce, Jr., MD, MACG
See page 4 for more information.

Session 1B: Pancreatic Disease (Ballroom AB)

Moderator: *Michael B. Wallace, MD, MPH, FACP*

- 10:50 am Setting the Stage: Evolving Issues in the Management of Pancreatitis**
Peter A. Banks, MD, MACG
- 11:10 am Management of Chronic Pancreatitis**
Glen A. Lehman, MD, FACP
- 11:30 am Pancreatic Cysts and Fluid Collections**
Stuart Sherman, MD, FACP
- 11:50 am Evidence-based Approach to Acute Pancreatitis**
Scott M. Tenner, MD, MPH, FACP
- 12:10 pm Panel Q & A**

12:40 pm BREAK FOR LEARNING LUNCHEONS

Saturday Learning Luncheons – “How I Do It”

12:40 pm – 1:55 pm

Cost is \$50.00 per person/per luncheon. Separate registration is required. If you have not registered, visit the ACG Registration Desk.

- 1. Take Out Large Polyps**
Jerome D. Waye, MD, MACG
- 2. Use New Testing Modalities in Esophageal Disease**
Kenneth R. DeVault, MD, FACP
- 3. Manage Ascites**
Arun J. Sanyal, MD
- 4. Achieve the Hard Cannulation**
John Baillie, MB, ChB, FACP
- 5. Drain a Pancreatic Cyst**
Stuart Sherman, MD, FACP
- 6. Use Immunomodulators in IBD**
William J. Sandborn, MD, FACP
- 7. Endoscopic Mucosal Resection**
Kenneth K. Wang, MD, FACP
- 8. Manage Achalasia**
Joel E. Richter, MD, MACG
- 9. Evaluate the Transplant Candidate**
Robert S. Brown, Jr., MD, MPH, FACP
- 10. Find Celiac Sprue**
Sheila E. Crowe, MD, FACP
- 11. Treat Post-Nissen Complications**
John E. Pandolfino, MD, FACP
- 12. Run an Efficient Office Practice**
James T. Frakes, MD, FACP

The 2007 Self-Assessment Test ONLINE

Enhance your learning by purchasing the 2007 ONLINE Self-Assessment Test. The online version to the popular print resource tracks user responses, indicates the correct answer and provides overall/category scores. It also provides detailed explanations and bibliography, with links to PubMed and resources like ACG's practice guidelines. For more information, see General Information on page ##. \$75 members; \$100 non-members.

ACG's 2007 Postgraduate Course — Saturday, October 13 & Sunday, October 14

Session 1C: GI Oncology (Ballroom AB)

Moderator: *Stuart J. Spechler, MD, FACG*

- 2:10 pm** **Setting the Stage: Colorectal Cancer Screening – How Good are the Tests, and Which Will “Win”?**
Sidney J. Winawer, MD, MACG
- 2:30 pm** **Update on Polyp Surveillance Strategies**
Douglas K. Rex, MD, FACG
- 2:50 pm** **Barrett's Esophagus: New Methods of Detection and Surveillance**
Prateek Sharma, MD, FACG
- 3:10 pm** **Screening for Hepatocellular Carcinoma in Cirrhosis: Yes? And If So, How?**
Gregory J. Gores, MD, FACG
- 3:30 pm** **Panel Q & A**

3:50 pm–5:15 pm **SIMULTANEOUS SYMPOSIA**

Symposium A – GI Disease in the Obese Patient

(Room 201 ABC)

Moderator: *Carol E. Semrad, MD, FACG*

- 3:50 pm** **Managing Complications of Gastric Bypass**
John P. Cello, MD
- 4:20 pm** **GERD and Adenocarcinoma of the Esophagus**
Hashem B. El-Serag, MD, MPH
- 4:50 pm** **Endoscopy/Procedural Considerations in the Very Obese**
John J. Vargo, MD, MPH, FACG

Symposium B – Managing Longstanding IBD

(Ballroom B)

Moderator: *Sunanda V. Kane, MD, MSPH, FACG*

- 3:50 pm** **Bone Density Issues**
Maria T. Abreu, MD
- 4:20 pm** **Cancer Risk with Chronic Disease and Risks Associated with Chronic Immunosuppression**
William J. Sandborn, MD, FACG
- 4:50 pm** **Pregnancy Issues**
Sunanda V. Kane, MD, MSPH, FACG

Symposium C – Evolving Technology in GI Endoscopy (Ballroom A)

Moderator: *Douglas K. Rex, MD, FACG*

- 3:50 pm** **Shapelock and Double-Balloon**
Simon K. Lo, MD, FACG
- 4:20 pm** **Capsule Endoscopy**
Blair S. Lewis, MD, FACG
- 4:50 pm** **NOTES**
Jeffrey L. Ponsky, MD, FACG
- 5:15 pm** **Adjourn**

SUNDAY OCTOBER 14, 2007

7:50 am – 5:15 pm

Session 2A: Inflammatory Bowel Disease

(Ballroom AB)

Moderator: *William J. Tremaine, MD, FACG*

- 7:50 am** **Introduction**
Stephen B. Hanauer, MD, FACG
Sunanda V. Kane, MD, MSPH, FACG
Nicholas J. Shaheen, MD, FACG
- 8:00 am** **Setting the Stage: IBD**
Daniel H. Present, MD, MACG
- 8:20 am** **Diagnostic Testing and Markers**
Maria T. Abreu, MD
- 8:40 am** **Making Sense of the Data on Biologics**
Stephen B. Hanauer, MD, FACG
- 9:00 am** **Treating Fistulous Disease**
William J. Sandborn, MD, FACG
- 9:20 am** **Panel Q & A**
- 9:40 am** **BREAK**

Session 2B: Functional Bowel Disease (Ballroom AB)

Moderator: *Douglas A. Drossman, MD, MACG*

- 10:00 am** **Setting the Stage: Irritable Bowel Syndrome — Common Phenotypes Due to Several Defined Disease Entities?**
Michael Camilleri, MD, FACG
- 10:20 am** **Functional Dyspepsia — Evidence Based Management**
Nicholas J. Talley, MD, PhD, FACG
- 10:40 am** **Non-Cardiac Chest Pain**
Ronnie Fass, MD, FACG
- 11:00 am** **Developing Therapy for Chronic Constipation**
William D. Chey, MD, FACG
- 11:20 am** **Panel Q & A**
- 11:40 am** **State of the Art Lecture: NSAIDs and the Gut: Toward Rational Therapy**
Loren A. Laine, MD, FACG
- 12:20 pm** **BREAK FOR LEARNING LUNCHEONS**
(See listing on next page.)

Accreditation

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ACG's 2007 Postgraduate Course — Sunday, October 14

Sunday Learning Luncheons – “You Make the Call”

12:20 pm – 1:35 pm

Cost is \$50.00 per person/per luncheon. Separate registration is required. If you have not registered, visit the ACG Registration Desk.

13. Inflammatory Bowel Disease

David T. Rubin, MD

14. Pancreaticobiliary Disease

John Baillie, MB, ChB, FACP

15. Nutritional Disorders

Carol E. Semrad, MD, FACP

16. Upper GI Bleeding

Loren A. Laine, MD, FACP

17. Irritable Bowel Syndrome

Eamonn M.M. Quigley, MD, FACP

18. Colorectal Cancer Screening and Surveillance

Linda Rabeneck, MD, MPH, FACP

19. Barrett's Esophagus

Prateek Sharma, MD, FACP

20. Viral Hepatitis

Luis A. Balart, MD, MACG

21. Liver Transplant

Mitchell L. Shiffman, MD, FACP

22. *C. difficile*

Christina M. Surawicz, MD, FACP

23. Chronic and Acute Diarrhea

Lawrence J. Brandt, MD, MACG

24. Management of Pancreatic Masses

Michael B. Wallace, MD, MPH, FACP

25. Chronic Nausea and Vomiting Work-up

Kenneth L. Koch, MD, FACP

Session 2C: Esophageal Disease (Ballroom A)

Moderator: *David A. Johnson, MD, FACP*

1:45 pm Setting the Stage: GERD Pathogenesis and Treatment — Beyond the PPIs

Donald O. Castell, MD, MACG

2:05 pm Motility Disorders of the Esophagus

Peter J. Kahrilas, MD, FACP

2:25 pm Eosinophilic Esophagitis

Joel E. Richter, MD, MACG

2:45 pm Recognizing and Treating Extra-Esophageal Reflux Disease

Philip O. Katz, MD, FACP

3:05 pm Panel Q & A

3:25 pm Break

3:45 pm – 5:00 pm SIMULTANEOUS ENDOSCOPY WORKSHOPS

Symposium D: Gastroparesis: Beyond Metaclopramide (Room 201 ABC)

Moderator: *Henry P. Parkman, MD, FACP*

3:45 pm Pathogenesis and Pathophysiology

Pankaj J. Pasricha, MD

4:10 pm Therapy Beyond Metaclopramide and Prochlorperazine

Henry P. Parkman, MD, FACP

4:35 pm Gastric Pacing

Kenneth L. Koch, MD, FACP

Symposium E: Management of Anorectal Diseases and Incontinence (Room 204 ABC)

Moderator: *Satish S.C. Rao, MD, PhD, FACP*

3:45 pm Therapy of Incontinence

Satish S.C. Rao, MD, PhD, FACP

4:10 pm Management of Hemorrhoids

Dennis M. Jensen, MD, FACP

4:35 pm Pelvic Floor Dyssynergia

William E. Whitehead, MD, PhD, FACP

Symposium F: Sedation, Monitoring, and Efficiency Issues in Endoscopy (Ballroom B)

Moderator: *John J. Vargo, MD, MPH, FACP*

3:45 pm Propofol and Other Alternative Sedation Regimens

Douglas K. Rex, MD, FACP

4:10 pm Monitoring the Patient Undergoing Endoscopy

John J. Vargo, MD, MPH, FACP

4:35 pm Efficient Office Endoscopy

James T. Frakes, MD, FACP

Symposium G: Controversies in the Management of Barrett's (Ballroom A)

Moderator: *Nicholas J. Shaheen, MD, FACP*

3:45 pm Is Endoscopic Surveillance Worth the Effort?

John M. Inadomi, MD, FACP

4:10 pm High-Grade Dysplasia: Cut, Burn, or Just Watch

Gary W. Falk, MD, FACP

4:35 pm Biomarkers in BE: Improving on Dysplasia

Rhonda Souza, MD

5:00 pm Conclusion

Stephen B. Hanauer, MD, FACP

Sunanda V. Kane, MD, MSPH, FACP

Nicholas J. Shaheen, MD, FACP

5:15 pm Adjourn

ACG's 2007 Postgraduate Course — Faculty Listing

Annual Postgraduate Course

Saturday and Sunday, October 13 and 14, 2007 • Room: Ballroom AB

Course Co-Directors: *Stephen B. Hanauer, MD, FACG, Sunanda V. Kane, MD, MSPH, FACG and Nicholas J. Shaheen, MD, FACG*

Faculty Listing and Disclosure Information

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Faculty have noted the following relationships related to their Postgraduate Course presentations.

Maria T. Abreu, MD

Associate Professor of Medicine, Mount Sinai School of Medicine, New York, NY
Consultant: Abbott, Berlex, Centocor, Procter & Gamble, Prometheus, UCB
Research Grant: Procter & Gamble
Speaker's Bureau: Abbott, Procter & Gamble, Prometheus, Salix

John Baillie, MB, ChB, FACG

Professor of Internal Medicine, Wake Forest University Health Sciences, Winston-Salem, NC
Dr. Baillie has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Luis A. Balart, MD, MACG

Associate Professor of Medicine, LSU School of Medicine, New Orleans, LA
Dr. Balart has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Peter A. Banks, MD, MACG

Professor of Medicine, Harvard Medical School, Boston, MA
Dr. Banks has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

H. Worth Boyce, Jr., MD, MACG

Professor of Medicine & Radiology, University of South Florida College of Medicine, Tampa, FL
Dr. Boyce has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Lawrence J. Brandt, MD, MACG

Professor of Medicine, Albert Einstein College of Medicine, Bronx, NY
Dr. Brandt has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Robert S. Brown, Jr., MD, MPH, FACG

Associate Professor of Medicine, Columbia University College of Physicians & Surgeons, New York, NY
Dr. Brown has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Michael Camilleri, MD, FACG

Professor of Medicine & Physiology, Mayo Clinic College of Medicine, Rochester, MN
Dr. Camilleri has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Donald O. Castell, MD, MACG

Professor of Medicine, Medical University of South Carolina, Charleston, SC
Consultant: Sandhill, Santarus, TAP, Pfizer, Xenoport
Speaker: Sandhill, Santarus, TAP
Research Support: Pfizer, Xenoport

John P. Cello, MD

Professor of Medicine & Surgery, University of California San Francisco, San Francisco, CA
Dr. Cello has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

William D. Chey, MD, FACG

Associate Professor of Medicine, University of Michigan Health System, Ann Arbor, MI
Consultant and/or Speakers' Bureau: Microbia, Novartis, GSK, Takeda

Sheila E. Crowe, MD, FACG

Associate Professor of Medicine, University of Virginia, Charlottesville, VA
Dr. Crowe has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Kenneth R. DeVault, MD, FACG

Professor of Medicine, Mayo Clinic College of Medicine, Jacksonville, FL
Dr. DeVault has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Douglas A. Drossman, MD, MACG

Professor of Medicine & Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, NC
Dr. Drossman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Hashem B. El-Serag, MD, MPH

Associate Professor of Medicine, Houston VA Medical Center, Houston, TX
Dr. El-Serag has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Gary W. Falk, MD, MS, FACG

Professor of Medicine, Case Western Reserve University, Cleveland Clinic Foundation, Cleveland, OH
Grant Support: AstraZeneca, BARRx
Consultant: AstraZeneca, Olympus

Ronnie Fass, MD, FACG

Professor of Medicine, University of Arizona, Tucson, AZ
Research Support: TAP, Wyeth, AstraZeneca
Consultant: TAP, Wyeth, AstraZeneca, Altana, Eisai, GSK
Speaker: AstraZeneca, GSK

James T. Frakes, MD, FACG

Clinical Professor of Medicine, University of Illinois College of Medicine at Rockford, Rockford, IL
Dr. Frakes has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Michael W. Fried, MD

Professor of Medicine, University of North Carolina School of Medicine, Chapel Hill, NC
Research Grants: Roche, Idenix, Human Genome, Vertex, Wyeth, Novartis

Gregory J. Gores, MD, FACG

Reuben R. Eisenberg Professor, Mayo Clinic College of Medicine, Rochester, MN
Dr. Gores has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Stephen B. Hanauer, MD, FACG

Professor of Medicine, University of Chicago, Chicago, IL
Consultant: Abbott Labs, Bristol Myers Squibb, Centocor, Elan, Genentech, Protein Design Labs, Prometheus
Clinical Research: Abbott Labs, Centocor, Elan, Genentech, Protein Design Labs, Prometheus
Speaker: Centocor, Prometheus

ACG's 2007 Postgraduate Course — Faculty Listing

John M. Inadomi, MD, FACG

Dean M. Craig Endowed Chair in Gastrointestinal Medicine, University of California San Francisco, San Francisco, CA
Research Grant: BARRx
Consultant: Given Imaging

Dennis M. Jensen, MD, FACG

Professor of Medicine, CURE Digestive Diseases Research Center, Los Angeles, CA
Research Grant: Olympus, Boston Scientific
Speakers' Bureau: Boston Scientific

Peter J. Kahrilas, MD, FACG

Professor of Medicine, Northwestern University Medical School, Chicago, IL
Dr. Kahrilas has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sunanda V. Kane, MD, MSPH, FACG

Mayo Clinic College of Medicine, Rochester, MN
Consultant: Centocor, Abbott, Procter & Gamble, Shire
Research Support: Procter & Gamble

Philip O. Katz, MD, FACG

Chair, Division of Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA
Honoraria: AstraZeneca, Santarus, TAP
Consultant: Negma-Lerads, AstraZeneca, Prometheus, TAP

Kenneth L. Koch, MD, FACG

Professor of Medicine, Wake Forest University School of Medicine, Winston-Salem, NC
Speakers' Bureau: Novartis
Scientific Advisory Board: Sandhill Corp.

Kris V. Kowdley, MD, FACG

Professor of Medicine, University of Washington, Seattle, WA
Dr. Kowdley has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Loren A. Laine, MD, FACG

Professor of Medicine, USC School of Medicine, Los Angeles, CA
Research Support: Merck, Novartis, TAP, Ethicon
Consultant: Merck, Novartis, Santarus, Horizon
Observational Study Monitoring Board: Pfizer

Glen A. Lehman, MD, FACG

Professor of Medicine, Indiana University, Indianapolis, IN
Dr. Lehman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Blair S. Lewis, MD, FACG

Clinical Professor of Medicine, Mount Sinai School of Medicine, New York, NY
Consultant/Speakers Bureau/Research Support: Given Imaging

Simon K. Lo, MD, FACG

Director, GI Endoscopy, Cedars Sinai Medical Center, Los Angeles, CA
Research Grant: Fujinon, Inc.

Willis C. Maddrey, MD, MACG

Professor of Internal Medicine, University of Texas Southwestern Medical Center, Dallas, TX
Consultant: Schering, Isis, Intarcia, Valeant

John E. Pandolfino, MD, FACG

Assistant Professor of Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL
Dr. Pandolfino has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Henry P. Parkman, MD, FACG

Associate Professor of Medicine, Temple University, Philadelphia, PA
Consultant: SmartPill
Research Grant: Medtronic

Pankaj J. Pasricha, MD

Professor of Medicine, University of Texas Medical Branch, Galveston, TX
Dr. Pasricha has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Jeffrey L. Ponsky, MD, FACG

Oliver H. Payne Professor, Case Western Reserve University School of Medicine, Cleveland, OH
Dr. Ponsky has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Daniel H. Present, MD, MACG

Present, Chapman, Marion, MD, PC, New York, NY
Grant/Research Support: Procter & Gamble, CCFA, Otsuka, Centocor, Mayo Clinic, Celltech, Human Genome Sciences, Abbott, Elan, Salix, Schering, Jacobus, Ocera
Consultant: NIH (U. of Pennsylvania), Tech Lab, UCB, NPS
Speakers' Bureau: Procter & Gamble, Prometheus, Salix, Shire USA, Elan, Axcan

Eamonn M.M. Quigley, MD, FACG

Professor of Medicine & Human Physiology, National University of Ireland at Cork, Cork, Ireland
Stockholder/Ownership: Alimentary Health
Speakers' Bureau: Procter & Gamble
Consultant: AGI Therapeutics

Linda Rabeneck, MD, FACG

Professor of Medicine, University of Toronto, Toronto, ON, Canada
Dr. Rabeneck has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Satish S.C. Rao, MD, PhD, FACG

Professor of Medicine, University of Iowa Hospitals & Clinics, Iowa City, IA
Unrestricted and/or Research Grants: SmartPill, Sucampo Pharmaceuticals, Takeda Pharmaceuticals, Procter & Gamble
Consultant/Advisory Board: SmartPill, Novartis, Takeda Pharmaceuticals, Theravance Inc., Johnson & Johnson, Forest Laboratories, Salix
Speakers' Bureau: AstraZeneca, Janssen, Novartis, TAP, Salix, Takeda Pharmaceuticals North America, Inc., Sucampo Pharmaceuticals, Inc.

Douglas K. Rex, MD, FACG

Professor of Medicine, Indiana University Hospital, Indianapolis, IN
Speakers' Bureau: TAP, Novartis, CB Fleet, Salix, Olympus
Research Support: Olympus, CB Fleet, Salix, MGI Pharma, Given Imaging
Scientific Advisory Boards: Given Imaging, Avantis, Neo Guide, CB Fleet, Salix, GI View, MG Pharma

Joel E. Richter, MD, MACG

Chairman, Department of Medicine, Temple University School of Medicine, Philadelphia, PA
Dr. Richter has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

David T. Rubin, MD

Assistant Professor of Medicine, University of Chicago School of Medicine, Chicago, IL
Grant Support: Procter & Gamble, Salix, Prometheus, Given Imaging
Consultant: Procter & Gamble, Salix, Prometheus, Abbott Immunology, UCB Pharma, Given Imaging, Shire
Speakers' Bureau: Procter & Gamble, Salix, Prometheus, Abbott Immunology, Centocor

William J. Sandborn, MD, FACG

Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Consultant: Prometheus, Centocor, Abbott Laboratories, UCB Pharma
Research Support: Centocor, Abbott Laboratories, UCB Pharma
Indirect Support of Continuing Medical Education Events: Prometheus, Centocor, Abbott Laboratories, UCB Pharma

Arun J. Sanyal, MD

Professor of Medicine, Virginia Commonwealth University Medical Center, Richmond, VA
Dr. Sanyal has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Carol E. Semrad, MD, FACG

Associate Professor of Medicine, University of Chicago, Chicago, IL
Dr. Semrad has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

ACG's 2007 Postgraduate Course — Faculty Listing

Nicholas J. Shaheen, MD, FACP

Associate Professor of Medicine & Epidemiology, University of North Carolina, Chapel Hill, NC

Dr. Shaheen has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Prateek Sharma, MD, FACP

Professor of Medicine, University of Kansas School of Medicine, Kansas City, MO

Speakers' Bureau: AstraZeneca, TAP, Olympus, Santarus

Research Grants: AstraZeneca, TAP, Olympus, Santarus

Stuart Sherman, MD, FACP

Professor of Medicine & Radiology, Indiana University Medical Center, Indianapolis, IN

Dr. Sherman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Mitchell L. Shiffman, MD, FACP

Professor of Medicine, Virginia Commonwealth University Medical Center, Richmond, VA

Dr. Shiffman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Rhonda Souza, MD

Associate Professor of Medicine, UT Southwestern Medical School, Dallas, TX

Dr. Souza has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Stuart J. Spechler, MD, FACP

Professor of Medicine, University of Texas Southwestern Medical Center, Dallas, TX

Grant Support: AstraZeneca, TAP, BARRx Medical

Christina M. Surawicz, MD, FACP

Professor of Medicine, University of Washington School of Medicine, Seattle, WA

Speakers' Bureau: Biocodex, Viropharma

Nicholas J. Talley, MD, PhD, FACP

Chair, Department of Internal Medicine, Mayo Clinic, Jacksonville, FL

Consultant: AGA, Cerebrio, Giaconda Ltd., Interactive

Forums, Inc., JestaRx Group, Inc., Johnson & Johnson Pharmaceutical R&D, Medscape from WebMD, Pfizer, Procter & Gamble, Strategic Consultants, Intl., Theravance, Inc.

Research Support: Novartis, Takeda

Scott M. Tenner, MD, MPH, FACP

Director, Medical Education and Research, Maimonides Medical Center, SUNY, Brooklyn, NY

Dr. Tenner has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

William J. Tremaine, MD, FACP

Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN

Research Grant: Procter & Gamble

Consultant: AstraZeneca

John J. Vargo, MD, MPH, FACP

Clinical Assistant Professor of Medicine, Cleveland Clinic, Cleveland, OH

Dr. Vargo has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Michael B. Wallace, MD, MPH, FACP

Associate Professor of Medicine, Mayo Clinic, Jacksonville, FL

Research Grant: Olympus, Cook, Fujinon

Kenneth K. Wang, MD, FACP

Associate Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN

Education Grant Support: Wilson Cook, Olympus

Jerome D. Waye, MD, MACG

Clinical Professor, Mt. Sinai School of Medicine, New York, NY

Dr. Waye has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

William E. Whitehead, MD, PhD, FACP

Professor of Medicine, University of NC at Chapel Hill, Chapel Hill, NC

Dr. Whitehead has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sidney J. Winawer, MD, MACG

Paul Sherlock Chair in Medicine & Professor of Medicine, Weill Cornell College of Medicine, New York, NY

Advisory Committee: Exact Sciences, Enterix

Rowen K. Zetterman, MD, MACG

Professor of Medicine, University of Nebraska Medical Center, Omaha, NE

Dr. Zetterman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Investigational Use Disclosures

ACG's disclosure policy maintains that if any unapproved or off-label use of a product is to be referenced in a CME program, the faculty member is required to disclose that the product is either investigational or it is not labeled for the usage being discussed. The following faculty members have indicated they may reference an off-label use in their PG Course presentation(s).

Dr. Castell: BID PPI therapy for treatment of GERD

Dr. Chey: colchicine, misoprostol, renzapride, linaclotide, alvimopan, methylglutathione for therapy of chronic constipation

Dr. Fass: PPIs, tricyclics, botox, SSRI's for non-cardiac chest pain

Dr. Fried: multiple HCV therapeutics

Dr. Hanauer: use of adalimumab and infliximab in IBD

Dr. Katz: high dose PPI in treatment of extra-esophageal reflux disease

Dr. Laine: PPIs

Dr. Lewis: capsule colonoscopy

Dr. Lo: unapproved devices for small bowel endoscopy usage

Dr. Maddrey: EPO in hepatitis C, modafinil for fatigue, ritalin and ondansetron for fatigue

Dr. Parkman: domperidone

Dr. Pasricha: AGE crosslink breakers

Dr. Quigley: verapamil, Bifidobacterium infantis 35624, rifaximin, anti-depressants for IBS

Dr. Sandborn: azathioprine, 6-mercaptopurine, methotrexate: Crohn's disease and ulcerative colitis; adalimumab: ulcerative colitis; certolizumab pegol, ciprofloxacin, metronidazole, tacrolimus, cyclosporine: Crohn's disease

Dr. Surawicz: rifaximin, nitazoxanide, metronidazole for treatment of *C. difficile*-associated disease

Dr. Tremaine: mesalamine for Crohn's disease, adalimumab for ulcerative colitis

Support

The American College of Gastroenterology acknowledges an educational grant in support of this activity from Procter & Gamble.

Annual Scientific Meeting

Monday – Wednesday, October 15 through 17, 2007 • Room: Ballroom AB

Join GI physicians from around the U.S. and the world for the ACG Annual Scientific Meeting. The meeting promises to deliver the latest clinical information on timely topics in gastroenterology. As an ACG member, you can attend the three-day Annual Meeting for free – there is no registration fee. Choose from 12 symposia, networking events, and see the latest advances in technology and therapeutics from exhibitors from around the globe. Additional breakfast sessions, 14 in total, will be offered for a nominal fee. Register today!

Program Description

Clinical GI medicine — remaining abreast of the refinements in treatments of long-standing GI disorders, integrating paradigm shifts about new technologies and pharmacologic treatments of both major as well as less prevalent digestive diseases, and endoscopic treatment could pose a never-ending challenge and quandary for the general gastrointestinal practitioner. Diagnostic and therapeutic options in GI patient care proliferate unabated. Staying updated in GI and disease management skills is a central objective, attainable only with a focus on grasping the essence of new advances, both the scientific and technological, and persistently evaluating pros and cons of new technologies are essential to being able to apply these new modalities to achieve the most desirable patient diagnostic and therapeutic outcomes. Changes and refinements in science continue to challenge the capacity of clinical practitioners to absorb new information and integrate it into the framework of their patient care and decision-making.

Detailed coverage of refinements and new advances across the spectrum of GI diseases/conditions will be explicated in the 12 plenary state-of-the-art symposia, and 14 optional breakfast symposia which form the core curriculum of this year's program. The program is designed primarily for gastroenterologists and others with significant involvement in diagnosis and treatment of GI conditions and disorders who are interested in an aggressive but scientifically sound approach to management of the treatment needs of GI patients with these conditions.

Program Objectives

Upon completion of this program attendees will:

- Develop a rational approach to the integration and application of traditional and new therapies for Crohn's disease and ulcerative colitis in your practice which maximizes patient safety and outcome with special attention to the underserved, adolescent and childbearing patient.
- Detail the important characteristics of your patient with liver disease due to hepatitis B, C, and non alcoholic fatty liver disease to tailor optimal strategies for treatment with current and emerging therapies and incorporate the latest options for the management of the complications of cirrhosis including ascites, varices and hepatocellular cancer.
- Attain a solid foundation for understanding the performance characteristics, measures to enhance quality and effectiveness, and minimize and manage the complications of diagnostic and therapeutic ERCP and colonoscopy.
- Incorporate strategies to identify the etiology and optimal evidenced-based treatment of highly prevalent gastrointestinal symptoms which may underlie the neuroenteric disorders; gastroparesis, IBS, functional dyspepsia, sphincter of Oddi dysfunction, and colonic and pelvic dysmotility.
- Evaluate the medical and surgical options for weight loss in the obese patient and the impact of post-operative complications on the performance of endoscopy.
- Deliberate the evidence and utility of some of the complementary and alternative treatments employed by patients for the improvement of common gastrointestinal symptoms and identify a prudent approach to the confirmation and therapy of food and allergy-based gastrointestinal diseases.
- Distinguish the utility of EUS and radiologic options to define the origin of pancreatic and liver lesions and be facile in the generation of the approach to their treatment.
- Comprehend the evolution of novel gastrointestinal devices and therapies such as capsule endoscopy and Natural Orifice Translumenal Endoscopic Surgery (NOTES) and how it may impact on optimal patient management and the field of Gastroenterology.
- Integrate strategies to devise a variety of services that your practice can offer to your patients and partners that will solidify its performance today and into the future.

Annual Scientific Meeting — Monday, October 15

MONDAY, OCTOBER 15, 2007

8:00 am – 5:15 pm

7:00 am-5:15 pm **Registration**

8:00 am **Opening Remarks**

David A. Johnson, MD, FACP
ACG President

8:00 am-9:00 am **President's Plenary Session** (Ballroom AB)
Moderators:

David A. Johnson, MD, FACP
Carol A. Burke, MD, FACP

1. Adenosine—A Key Neuromediator in the Pathogenesis of Functional Chest Pain

★ **2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient**

Ashok Attaluri, MD, Jose Remes-Troche, MD, Satish Rao, MD, Gastroenterology, University of Iowa, Iowa City, IA

2. Functional Dyspepsia: The Economic Impact to Patients

★ **2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient**

Kirsten T. Weiser, MD, Abigail T. Kennedy, BA, Brian E. Lacy, MD, PhD, Michael D. Crowell, PhD, and Nicholas J. Talley, MD, PhD, Dartmouth-Hitchcock Medical Center, Lebanon, NH, Mayo Medical Center, Scottsdale, AZ, and Mayo Medical Center, Rochester, MN

3. Endomysial Antibody Testing Improves Sensitivity in Screening for Celiac Disease in Your Children, A Five Year Single Center Experience

★ **2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient**

Muralidhar Jalla, MD, Caroline Kieserman-Shmorkler and Ritu Verma, MD, Division of Gastroenterology and Nutrition, The Children's Hospital of Philadelphia, Philadelphia, PA

4. Primary Sclerosing Cholangitis is a More Common Indication for Orthotopic Liver Transplantation Among African American than Non-African American Patients

★ **2007 ACG Governors Award Recipient for Excellence in Clinical Research**

Alastair D. Smith, MD, ChB and Judith W. Gentile, RN, ANP, Medicine, Duke University, Durham, NC

5. Mesalamine Protects Against Colorectal Cancer in Inflammatory Bowel Disease

★ **2007 ACG/Centocor IBD Abstract Award Recipient**

Jeffrey Tang, MD, Gena Kucera, PhD, Omar Sharif, MD, Chetan Pai, DO and Ann L. Silverman, MD, Internal Medicine, Division of Gastroenterology, Henry Ford Hospital, Detroit, MI

6. Does Tandem Colonoscopy Affect the Adenoma Detection Rate Described with Narrow Band Imaging?

★ **2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient**

Sally Stipho, MD, Nooman Gilani, MD, FACP and Francisco C. Ramirez, MD, FACP, Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ

9:00 am-9:25 am **Presidential Address** (Ballroom AB)

David A. Johnson, MD, FACP

Introduced by:

Amy E. Foxx-Orenstein, DO, FACP,
ACG President-Elect

9:25 am-9:30 am **Awards Program** (Ballroom AB)

9:30 am-10:30 am **President's Plenary Session** (Ballroom AB)

Moderators:

Amy E. Foxx-Orenstein, DO, FACP
Carol A. Burke, MD, FACP

7. Elevated HbA1c is an Independent Predictor of Aggressive Clinical Behavior in Patients with Adenomatous Colonic Polyps
★ **2007 ACG/Olympus Colorectal Cancer Prevention Award**

Recipient

Ali A. Siddiqui, Haripriya Maddur, Suraj Naik, MD, Byron Cryer, Gastroenterology, Dallas VA Medical Center, Dallas, TX

8. Gastric Electrical Stimulation for Gastroparesis—The Temple Experience

★ **2007 Lawlor Resident Award Recipient**

Varadarajan Subbiah, MD, Sean Harbison, MD, John Meilahn, MD, Vanessa Lytes, GRNP, Robert S. Fisher, MD, Henry P. Parkman, MD, Medicine, Temple University, Philadelphia, PA

9. Which Adenoma Characteristic Has the Strongest Effect on Predicting Advanced Neoplasia or Numerous Adenomas on Follow-up Colonoscopy?

★ **2007 ACG/Olympus Colorectal Cancer Prevention Award**

Recipient

Carol A. Burke, MD, FACP, Leila Mott, John Baron, MD, Doug Robertson, MD, The Polyp Prevention Study Group, Gastroenterology, Cleveland Clinic, Cleveland, OH

10. Early Oral Feeding in Mild Acute Pancreatitis: A Randomized Prospective Trial

★ **2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient**

Nison L. Badalov, MD, Zankhana Mehta, MD, Hima Satyavolu, MD, Tejal Shah, MD, Jian-Jun Li, MD, Robin Baradarian, MD, Kadirawel Iswara, MD, Scott Tenner, MD, MPH, Division of Gastroenterology, Department of Medicine, Maimonides Medical Center, Brooklyn, NY

11. A Prospective Study of Factors Associated with Increased Gluten-Free Diet Adherence in Adults with Celiac Disease

★ **2007 ACG/AstraZeneca Senior Fellow Abstract Award**

Recipient

Daniel A. Leffler, MD, Jessica B. Edwards George, PhD, Melinda D. Dennis, RD, Hani Abdullah, MD, Ciaran P. Kelly, MD, The Celiac Center, Beth Israel Deaconess Medical Center, Boston, MA

12. Cytokeratin 18 Levels as a Noninvasive Biomarker for Nonalcoholic Steatohepatitis in Bariatric Surgery Patients

★ **2007 ACG Governors Award Recipient for Excellence in Clinical Research**

Dima Diab, MD, Lisa Yerian, MD, Phillip Schauer, MD, Sangeeta R. Kashyap, MD, Rocio Lopez, MS, and Ariel E. Feldstein, MD, Endocrinology, Pediatric Gastroenterology, General Surgery, Anatomical Pathology, and Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH

10:30 am-11:00 am **Coffee Break – Visit Exhibits**

11:00 am-12:15 pm **SIMULTANEOUS SYMPOSIA 1**

11:00 am-12:15 pm SIMULTANEOUS SYMPOSIA 1

Simultaneous Symposia 1A: Top Down or Step Up Therapy in Crohn's Disease: Which is Right? (Ballroom A)

Moderator: William J. Tremaine, MD, FACG

- 1. Top Down Therapy Alters Natural History**
Gary R. Lichtenstein, MD, FACG
- 2. Step up is Better: Primum Non Nocere**
William J. Tremaine, MD, FACG
- 3. Balancing Efficacy and Risk: What do we Tell our Patients?**
Corey A. Siegel, MD

Simultaneous Symposia 1B: Complications from Cirrhosis: We're Making Progress (Ballroom B)

Moderator: Arun J. Sanyal, MD

- 1. Refractory Ascites: What to Expect and How to Treat**
Arun J. Sanyal, MD
- 2. Esophageal Varices: To Band or Block**
William D. Carey, MD, MACG
- 3. A Rational Guide to TIPS**
Thomas D. Boyer, MD, FACG

12:15 pm-2:00 pm Lunch Break

12:15 pm-2:00 pm Poster Session (Exhibit Hall)

12:30 pm-1:00 pm FAQ Session: Esophagus (Exhibit Hall)
Philip O. Katz, MD, FACG

1:15 pm-1:45 pm FAQ Session: Pancreas (Exhibit Hall)
Peter A. Banks, MD, MACG

2:00 pm-2:40 pm SIMULTANEOUS PLENARY SESSIONS

SESSION 1: Colorectal Cancer Prevention/Small Intestine

(Room 204 ABC)

Moderators: Douglas K. Rex, MD, FACG
Jack A. DiPalma, MD, FACG

13. Role of Resistant Starch in Colorectal Cancer Prevention: A Prospective Randomized Controlled Trial ★ 2007 ACG/Olympus Colorectal Cancer Prevention Award Recipient

Shridhar S. Dronamraju, MD, Jonathan M. Coxhead, PhD, Seamus B. Kelly, MD, John G. Mathers, PhD, Human Nutrition Research Centre, School of Clinical Medical Sciences, Newcastle University, Newcastle Upon Tyne, Tyne and Wear, United Kingdom and Department of General Surgery, North Tyneside General Hospital, North Shields, Tyne and Wear, United Kingdom

14. Effect of Initial Polypectomy Versus Surveillance Polypectomy on Colorectal Cancer Mortality Reduction: Micro-Simulation Modeling of the National Polyp Study ★ 2007 ACG/Olympus Colorectal Cancer Prevention Award Recipient

Ann G. Zauber, PhD, Sidney J. Winawer, MD, Iris Lansdorp-Vogelaar, MS, Marjolein van Ballegooijen, MD, PhD, Michael J. O'Brien, MD, Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, NY

15. The Efficacy of the GLP-1 Agonist Exenatide in the Treatment of Short Bowel Syndrome

Mark Pimentel, MD, Benjamin Basserri, MD, Shelia Lezcano, BS, Kimberlow Low, BS, Vicky Lees-Kim, RN, Tess Consantino, RN, Jeffrey L. Conklin, MD, Edy E. Soffer, MD, GI Motility Program, Cedars-Sinai Medical Center, Los Angeles, CA

16. Risk Factors for Small Intestinal Bacterial Overgrowth

Kristen M. Robson, MD, Rebecca Liberman, MPH, Gastroenterology, Lahey Clinic, Burlington, MA

SESSION 2: Pancreatic/Biliary (Room 201 ABC)

Moderators: John Baillie, MB, ChB, FACG
Scott M. Tenner, MD, MPH, FACG

17. The Severity of Pancreatic Ductal Changes on Standard MRCP According to Cambridge Classification Correlate with the Maximum Bicarbonate Level Achieved During Secretin Stimulated Exocrine Pancreatic Functional Testing (ePFT)

Samer Alkaade, MD, Numan C. Balci, MD, Amir J. Momtahn, MD, Frank R. Burton, MD, Internal Medicine, and Radiology, St. Louis University School of Medicine, St. Louis, MO

18. Ethanol Pancreatic Injection of Cysts: Results of a Prospective Multicenter, Randomized Double Blinded Study ★ 2007 ACG Governors Award Recipient for Excellence in Clinical Research

William R. Brugge, MD, Kerry Collier, MA, Kathleen McGreevy, RN, C. Max Schmidt, MD, John DeWitt, MD, Gastroenterology, Indiana University, Indianapolis, IN; Gastroenterology, Massachusetts General Hospital, Boston, MA; and Surgery, Indiana University, Indianapolis, IN

19. Long-term Follow-up of Endoscopic Papillary Balloon Dilation Compared to Endoscopic Sphincterotomy for the Extraction of Bile Duct Stones

James A. DiSario, MD, Maydeen M. Ogara, Steven Price, Kristen Hilden and EDES Group, Internal Medicine, GI Division, University of Utah Health Sciences Center, Salt Lake City, UT

20. Hypertriglyceridemic Acute Pancreatitis is Different

Jagdish S. Nachnani, MD, Donald R. Campbell, MD, Department of Medicine – Gastroenterology Division, Saint Luke's Hospital, Kansas City, MO

2:40 pm-3:20 pm The American Journal of Gastroenterology Lecture (Ballroom B)

NOTES: Just Because We Can, Should We?

Anthony N. Kalloo, MD, FACG

Jeffrey L. Ponsky, MD, FACG

See page ## for more information.

3:20 pm-3:50 pm Break/Visit Exhibits

Annual Scientific Meeting Agenda — Monday, October 15 & Tuesday, October 16

3:50 pm-5:15 pm

SIMULTANEOUS SYMPOSIA 2

Simultaneous Symposia 2A: Colon Cancer Screening: What You Need to Know for the Future (Ballroom B)

Moderator: *Irving M. Pike, MD, FACG*

1. **What is a Quality Colonoscopy and Why You Should Care**
Irving M. Pike, MD, FACG
2. **Enhancing Compliance to Colonoscopy in Your Practice**
John M. Inadomi, MD, FACG
3. **CT Colonography: Is it Coming to Your Practice?**
Inku Hwang, MD, FACG

Simultaneous Symposia 2B: How and When to Intervene for Biliary Symptoms (Ballroom A)

Moderator: *John Baillie, MB, ChB, FACG*

1. **Suspected SOD: When and How to Approach It (or Not!)**
Martin L. Freeman, MD, FACG
2. **Management of Bile Duct Stones in Relation to Lap Chole**
John Baillie, MB, ChB, FACG
3. **You Too Can Cannulate Like Me! 10 Tips for the ERCP Endoscopist**
Firas H. Al-Kawas, MD, FACG

5:30 pm-6:00 pm

Annual Business Meeting (Ballroom B)
College Members and Fellows invited

6:00 pm-7:00 pm

International Reception (Marriott 309/310)
All International attendees are invited

7:00 pm-9:00 pm

President's Reception (Marriott Salon CDE)
All attendees are invited

Accreditation

The American College of Gastroenterology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Gastroenterology designates this educational activity for a maximum of 16.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

TUESDAY, OCTOBER 16, 2007

6:45 am – 6:00 pm

BREAKFAST SESSIONS

6:45 am-8:30 am

Cost is \$40 per person/per session. If you have not registered, visit the ACG Registration Desk.

Breakfast Session A: Increasing Your Bottom Line

Moderator: *Harry E. Sarles, Jr., MD, FACG*

1. **Being an Expert Witness**
Peter M. Pardoll, MD, MACG
2. **Clinical Research: Is It for Your Practice?**
Colleen Schmitt, MD, MHS, FACG
3. **Offering More: Pathology/Radiology Services, Renting Space**
Harry E. Sarles, Jr., MD, FACG

Breakfast Session B: Gastric Motor Disorders: Gastroparesis and Beyond

Moderator: *Kenneth L. Koch, MD, FACG*

1. **Gastroparesis**
Kenneth L. Koch, MD, FACG
2. **Functional Dyspepsia**
Brian E. Lacy, MD, PhD
3. **Rumination**
Denesh K. Chitkara, MD

Breakfast Session C: Hot Issues in Acute Pancreatitis

Moderator: *Scott M. Tenner, MD, MPH, FACG*

1. **Investigation and Management of Idiopathic, Acute, Recurrent Pancreatitis**
Darwin L. Conwell, MD
2. **Prevention and Management of Severe Post-ERCP Pancreatitis**
Scott M. Tenner, MD, MPH, FACG
3. **What Does EUS Offer in Management of Fluid Collections Following Acute Pancreatitis?**
Michelle A. Anderson, MD

Breakfast Session D: NOTES: Will Surgeons Become Extinct?

Moderator: *Richard I. Rothstein, MD, FACG*

1. **Theory, Practice, Oversight and Training**
Pankaj J. Pasricha, MD
2. **Video Show: Bariatric Surgery**
Richard I. Rothstein, MD, FACG
3. **Video Show: Gallbladder, Colon, Appendix**
Jeffrey L. Ponsky, MD, FACG

Breakfast Session E: Management Dilemmas in Inflammatory Bowel Disease

Moderator: Edward V. Loftus, Jr., MD, FACG

1. **Recipe for Success in the Postoperative Crohn's Patient**
Jean-Paul Achkar, MD, FACG
2. **New Technologies, Markers and Serologies: Where Do They Fit In?**
Edward V. Loftus, Jr., MD, FACG
3. **Masqueraders of IBD**
Maria T. Abreu, MD

Breakfast Session F: Non-Alcoholic Fatty Liver Disease: A Growing Problem

Moderator: Kris V. Kowdley, MD, FACG

1. **Is It NAFLD or NASH?**
Kris V. Kowdley, MD, FACG
2. **What Treatment Can We Offer in 2007?**
Naga P. Chalasani, MD, FACG
3. **Obesity, NASH and HCC: The Tip of the Iceberg**
Nizar N. Zein, MD

Breakfast Session G: Hepatitis B: Dilemmas and Opportunities

Moderator: Paul Y. Kwo, MD

1. **"Profiling" Your Patient**
Paul J. Pockros, MD, FACG
2. **So...Who Do You Treat?**
Ira M. Jacobson, MD, FACG
3. **Then, What Do You Treat With?**
Paul Y. Kwo, MD

6:45 am-6:00 pm **Registration**

8:30 am-10:00 am **Plenary Session:** (Ballroom AB)
IBD/Endoscopy
Moderators:
Stephen B. Hanauer, MD, FACG
Anthony N. Kalloo, MD, FACG

21. Infliximab Reduces Colectomy in Patients with Moderate-to-Severe Ulcerative Colitis: Analysis From Act 1 and Act 2

W. J. Sandborn, MD, P. Rutgeerts, MD, B. G. Feagan, MD, W. Reinisch, MD, A. Olson, MD, J. Johanns, PhD, J. Lu, PhD, D. Rachmilewitz, MD, S. Hanauer, MD, G. Lichtenstein, MD, W. deVilliers, MD, D. Present, MD, B. Sands, MD, J. Colombel, MD, Gastro, Mayo Clinic, Rochester, MN, Gastro, Univ Hosp Gasthuisberg, Leuven, Belgium; Robarts Research Institute, Univ Western Ontario, Canada; Internal Medicine, Univ Hosp Vienna, Vienna, Austria; Centocor, Inc. Malvern, PA; Shaara Zedak Medical Center, Jerusalem, Israel; Gastro & Nutrition, Univ Chicago, Chicago, IL; Center for IBD, Univ Penna, Philadelphia, PA; Internal Medicine, Univ Kentucky, Lexington, KY; Medicine, Mt. Sinai, New York, NY; Gastro Unit, MGH, Boston, MA; and Pr Gastroenterologie, Hopital Huriez Lille, France

22. A Prospective, Controlled Longitudinal Study of the Effects of Oral Steroids at 3 and 5 Months on Bone Mineral Density (BMD)

in Patients with IBD

★ **2007 ACG/Centocor IBD Abstract Award Recipient**

Jae Gaun Hyun, MD, Asher Kornbluth, MD, James George, MD, Peter Legnani, MD, Simon Lichtiger, MD, Meredith Lewis, MS, Gastroenterology, Mount Sinai Medical Center, New York, NY

23. Adenocarcinoma in Ileal Pouch-Anal Anastomosis: The Cleveland Experience

★ **2007 ACG/Centocor IBD Abstract Award Recipient**

Revital Kariv, MD, Ana Bennett, MD, Yehuda Kariv, MD, Victor Fazio, MD, Ian Lavery, MD, Bret Lashner, MD, Bo Shen, MD, and Feza Remzi, MD, Digestive Disease Center, Cleveland Clinic, Cleveland, OH

24A. Natalizumab Induces Sustained Response and Remission in the Absence of Concomitant Immunosuppressants in Patients with Crohn's Disease Who Failed Prior Anti-TNF Therapy

B. Lashner, J.F. Colombel, R. Enns, B. Feagan, R.N. Fedorak, S.B. Hanauer, I.C. Lawrance, R. Panaccione, D. Present, P. Rutgeerts, W.J. Sandborn, M. Sanders, S. Schreiber, M.E. Spehlmann, Z. Tulassay, S. van Deventer, M. Volfova, D.C. Wolf, S. Targan. Cleveland Clinic, Cleveland, OH; Hôpital Claude Huriez, Lille, France; St Paul's Hospital, University of British Columbia, Vancouver, Canada; Robarts Research Institute, University of Western Ontario, London, Canada; University of Alberta, Edmonton, Canada; University of Chicago, Chicago, IL; University of Western Australia, Western Australia, Australia; University of Calgary, Calgary, Canada; Mount Sinai School of Medicine, New York, NY; University Hospital Gasthuisberg, Leuven, Belgium; Mayo Clinic, Rochester, MN; University of Virginia Health Systems, Charlottesville, VA; Christian-Albrechts University, Kiel, Germany; Asklepios Westklinikum, Hamburg, Germany; Semmelweis University, Budapest, Hungary; University of Amsterdam Medical School, Amsterdam, Netherlands; Hepato-Gastroenterology, Hradec Králové, Czech Republic; Atlanta Gastroenterology Associates, Atlanta, GA; Cedars Sinai, Los Angeles, CA

24B. Natalizumab Does Not Require the Concomitant Use of Immunosuppressants or Corticosteroids for the Induction of Sustained Response and Remission in Patients with Crohn's Disease

D.C. Wolf, J.F. Colombel, R. Enns, B. Feagan, R.N. Fedorak, S.B. Hanauer, B. Lashner, I.C. Lawrance, R. Panaccione, D. Present, P. Rutgeerts, W.J. Sandborn, M. Sanders, S. Schreiber, M.E. Spehlmann, Z. Tulassay, S. van Deventer, M. Volfova, S. Targan. Atlanta Gastroenterology Associates, Atlanta, GA; Hôpital Claude Huriez, Lille, France; St Paul's Hospital, University of British Columbia, Vancouver, Canada; Robarts Research Institute, University of Western Ontario, London, Canada; University of Alberta, Edmonton, Canada; University of Chicago, Chicago, IL; Cleveland Clinic, Cleveland, OH; University of Western Australia, Western Australia, Australia; University of Calgary, Calgary, Canada; Mount Sinai School of Medicine, New York, NY; University Hospital Gasthuisberg, Leuven, Belgium; Mayo Clinic, Rochester, MN; University of Virginia Health Systems, Charlottesville, VA; Christian-Albrechts University, Kiel, Germany; Asklepios Westklinikum, Hamburg, Germany; Semmelweis University, Budapest, Hungary; University of Amsterdam Medical School, Amsterdam, Netherlands; Hepato-Gastroenterology, Hradec Králové, Czech Republic; Cedars Sinai, Los Angeles, CA

25. Upper GI Cancer Assessment “Straight to Test” Service: A Safe, Efficient and Cost-Effective Approach

Ravi Madhotra, FRCP, Pam Steer, RGN, Ana Ignjatovic, MRCP, and Chris Akubue, MD, Department of Gastroenterology, Milton Keynes General Hospital, Milton Keynes, United Kingdom

26. Learning Curve for Double-Balloon Enteroscopy (DBE) at a U.S. Center

★ 2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient

Seth A. Gross, MD, Mark E. Stark, MD, Gastroenterology, Mayo Clinic Jacksonville, FL

27. Treatment of Malignant Colonic Obstruction Using Expandable Metal Stents: Experience in 169 Patients

Aaron J. Small, BA and Todd H. Baron, MD, Dept of Medicine, Div of Gastroenterology, Mayo Clinic College of Medicine, Rochester, MN

28. Retrospective Comparison of In-Hospital Rebleeding Rates in Non-Variceal UGI Bleeding Demonstrates the Superiority of Clips Therapy Over Injection and/or Thermocoagulation

Kandarp K. Shah, MD, Muhammad Y. Sheikh, MD, Kalyani K. Shah, MD, Mandeep Singh, MD, Jasjit Singh, MBBS, Gastroenterology, UCSF-Fresno, Fresno, CA

Late-Breaking Abstract

29. Gene Expression Biomarkers Can Predict Sustained Virologic Response (SVR) Early After Initiation of Pegylated Interferon Alfa (PEG-IFN) And Ribavirin (RBV) In Patients With Genotype 1 Chronic Hepatitis C (CH-C)

Zobair M. Younossi, MD, Rochelle Collantes, MD, Ancha Baranova, PhD, Maria Stepanova, MS, Michael Garone Jr., Aimal Arsalla, Sumbul Ahmad, MD, Christopher D. Santini, BS, Christopher L. Sigua, BS, Joanne Chan, BS, Ayuko A. Iverson, BS, Sheng-Yung P. Chang, MS, Center for Liver Diseases at Inova Fairfax Hospital, Falls Church, VA, and Celera Diagnostics, Alameda, CA

10:00 am-10:30 am J. Edward Berk Distinguished Lecture (Ballroom B)

Alice in Wonderland: The Endoscopist of the Future and the Gastrointestinal Mucosa Through the ‘New’ Looking Glass
M. Brian Fennerty, MD, FACP

Introduced by:
David A. Johnson, MD, FACP, ACG President

See page ## for more information.

10:30 am-11:00 am Coffee Break/Visit Exhibits

11:00 am-12:15 pm SIMULTANEOUS SYMPOSIA 3

Simultaneous Symposia 3A: Irritable Bowel Syndrome: SIBO or “Pla-SIBO”? — A Debate (Ballroom B)

Moderator: *Eamonn M.M. Quigley, MD, FACP*

- Pro: SIBO Causes IBS**
Mark Pimentel, MD
- Con: Where’s the Data?**
Michael P. Jones, MD, FACP
- Evidence Based Treatments: Options for 2007 and Beyond**
Eamonn M.M. Quigley, MD, FACP

Simultaneous Symposia 3B:

Esophagus: Burning Issues in 2007 (Ballroom A)

Moderator: *Ronnie Fass, MD, FACP*

- Natural Course of GERD: Will We all Burn?**
Ronnie Fass, MD, FACP
- Obesity and GERD: Which to Treat First?**
John E. Pandolfino, MD, FACP
- So You Have Barrett’s, What Do You Do Now?**
Kenneth K. Wang, MD, FACP

Simultaneous Symposia 3C: Screening for GI

Malignancies: An International Perspective (Room 204 ABC)

Moderator: *Lewis R. Roberts, MB, ChB, PhD*

- Colorectal Cancer: Not Just a Western Disease**
Massimo Crespi, MD, FACP (Italy)
- Esophageal and Gastric Cancer: Are We Doing Any Better?**
Hidekazu Suzuki, MD, PhD (Japan)
- Hepatocellular Carcinoma: A World-Wide Problem**
Lewis R. Roberts, MB, ChB, PhD (United States)

12:15 pm-2:00 pm **Lunch Break**

12:15 pm-2:00 pm **Poster Session** (Exhibit Hall)

12:30 pm-1:00 pm **FAQ Session: Liver** (Exhibit Hall)
William D. Carey, MD, MACG

1:15 pm-1:45 pm **FAQ Session: IBD** (Exhibit Hall)
Gary R. Lichtenstein, MD, FACP

2:00 pm-2:45 pm **Emily Couric Memorial Lecture**
(Ballroom B)
Pancreatic Cancer: Present Understanding and Future Prospects
Peter A. Banks, MD, MACG

Sponsored by the ACG, the Virginia Gastroenterological Society and the Old Dominion Society of Gastroenterology Nurses and Associates
See page ## for more information.

2:45 pm-4:15 pm **SIMULTANEOUS PLENARY SESSIONS**

SESSION 1: Outcomes Research/Stomach (Room 204 ABC)

Moderators: *Eamonn M.M. Quigley, MD, FACP*
Nicholas J. Shaheen, MD, FACP

30. Dyspeptic Symptoms in an Aspirin (ASA)-Using Population: Celecoxib Versus Naproxen Plus Lansoprazole

Jay L. Goldstein, MD, Barbara J. Hunt, MS, Justin R. Boike, BS, Byron Cryer, MD, Department of Medicine, University of Illinois at Chicago, Chicago, IL, TAP Pharmaceutical Products Inc., Lake Forest, IL and Department of Medicine, University of Texas Southwest Medical Center, Dallas, TX

31. Adjudication of GI Events from Long-term Placebo-Controlled Trials Provides Evidence for GI Safety and Tolerability of Celecoxib vs Placebo

N. Arber, MD, D. Lieberman, MD, M. Bertagnolli, MD, E. Hawk, MD, A. Rustgi, MD, T. Wang, MD, J. Coindreau, MD, C. Eagle, MD, B. Levin, MD, Tel Aviv MC, Israel, Oregon University, Harvard Cancer Center, National Cancer Institute, University of Pennsylvania, Columbia University, Pfizer Inc, and University of Texas

32. Dysplasia in Fundic Gland Polyps in FAP: Prevalence, Risk Factors and Optimal Biopsy Technique

★ 2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient

Laura K. Bianchi, MD, Ana E. Bennett, MD, Rocio Lopez, MS, Hennie Hasson, RN and Carol A. Burke, MD, Gastroenterology, Anatomic Pathology, and Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH

33. Cost-Benefit of PPI Gastroprotection Among Elderly NSAID Users

★ 2007 ACG Auxiliary Award Recipient (ACG Member/Fellow)

Neena S. Abraham, MD, MSCE, Jennifer Hasche, MSc, and Christine Hartman, PhD, Gastroenterology, Michael E. DeBakey VAMC; Baylor College of Medicine, Houston, TX and Health Services Research, Houston Center of Quality of Care and Utilization Studies; Michael E. DeBakey VAMC, Houston, TX

34. Statin Use and the Risk of Cholecystectomy in Women

★ 2007 ACG/Wyeth Gender Based Research Award Recipient

Chung-Jyi Tsai, MD, Michael Leitzmann, MD, Walter Willett, MD, Edward Giovannucci, MD, Division of Digestive Diseases and Nutrition, University of Kentucky Medical Center; Division of Cancer Epidemiology and Genetics, National Institute of Health and Channing Lab, Department of Medicine, Harvard Medical School

35. Disparity in Gastroenterology: Is it Just "Academic" or a Significant Problem? A 10 Year Prospective Cohort Study

★ 2007 ACG/Radhika Srinivasan Gender Based Research Award Recipient

Aparajita Singh, MD, Carol A. Burke, MD, for the Women in GI Committee of ACG, Gastroenterology, Cleveland Clinic, Cleveland OH

36. Sequential Therapy is Superior to Standard Therapy for Treatment of *Helicobacter pylori* Infection: A Systematic Review and Meta-Analysis

Nadim S. Jafri, MD, Carlton A. Hornung, PhD, and Colin W. Howden, MD, University of Louisville, Louisville, KY and Northwestern University, Chicago, IL

37. Missed Cancers vs Procedure-Related Complications: Balancing the Medico-Legal Risks of Surveillance Colonoscopy

★ 2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient

Sameer D. Saini, MD, Sandeep Vijan, MD, Philip S. Schoenfeld, MD, Gastroenterology, University of Michigan, Ann Arbor, MI and Internal Medicine, University of Michigan, Ann Arbor, MI

38. Gender Differences and Bariatric Surgery Outcome

★ 2007 ACG/Naomi Nakao Gender Based Research Award Recipient

Inessa Khaykis, MD, Christine J. Ren, MD, George A. Fielding, MD, Warren Huberman, PhD, Barrie Wolfe, RD, Heekoung Youn, RN, Stefanie Hong, Fritz Francois Francois, MD, Elizabeth Weinshel, MD, Gastroenterology, Surgery, and Psychiatry, New York University Hospital, New York, NY

2:45 pm-4:15 pm

SIMULTANEOUS PLENARY SESSIONS

SESSION 2: Liver/Esophagus (Room 201 ABC)

Moderators: Mitchell L. Shiffman, MD, FACP

Philip O. Katz, MD, FACP

39. Toward Better Prognostic Modeling in Acute Liver Failure

★ 2007 ACG Governors Award Recipient for Excellence in Clinical Research

Julie Polson, MD, Nick Rogers, MD, Linda S. Hynan, PhD, A.J. Naylor, BS, and William M. Lee, MD, Internal Medicine, and Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, TX

40. Venous Thromboembolism in Patients with Cirrhosis

David D. Guley, MD, Evgenia Teal, MA, Naga Chalasani, MD, Suthat Liangpunsakui, MD, MPH, Department of Medicine, Indiana University, Indianapolis, IN and Regenstrief Institute, Indianapolis, IN

41. Hepatitis B (HBV) Patients Undergoing Chemotherapy: Who Gets Screened and What Prophylaxis is Given?

A Questionnaire Survey of Oncologists

Arash Farhadi, MD, James H. Lewis, MD, Omar S. Khokhar, MD, Lisa H. McGrall, MD, Gastroenterology/Hepatology, Georgetown University Medical Center, Washington, DC and Medical Oncology, Sibley Memorial Hospital, Washington, DC

42. Systemic and Pulmonary Hemodynamics in Patients with Extra-Hepatic Portal Vein Obstruction (EHPVO)

Ashish Kumar, MD, DM, Sanjeev K. Jha, MD, Barjesh C. Sharma, MD, DM and Shiv K. Sarin, MD, DM, Gastroenterology, G.B. Pant Hospital, New Delhi, Delhi, India

43. N-Butyl-2-Cyanoacrylate in Gastric Variceal Bleeding—A Study to Determine the Short and Long Term Efficacy of this Agent

Arif Amir Nawaz, FACP, FACP, A. Nawaz, FACP, FACP, Shahid Sarwar, FCPS, Salwa Hussain, MBBS, Atiqah Batul, MBBS, Joher Amin, FCPS, Rafia Chaudhry and Asim Malik, FRCS, Gastroenterology, Fatima Memorial Hospital, Lahore, Punjab, Pakistan

44. Efficacy of Recombinant Hepatitis B Vaccine (rHBV) Alone in Preventing Perinatal Transmission of Hepatitis B is Similar to Combination of rHBV Plus Hepatitis B Immunoglobulin (HBIG): A Randomized Controlled Trial

Chandana Pande, MBBS, Ashish Kumar, MD, DM, Sharda Patra, MS, Poppy Hazarika, MBBS, DNB, and Shiv K. Sarin, MD, DM, Gastroenterology, G. B. Pant Hospital, New Delhi, Delhi, India and Obstetrics and Gynecology, Lady Hardinge Medical College, New Delhi, Delhi, India

45. Endoscopic Full-Thickness Plication for the Treatment of GERD: Five Year Multi-Center Results

Douglas Pleskow, MD, Richard Rothstein, MD, Richard Koza-rek, MD, Gregory Haber, MD, Christopher Gostout, MD, Simon Lo, MD, Robert Hawes, MD, Anthony Lembo, MD, Beth Israel Deaconess Medical Center, Boston, MA; Dartmouth Hitchcock Medical Center, Lebanon, NH; Virginia Mason Medical Center, Seattle, WA; Lenox Hill Hospital, New York, NY; Mayo Clinic, Rochester, MN; Cedars Sinai Medical Center, Los Angeles, CA and Medical University of South Carolina, Charleston, SC

46. Comparison of Esophageal Motility Parameters as Measured by the New High Resolution Manometry (HRM) vs Traditional Manometry™

Muhammad Hasan, MD, Sheila Rodriguez-Stanley, PhD, Susan Riley, RN, Sattar Zubaidi and Philip B. Miner, Jr., MD, Gastroenterology, The University of Oklahoma Health Sciences Center, and The Oklahoma Foundation for Digestive Research, Oklahoma City, OK

47. Comparison of Sensed Acid Reflux Event Characteristics Among the Different GERD Groups

★ 2007 ACG/AstraZeneca Senior Fellow Abstract Award Recipient

Ron Schey, MD, Tomas Navarro-Rodriguez, MD, Michael Shapiro, MD, Christopher Wendel, MS and Ronnie Fass, MD, The Neuroenteric Clinical Research Group, Southern Arizona VA Health Care System and University of Arizona, Tucson, AZ

4:15 pm-4:45 pm Break

4:45 pm-6:00 pm SIMULTANEOUS SYMPOSIA

Simultaneous Symposia 4A: Advances in Therapy for Ulcerative Colitis (Ballroom A)

Moderator: Stephen B. Hanauer, MD, FACG

1. **First Line Therapy for Ulcerative Colitis: What's New and Do We Care?**
Stephen B. Hanauer, MD, FACG
2. **Biologics for Ulcerative Colitis: When Is a Colon Worth the Expense?**
Miguel D. Regueiro, MD
3. **A Primer on Management of Severe Ulcerative Colitis**
Asher Kornbluth, MD

Simultaneous Symposia 4B: GI Bleeding: What Do You Do When the EGD and Colonoscopy Are Normal? (Ballroom B)

Moderator: Jonathan A. Leighton, MD

1. **Endoscopic Approach: How Far Can You Get With a Tube?**
Carol E. Semrad, MD, FACG
2. **Non-Endoscopic Approach: We Can Go Thru It All, But Do We See It All?**
Blair S. Lewis, MD, FACG
3. **When All Is Seen and Done, What Should We Do?**
Jonathan A. Leighton, MD

Simultaneous Symposia 4C: Spotlight on Obesity

(Room 204 ABC)

Moderator: Amy E. Foxx-Orenstein, DO, FACG

1. **Appetite Regulation: Are We Programmed to Be Fat?**
Amy E. Foxx-Orenstein, DO, FACG
2. **BMI >30: What Next?**
Philip R. Schauer, MD
3. **GI Complications of Bariatric Surgery: What the Endoscopist Needs to Know—Anatomy, Strictures, Ulcers**
David A. Johnson, MD, FACG

WEDNESDAY, OCTOBER 17, 2007

6:45 am – 12:30 pm

BREAKFAST SESSIONS

6:45 am-8:30 am

Cost is \$40 per person/per session. If you have not registered, visit the ACG Registration Desk.

Breakfast Session H: Satisfaction Guaranteed: Primer on Evacuation and Colonic Motility

Moderator: Philip F. Caushaj, MD, FACG

1. **Fecal Incontinence**
Philip F. Caushaj, MD, FACG
2. **Pelvic Floor Disorders**
Satish S.C. Rao, MD, PhD, FACG
3. **Colonic Dysmotility**
Nicholas J. Talley, MD, PhD, FACG

Breakfast Session I: Advances in EUS: Beyond the Shadows

Moderator: Kenneth J. Chang, MD, FACG

1. **When Tissue is the Issue: FNA, Truecut**
Michael J. Levy, MD, FACG
2. **Cystic Lesions of the Pancreas**
William R. Brugge, MD, FACG
3. **What's New in EUS Guided Therapy?**
Kenneth J. Chang, MD, FACG

Breakfast Session J: Inflammatory Bowel Disease in Special Populations

Moderator: Kim L. Isaacs, MD, PhD

1. **The Childbearing Couple: Fertility and Conception in IBD**
Uma Mahadevan, MD
2. **The Young and the Restless: Treatment of Children and Adolescents**
Marla C. Dubinsky, MD
3. **Treating the "Have-nots:" Challenges in the Underserved**
Kim L. Isaacs, MD, PhD

Breakfast Session K: Approach to Liver Masses

Moderator: K. Rajender Reddy, MD, FACG

1. **Beyond a Shadow of a Doubt: Clinical and Radiologic Diagnosis**
K. Rajender Reddy, MD, FACG
2. **To Biopsy or Not to Biopsy: Invasive Diagnosis of Liver Masses**
Kirti Shetty, MD, FACG
3. **Management Options: Observe, Ablate, Operate**
Paul Martin, MD, FACG

Breakfast Session L: Alternative Treatments: What is the Evidence for What Your Patients Are Doing?

Moderator: *Eamonn M.M. Quigley, MD, FACG*

1. **Probiotics: Are These Placebo or Standard of Care?**
Eamonn M.M. Quigley, MD, FACG
2. **Acupuncture**
Anthony J. Lembo, MD
3. **Hypnotherapy, Digestive Enzymes and High Colonics**
Michael P. Jones, MD, FACG

Breakfast Session M: Don't Forget These Colitides

Moderator: *Lawrence R. Schiller, MD, FACG*

1. **Microscopic Colitis**
Lawrence R. Schiller, MD, FACG
2. **Diverticular Disease**
Martin H. Floch, MD, MACG
3. **Recurrent and Refractory *C. difficile***
Frank K. Friedenberg, MD

Breakfast Session N: Food For Thought

Moderator: *Ali Keshavarzian, MD, FACG*

1. **Eosinophilic Esophagitis: Establishing the Cause**
Nirmala Gonsalves, MD
2. **Food Allergy Wannabes: When Is It Real?**
Ali Keshavarzian, MD, FACG
3. **Celiac Disease: Don't Be a Glutton for Gluten**
Peter H.R. Green, MD, FACG

6:45 am-12:30 pm Registration

8:30 am-10:15 am SIMULTANEOUS PLENARY SESSIONS

SESSION 1: Colon/Functional Bowel Disorders (Room 204 ABC)

Moderators: *Nicholas J. Talley, MD, PhD, FACG*

Lawrence R. Schiller, MD, FACG

48. **Constipation: Is it a Colonic Versus Generalized Gastrointestinal Tract Disorder, the Temple Experience**
★ *2007 ACG Auxiliary Award Recipient (Trainee)*
Shabana Shahid, MD, Henry Parkman, MD, Robert S. Fisher, MD, Department of Gastroenterology, Temple University Hospital, Philadelphia, PA
49. **A Cost Comparison of Metronidazole and Vancomycin in the Treatment of *Clostridium difficile*-Associated Diarrhea**
Kristen L. Thomas, BS, Kyland R. Holmes, MS, Brian R. Jackson, MD, MS, Mae Go, MD, John C. Fang, MD, Kathryn A. Peterson, MD, Msc, Gastroenterology, University of Utah, ARUP, and Gastroenterology, VA Medical Center, Salt Lake City, UT

50. A Comparison of Polyethylene Glycol Laxative and Placebo for Relief of Constipation from Constipating Medications

Jack A. DiPalma, MD, Mark V.B. Cleveland, PhD, John McGowan, and Jorge L. Herrera, MD, Division of Gastroenterology, University of South Alabama, Mobile, AL, and Braintree Laboratories, Inc., Braintree, MA

51. How Useful is Digital Rectal Examination in the Diagnosis of Dyssynergia?

★ *2007 ACG Motility Award Recipient*

Priyanka Rao, Kasaya Tantiphlachiva, MD, Ashok Attaluri, MD, Satish Rao, MD, University of Iowa, Iowa City, IA

52. A Randomized Double-Blind, Placebo-Controlled Study of R-Verapamil in Non-Constipated Irritable Bowel Syndrome

Eamonn M.M. Quigley, MD, John Devane, PhD, David Young, PhD, and Jackie Butler, PhD, Alimentary Pharmabiotic Centre, National University of Ireland, Cork, Ireland; AGI Therapeutics Research Ltd., Athlone County Westmeath, Ireland, and AGI Therapeutics Inc., Columbia, MD

53. Gastric Emptying Scintigraphy Results in the ROME III Subgroup Classifications for Functional Gastro-Duodenal Disorders

★ *2007 ACG Motility Award Recipient*

Richard L. Walters, MD, Alan H. Maurer, MD, Henry P. Parkman, MD, Medicine, Temple University, School of Medicine, Philadelphia, PA

54. Investigation of Wireless Capsule (SmartPill®) for Colonic Transit: A Comparative Study with Radiopaque Markers in Health and Constipation

★ *2007 ACG Motility Award Recipient*

S. Rao, MD, FACG, B. Kuo, MD, W. Chey, MD, FACG, J. DiBaise, MD, FACG, L. Katz, MD, K. Koch, MD, FACG, J. Lackner, PsyD, SmartPill Research Group

55. High Cortisol Levels are Correlated to Low Esophageal Pain Threshold to Balloon Distention in Patients with NERD and Functional Heartburn

★ *2007 ACG Governors Award Recipient for Excellence in Clinical Research*

Sheila Rodriguez-Stanley, PhD, Maggie Wolff, Tisha Adams and Philip B. Miner, Jr., The Oklahoma Foundation for Digestive Research, Oklahoma City, OK

Late-Breaking Abstract

56. In Patients with Chronic Constipation, TD-5108, a Selective 5-HT₄ Agonist with High Intrinsic Activity, Increases Bowel Movement Frequency and the Proportion of Patients with Adequate Relief

Michael Goldberg, MD, Yu-Ping Li, PhD, Brage Garofalo, MA, Allan Valmonte, BA, John Johanson,* MD, Allen Mangel,** MD, Michael Kitt, MD, Theravance, Inc., So. San Francisco, CA, *University of Illinois College of Medicine, Rockford, IL, and **RTI-Health Solutions, Research Triangle Park, NC

SESSION 2: IBD/Esophagus/Endoscopy (Room 201 ABC)

Moderators: Jean-Paul Achkar, MD, FACG
Ronnie Fass, MD, FACG

57. Incidence of Post-Surgical Complications Among Ulcerative Colitis (UC) Patients: A Population-Based Study

★ 2007 ACG/Centocor IBD Abstract Award Recipient

Salma Akram, MD, Steven B. Ingle, MD, Shamina Dhillon, MD, W. Scott Harmsen, MS, Alan R. Zinsmeister, PhD, William J. Tremaine, MD, William J. Sandborn, MD, Edward V. Loftus, MD, Mayo Clinic, Rochester, MN

58. Adverse Events Related to the Use of Corticosteroids, Immunosuppressants, and Anti-TNF Therapy in Crohn's Disease Patients

W. Sandborn, M. Arrighi, S. Hass, S. Clark, H. Tian, and J. Marebian, Mayo Clinic, Rochester, MN, Elan Pharmaceuticals, San Diego, CA and Health Benchmarks, Woodland Hills, CA

59. Exposing the Weaknesses: A Systematic Review of Azathioprine Efficacy in Ulcerative Colitis

★ 2007 ACG/Centocor IBD Abstract Award Recipient

Yvette Leung, MD, Remo Panaccione, MD, Brenda Hemmelgarn, PhD, and Jennifer Jones, Medicine, Division of Gastroenterology, University of Calgary, Alberta, Canada

60. Authorship and Industry Sponsorship in Treatment Trials in Inflammatory Bowel Disease

William J. Tremaine, MD, Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN

61. A New Surgical Approach to Gastroesophageal Reflux Disease: Nissen Fundoplication with Highly Selective Vagotomy

Savio Reddymasu, MD, Niazy Selim, MD, Michael Moncure, MD, Jeffrey Piehler, MD, Daniel Buckles, MD, Richard McCallum, MD, Medicine and Surgery, Kansas University Medical Center, Kansas City, KS

62. Cost-Effectiveness of MII-ph Testing in Persistent Reflux-Related Cough Despite Acid Suppressive Therapy

Deepika Laxmi Koya, MD, MSCR, Marcelo A. Vela Aquino, MD, MSCR, Donald O. Castell, MD, Kit N. Simpson, DrPH, Internal Medicine and Health Administration and Policy, Medical University of South Carolina, Charleston, SC

63. Proton Pump Inhibitor and Nonsteroidal Anti-Inflammatory Use and the Development of Neoplasia in Barrett's Esophagus

John Kuczynski, MD, Hashem El-Serag, MD, Stephanie Davis, PharmD, Adam Wachter, Daniel J. Stein, MD, Richard E. Sampliner, MD, Southern Arizona VA Medical Center and Baylor College of Medicine, Houston, TX

64. Successful Ablation of Barrett's Esophagus and Dysplasia Using the Halo Ablation System in a Prospective Cohort

Virender K. Sharma, MD, Christopher Wells, MD, Hack J. Kim, MD, Ananya Das, MD, Giovanni DePetrìs, MD, Roxane McLaughlin, RN and David E. Fleischer, MD, Gastroenterology, Mayo Clinic Arizona, Scottsdale, AZ

65. Accuracy and Clinical Impact of EUS—FNA as the Definitive Diagnostic or Staging Study in Patients with Suspected or Known Lung Cancer

R. Srinivasan, MD, P. Gupta, MD, S. Jaganmohan, MD, J.B. Zwischenberger, MD, M.S. Bhutani, MD, Division of Gastroenterology, UTMB, Galveston, TX and Division of Gastroenterology, M.D. Anderson Cancer Center, Houston, TX

10:15 am-10:45 am David Y. Graham Lecture (Ballroom B)
Evidence-Based Medicine: What Does it Mean for Gastroenterology—Present and Future?

Walter L. "Pete" Peterson, MD, FACG
See page ## for more information.

10:45 am-11:15 am Coffee Break/Visit Exhibits

11:15 am-12:30 pm SIMULTANEOUS SYMPOSIA 5

Simultaneous Symposia 5A: Hepatitis C: New Insights

(Ballroom A)

Moderator: Mitchell L. Shiffman, MD, FACG

- 1. Updated Strategies for Therapy**
Mitchell L. Shiffman, MD, FACG
- 2. HCV and NAFLD: Do They Go Together?**
Stephen A. Harrison, MD, FACG
- 3. Emerging Therapies 2007: What Is in the Pipeline and When?**
Ira M. Jacobson, MD, FACG

Simultaneous Symposia 5B: The Ins and Outs of the Difficult Colonoscopy (Ballroom B)

Moderator: Douglas K. Rex, MD, FACG

- 1. Intubation Techniques and Devices for the Tough Colon**
Jerome D. Waye, MD, MACG
- 2. How to Manage the Difficult Polypectomy**
Douglas K. Rex, MD, FACG
- 3. How to Manage and Prevent Complications: Clips, Loops, etc.**
Gregory G. Ginsberg, MD, FACG

12:30 pm ANNUAL SCIENTIFIC MEETING ADJOURNS

Annual Scientific Meeting

Monday – Wednesday, October 15 through 17, 2007 • Room: Ballroom AB

Faculty Listing and Disclosure Information

It is the policy of the American College of Gastroenterology to ensure objectivity, balance, independence, transparency, and scientific rigor in all its sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are required to disclose to ACG any relevant financial relationship or other relationship held within the past 12 months that may pose a potential commercial bias and to assist in resolving any conflict of interest that may arise from the relationship. The intent of this disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Faculty have noted the following relationships related to their Annual Meeting presentations.

Hidekazu Suzuki is MD,
PhD

Edgar Achkar, MD, FAGG

Vice-Chairman, Department of Gastroenterology and Hepatology, Cleveland Clinic Foundation, Cleveland, OH
Dr. Achkar has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sanjeev Arora, MD, FAGG

Professor of Medicine, University of New Mexico Health Sciences Center, Albuquerque, NM
*Speaker's Bureau: Roche, Schering
Research Grant: Roche, Schering, Valiant Pharmaceuticals, Vertex Pharmaceuticals*

John Baillie, MD, ChB, FAGG

Professor of Internal Medicine, Wake Forest University Health Sciences, Winston-Salem, NC
*Consultant: Conmed, Cook, Inc., Nitrex
Speakers' Bureau: AstraZeneca*

Luis A. Balart, MD, MACG

Chief, Section of Gastroenterology, Louisiana State University, New Orleans, LA
*Speakers' Bureau/Grant Support: Schering-Plough, Roche, Gilead
Advisory Board: Roche*

Peter A. Banks, MD, MACG

Director, Center for Pancreatic Disease, Brigham & Women's Hospital, Boston, MA
Dr. Banks has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Todd H. Baron, MD

Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Consultant/Research Grant/Speakers' Bureau: Alveolus, Boston Scientific, Cook Endoscopy

Wallace F. Berman, MD, FAGG

Professor, Division of Pediatric Gastroenterology and Nutrition, Duke University Medical Center, Durham, NC
Dr. Berman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Robin Blackstone, MD

Director, Scottsdale Bariatric Center, Scottsdale, AZ
Dr. Blackstone has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Kimberly A. Brown, MD

Division Head, Division of Gastroenterology, Henry Ford Hospital, Detroit, MI
Speakers' Bureau: Schering, Roche

R. Bruce Cameron, MD, FAGG

Associate Clinical Professor, Case Western Reserve University, University Suburban Health Center, South Euclid, OH
Dr. Cameron has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

William D. Carey, MD, MACG

Professor of Medicine, The Cleveland Clinic Foundation, Cleveland, OH
Dr. Carey has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Amitabh Chak, MD, FAGG

Associate Professor, Case Western Reserve University, University Hospitals of Cleveland, Cleveland, OH
Research Support: Olympus America Inc.

Robynne K. Chutkan, MD

Assistant Professor, Georgetown University Medical Center, Washington, DC
Speakers' Bureau: Given Imaging

Gregory S. Cooper, MD, FAGG

Professor of Medicine, Case School of Medicine, Cleveland, OH
Dr. Cooper has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sheila E. Crowe, MD, FAGG

Associate Professor of Internal Medicine, University of Virginia Health System, Charlottesville, VA
Dr. Crowe has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Steven J. Czinn, MD, FAGG

Professor and Chair, Department of Pediatrics, University of Maryland School of Medicine, Baltimore, MD
Dr. Czinn has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

G. Anton Decker, MD

Instructor of Medicine, Mayo Clinic, Scottsdale, AZ
Dr. Decker has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Jack A. DiPalma, MD, FAGG

Professor of Medicine and Director, Division of Gastroenterology, University of South Alabama, Mobile, AL
Consultant/Medical Director: Braintree Labs

Marla C. Dubinsky, MD

Assistant Professor of Pediatrics, David Geffen School of Medicine at UCLA, Director, Pediatric IBD Center, Los Angeles, CA
Consultant: Prometheus Labs

Steven A. Edmundowicz, MD

Professor of Medicine, Washington University School of Medicine, St. Louis, MO
*Consultant: Inscope
Consultant/Stockholder: Satiety
Grant Support: Boston Scientific, Wilson Cook, Olympus*

Gary W. Falk, MD, FAGG

Director, Center for Swallowing and Esophageal Disorders, Cleveland Clinic Foundation, Cleveland, OH
Consultant/Grant Support: AstraZeneca

Ronnie Fass, MD, FAGG

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*Research Support: AstraZeneca, Eisai
Speakers' Bureau: AstraZeneca
Consultant: Eisai*

Andrew D. Feld, MD, JD, FAGG

Clinical Associate Professor, University of Washington, Seattle, WA
Dr. Feld has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

David R. Fleisher, MD

Associate Professor of Child Health, University of Missouri Health Care, Columbia, MO
Dr. Fleisher has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Frank K. Friedenberg, MD

Associate Professor of Medicine, Temple University Hospital, Philadelphia, PA
Dr. Friedenberg has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Dale N. Gerding, MD

Professor of Medicine, Loyola University, Stritch School of Medicine, Chicago, IL
Dr. Gerding has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Annual Scientific Meeting — Faculty Listing

Christopher J. Gostout, MD, FAGG

Associate Professor of Medicine, Mayo Clinic, Rochester, MN
Research Grant: Olympus, Canady Tech, Boston Scientific
Consultant: Wilson-Cook
Speaker: Canady Tech

David A. Greenwald, MD, FAGG

Associate Division Director, Montefiore Medical Center, Bronx, NY
Dr. Greenwald has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Stephen B. Hanauer, MD, FAGG

Professor of Medicine, University of Chicago, Chicago, IL
Consultant: Abbott Labs, UCB Pharma (Celltech), Centocor, Elan, Procter & Gamble, Salix, Shire
Clinical Research: Abbott Labs, UCB Pharma (Celltech), Centocor, Elan, Procter & Gamble, Prometheus, Salix, Shire
Speaker: UCB Pharma (Celltech), Centocor, Procter & Gamble, Salix

Eileen Hay, MD, FAGG

Professor of Medicine, Mayo Clinic, Rochester, MN
Dr. Hay has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Brenda J. Hoffman, MD, FAGG

Professor of Medicine, Medical University of South Carolina, Charleston, SC
Dr. Hoffman has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Kim L. Isaacs, MD, PhD

Professor of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC
Grant/Research Support: Abbott, Centocor, Elan, Otsuka

Steven H. Itzkowitz, MD, FAGG

Associate Director, Mt. Sinai School of Medicine, New York, NY
Dr. Itzkowitz has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

David A. Johnson, MD, FAGG

Professor of Medicine & Chief of Gastroenterology, Eastern Virginia School of Medicine, Digestive & Liver Disease Specialists, Norfolk, VA
Dr. Johnson has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Sunanda V. Kane, MD, MSPH, FAGG

Assistant Professor of Medicine, University of Chicago, Chicago, IL
Dr. Kane has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Philip O. Katz, MD, FAGG

Chairman, Division of Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA
Grants/Research Funds: AstraZeneca
Honoraria for Lectures: AstraZeneca, Santarus, TAP
Consultant: Novartis, Eisai, Negma-Lerads

Donald Kirby, MD, FAGG

Chief, Department of Nutrition, Virginia Commonwealth University, Medical Center, Richmond, VA
Dr. Kirby has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Samuel A. Kocoshis, MD, FAGG

Director, Pediatric Nutrition and Intestinal Care Center, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Dr. Kocoshis has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Paul Y. Kwo, MD

Associate Professor of Clinical Medicine, Indiana University Department of Medicine, Indianapolis, IN
Dr. Kwo has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Glen A. Lehman, MD, FAGG

Professor of Medicine and Radiology, Indiana University Medical Center, Indianapolis, IN
Dr. Lehman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

James D. Lewis, MD, MSCE

Assistant Professor of Medicine and Epidemiology, University of Pennsylvania, Philadelphia, PA
Grant Research/Support: Centocor, GlaxoSmithKline
Consultant: Elan, Berlex

Gary R. Lichtenstein, MD, FAGG

Professor of Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA
Consultant: Abbott Corp., Axcan Corp., Bristol-Myers Squibb Corp., Centocor, Inc., Elan, Procter & Gamble, Prometheus Laboratories, Inc., Protein Design Labs, Protomed Scientific, Salix Pharmaceuticals, Schering-Plough Corp., Serono, Shire Pharmaceuticals, GlaxoSmithKline, Synta Pharmaceuticals, UCB, Wyeth
Research: Abbott Corp., Bristol-Myers Squibb Corp., Centocor, Inc., Inteseo, Corporation, Millenium Pharmaceuticals, Protein Design Labs, Protomed Scientific, Salix Pharmaceuticals, Shire Pharmaceuticals
Speakers' Bureau: Axcan Corp., Centocor, Inc., Procter & Gamble, Salix Pharmaceuticals, Schering-Plough Corp., Shire Pharmaceuticals

David A. Lieberman, MD, FAGG

Professor of Medicine, Division of Gastroenterology, Oregon Health and Science University, Portland, OR
Scientific Advisory Board: EXACT

Edward V. Loftus, Jr., MD, FAGG

Associate Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Consultant: Prometheus Labs
Research Support: TechLab

Uma Mahadevan, MD

Assistant Professor of Medicine, University of California, San Francisco, San Francisco, CA
Consultant: Centocor, PDL

Paul Martin, MD, FAGG

Professor of Medicine, Mount Sinai School of Medicine, New York, NY
Dr. Martin has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Kevin M. McGrath, MD

Assistant Professor of Medicine, UPMC Presbyterian, Pittsburgh, PA
Dr. McGrath has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Kevin W. Olden, MD, FAGG

Director of Gastroenterology and Hepatology, University of Arkansas for Medical Sciences, Little Rock, AR
Dr. Olden has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Gulshan Parasher, MD, FAGG

Assistant Professor of Medicine, University of New Mexico, Albuquerque, NM
Dr. Parasher has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Robert E. Petras, MD, FAGG

Director of Gastrointestinal Pathology, AmeriPath, Inc., Oakwood Village, OH
Dr. Petras has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

John L. Petrini, MD, FAGG

Clinical Associate Professor of Medicine, University of Southern California, Samsam Clinic, Santa Barbara, CA
Dr. Petrini has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Mark Pimentel, MD

Co-Director, GI Motility Program, Cedars-Sinai Medical Center, Los Angeles, CA
Grant Support: Chugai, Salix
Consultant: Salix, Novartis
Speaker: Salix, Novartis

F. Fred Poordad, MD

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Research Support: Roche, BMS, Gilead

John J. Poterucha, MD

Associate Professor of Medicine, Mayo Clinic, Rochester, MN
Dr. Poterucha has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Charlene Prather, MD

Associate Professor of Internal Medicine, St. Louis University, St. Louis, MO
Dr. Prather has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Eamonn M.M. Quigley, MD, FAGG

Professor of Medicine, National University of Ireland at Cork, Cork, Ireland
Dr. Quigley has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Waqar A. Qureshi, MD, FAGG

Associate Professor of Medicine, Baylor College of Medicine, Houston, TX
Speakers' Bureau/Research Support: Given Imaging

Satish S.C. Rao, MD, PhD, FACC

Professor of Medicine, University of Iowa Hospitals & Clinics, Iowa City, IA
Consultant/Speakers' Bureau: Novartis, Takeda

Douglas K. Rex, MD, FACC

Professor of Medicine, Indiana University Hospital, Indianapolis, IN
Research Support: Olympus
Speakers' Bureau: TAP, Novartis, Salix, Fleet

Joel E. Richter, MD, MACG

Chairman, Department of Medicine, Temple University School of Medicine, Philadelphia, PA
Speakers' Bureau: AstraZeneca, TAP

Yvonne Romero, MD, FACC

Assistant Professor of Medicine, Mayo Clinic Rochester, Rochester, MN
Dr. Romero has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Hemant K. Roy, MD

Associate Professor, Northwestern University, Chicago, IL
Dr. Roy has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Mark W. Russo, MD

Assistant Professor of Medicine, University of North Carolina, Chapel Hill, NC
Dr. Russo has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

William J. Sandborn, MD, FACC

Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Consultant/CME/Research Support/Advisory Board: Centocor, Abbott, UCB

Robert R. Schade, MD, FACC

Professor and Chief, Section of Gastroenterology and Hepatology, Medical College of Georgia, Augusta, GA
Speakers' Bureau: AstraZeneca, TAP

Thomas D. Schiano, MD

Associate Professor of Medicine, Mt. Sinai Medical Center, New York, NY
Dr. Schiano has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Lawrence R. Schiller, MD, FACC

Program Director, GI Fellowship, Baylor University Medical Center, Dallas, TX
Speakers' Bureau/Consultant: Procter & Gamble

Robert E. Schoen, MD, MPH

Director, Colorectal and GI Cancer Prevention and Control Research, University of Pittsburgh Cancer Institute, Pittsburgh, PA
Dr. Schoen has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

David A. Schwartz, MD

Assistant Professor of Medicine, Vanderbilt University Medical Center, Nashville, TN
Speakers' Bureau: Centocor

Douglas L. Seidner, MD, FACC

Director, Nutrition Support, Cleveland Clinic Foundation, Cleveland, OH
Dr. Seidner has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Vijay H. Shah, MD, FACC

Associate Professor of Medicine, Mayo Clinic, GI Research Unit, Rochester, MN
Dr. Shah has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Bo Shen, MD, FACC

Staff Gastroenterologist, Cleveland Clinic/Department of GI, Cleveland, OH
Dr. Shen has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Kirti Shetty, MD

Medical Director, Liver Transplantation, Georgetown University Hospital, Washington, DC
Dr. Shetty has indicated that she has no relationship which, in the context of her presentation, could be perceived as a potential conflict of interest.

Mitchell L. Shiffman, MD, FACC

Chief, Hepatology Section / Medical Director, Liver Transplant Program, Virginia Commonwealth University Medical Center, Richmond, VA
Dr. Shiffman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Edy Soffer, MD, FACC

Co-Director, GI Motility Laboratory, Cedars-Sinai Medical Center, Los Angeles, CA
Dr. Soffer has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Amnon Sonnenberg, MD, MSc, FACC

Professor of Medicine, Oregon Health and Science University, Portland, OR
Dr. Sonnenberg has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Richard K. Sterling, MD, FACC

Associate Professor of Medicine, Virginia Commonwealth University, Richmond, VA
Speakers' Bureau/Research Support: Roche, Schering-Plough
Advisory Board: Roche

Christina M. Surawicz, MD, FACC

Professor of Medicine, University of Washington School of Medicine, Seattle, WA
Speakers' Bureau/Consultant: Biocodex, Viropharma

Nicholas J. Talley, MD, PhD, FACC

Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Consultant: Altana, AstraZeneca, Axcan, Chugai, EBMed, GlaxoSmithKline, Kosan, KV Pharmaceuticals, Medscape, ProEd Communications, Renovis, Inc., Solvay, Strategic Consultants Intl., Takeda Pharmaceuticals, Inc., TAP Pharmaceutical Products, Inc., Therapeutic Gastrointestinal Group, Theravance, Yamanouchi
Research Support: Axcan, Boehringer-Ingelheim, Forest, Merck, Novartis, TAP Pharmaceutical Products, Inc.

Thomas A. Ullman, MD, FACC

Assistant Professor, Mount Sinai School of Medicine, Mount Sinai IBD Center, New York, NY
Dr. Ullman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Michael F. Vaezi, MD, PhD, FACC

Professor of Medicine, Vanderbilt University Medical Center, Nashville, TN
Dr. Vaezi has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Atif Zaman, MD, FACC

Associate Professor of Medicine, Oregon Health and Science University, Portland, OR
Dr. Zaman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Rowen K. Zetterman, MD, MACG

Professor & Vice Chairman, Department of Internal Medicine, University of Nebraska Medical Center, Omaha, NE
Dr. Zetterman has indicated that he has no relationship which, in the context of his presentation, could be perceived as a potential conflict of interest.

Investigational Use Disclosures

ACG's disclosure policies maintain that if any unapproved or off-label use of a product is to be referenced in a CME program, the faculty member/participant is required to disclose that the product is either investigational or it is not labeled for the usage being discussed. The following faculty members have indicated they will reference the following off-label usages in their Annual Meeting presentations:

- Dr. Brown — investigational changes in length of therapy
- Dr. Gerding — metronidazole for *C. difficile* disease
- Dr. Isaacs — azathioprine/GMP for IBD therapy; cyclosporin, antibiotics for IBD therapy
- Dr. Kane — azathioprine, methotrexate, corticosteroids for IBD
- Dr. Katz — high dose PPI
- Dr. Kirby — metoclopramide and erythromycin
- Dr. Kocoshis — the use of antidepressants for the management of visceral pain syndromes
- Dr. Lewis — mesalamine, sulfasalazine in Crohn's disease; azathioprine, GMP, prednisone for IBD
- Dr. Mahadevan — cyclosporine for UC
- Dr. Martin — fibrospect to monitor liver fibrosis
- Dr. Petrini — use of propofol by non-anesthesiologists
- Dr. Pimentel — tegaserod to prevent bacterial overgrowth; antibiotics to treat IBS
- Dr. Prather — tricyclic antidepressants, SSRIs in IBS
- Dr. Romero — injecting steroids into distal esophageal strictures
- Dr. Sandborn — adalimumab, certolizumab pegol, etanercept, golimumab in IBD
- Dr. Schade — use of continuous IV infusions of PPI for prevention of bleeding and re-bleeding
- Dr. Schiller — use of probiotics and prebiotics in *Clostridium difficile* colitis, inflammatory bowel disease, irritable bowel syndrome, small bowel bacterial overgrowth
- Dr. Sterling — different durations of HCV therapy

Support

The American college of Gastroenterology acknowledges an educational grant in support of this activity from AstraZeneca.

ACG 2006-2007 Planning Committee

Disclosure of Potential Conflicts of Interest

It is the policy of the American College of Gastroenterology to ensure objectivity, balance, independence, transparency, and scientific rigor in all its sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are required to disclose to ACG any relevant financial relationship or other relationship held within the past 12 months that may pose a potential commercial bias and to assist in resolving any conflict of interest that may arise from the relationship. The intent of this disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Planning Committee Members have noted the following relationships.

Carol Burke, MD, FACC

Chair, ACG Educational Affairs Committee
Director, Center for Colon Polyps & Cancer, Cleveland Clinic Foundation, Cleveland, OH
Dr. Burke has indicated no relevant financial relationships.

Maria Abreu, MD

Associate Professor of Medicine, Mount Sinai Medical Center, New York, NY
Consultant: Abbott, UCB

Jean-Paul Achkar, MD, FACC

Director, Gastroenterology Fellowship Program, Cleveland Clinic Foundation, Cleveland, OH
Dr. Achkar has indicated no relevant financial relationships.

Marie L. Borum, MD, FACC

Professor of Medicine; Director, Division of Gastroenterology, George Washington University, Washington, DC
Dr. Borum has indicated no relevant financial relationships.

Ronnie Fass, MD, FACC

Professor of Medicine, Southern Arizona VA Health Care System, Tucson, AZ
Research: Wyeth, TAP, AstraZeneca, Altana
Consultant: Wyeth, TAP, AstraZeneca, Altana
Speaker: TAP, AstraZeneca, Novartis

Martin L. Freeman, MD, FACC

Professor of Medicine, Hennepin County Medical Center, Minneapolis, MN
Fellowship Program Support: Boston Scientific, Cook Endoscopy

David Greenwald, MD, FACC

Associate Division Director, Montefiore Medical Center, Bronx, NY
Dr. Greenwald has indicated no relevant financial relationships.

Inku Hwang, MD

Associate Professor of Medicine, Walter Reed Army Medical Center, Washington, DC
Stockholder: Merck, Pfizer

Sunanda V. Kane, MD, MSPH, FACC

Assistant Professor of Medicine, Mayo Clinic, Rochester, MN
Speakers' Bureau: Centocor, Novartis, Procter & Gamble, Shire, Solvay, Prometheus, TAP
Consultant: Centocor, Elan, Abbott, UCB, Prometheus, Procter & Gamble, Shire
Investigator: Abbott, UCB

Kenneth L. Koch, MD, FACC

Chief, Section of Gastroenterology, Wake Forest University School of Medicine, Winston-Salem, NC
Stockholder: 3CPM Company
Consultant: SmartPill Corp., Tranzyme Corp.
Scientific Advisory Board: SmartPill Corp.

Paul Kwo, MD

Associate Professor of Clinical Medicine, Indiana University Department of Medicine, Indianapolis, IN
Grant Support: Roche, Schering Plough, Vertex, Valeant, Coley, GlaxoSmithKline, Idenix

Brian E. Lacy, MD, PhD

Associate Professor of Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH
Research Support: Novartis, AstraZeneca
Speakers' Bureau: Novartis, Takeda

Jonathan A. Leighton, MD, FACC

Associate Professor of Medicine, Mayo Clinic Scottsdale, Scottsdale, AZ
Consultant: Given Imaging, NPS Pharma
Research support: Otsuka, Olympus, Fujinon, Given Imaging

Edward V. Loftus, Jr., MD, FACC

Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Consultant: Abbott Labs, UCB Pharma
Research Support: Abbott Labs, Schering Plough

Peter J. Molloy, MD, FACC

Associate Professor, Medicine, Temple University, Pittsburgh, PA
Dr. Molloy has indicated no relevant financial relationships.

Waqar Qureshi, MD, FACC

Associate Professor of Medicine, Baylor College of Medicine, Houston, TX
Dr. Qureshi has indicated no relevant financial relationships.

Francisco Ramirez, MD, FACC

Professor of Clinical Medicine, University of Arizona, Phoenix, AZ
Dr. Ramirez has indicated no relevant financial relationships.

K. Rajender Reddy, MD, FACC

Medical Director, Liver Transplantation, Hospital of the University of Pennsylvania, Philadelphia, PA
Advisor: Roche, Idenix, BMS, Gilead
Speaker: Roche
Investigator: Roche, Schering, Gilead, Vertex

Lawrence R. Schiller, MD, FACC

Program Director, GI Fellowship, Baylor University Medical Center, Dallas, TX
Consultant: Novartis, Takeda, Sucampo, Napo Pharmaceuticals, Procter & Gamble, McNeil
Speakers' Bureau: Novartis, Takeda, Sucampo, Procter & Gamble, Prometheus, Salix, AstraZeneca, TAP

Kirti Shetty, MD

Medical Director, Liver Transplantation, Georgetown University Hospital, Washington, DC
Speakers' Bureau: Schering, Gilead

Kenneth Wang, MD, FACC

Associate Professor of Medicine, Mayo Clinic College of Medicine, Rochester, MN
Research Support: AstraZeneca, BARRX

Poster Presentations

Sunday, October 14, 2007

3:30 pm — 7:00 pm

Authors will be present from 3:30 pm — 4:30 pm

Esophagus	P1-P30
Stomach	P31-P42
Pancreatic/Biliary	P43-P60
Small Intestine/Unclassified	P61-P72
Liver	P73-P97
Colon	P98-P112
Clinical Vignettes	P113-P233
Outcomes Research	P234-P262
Inflammatory Bowel Disease	P263-P291
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Endoscopy	P307-P329
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Monday, October 15, 2007

10:30 am — 4:00 pm

Authors will be present from 11:15 am — 1:00 pm

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Tuesday, October 16, 2007

10:30 am — 4:00 pm

Authors will be present from 11:15 am — 1:00 pm

Esophagus	P685-P709
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Inflammatory Bowel Disease	P933-P959
Functional Bowel Disorders	P960-P973
Endoscopy	P974-P995
Colorectal Cancer Prevention	P996-P1007

ESOPHAGUS

P1. Tissue Ingrowth in a Fully Covered Self-Expandable Metallic Stent

Sathya Jaganmohan, MD, Joseph Zwischenberger, MD, Gottumukkala S. Raju, MD, FACG, Gastroenterology & Surgery, UTMB, Galveston, TX.

P2. Yo-Yo Lipoma in My Esophagus

Daniail M. Rodrigues, MD, Rakish Parikh, MD, Satish Maryala, MD, Joseph L. Kinzie, MD, Internal Medicine, and Division of Gastroenterology, Wayne State University, Detroit, MI.

P3. An Unusual Case of Esophageal Histoplasmosis

Kanan Sharma, MD, Pallavi K. Rao, MD, Lisa Stone, MD, Dept. of Gastroenterology, Wright State University, Dayton, OH.

P4. Black Esophagus Associated with Malignancy and Use of FOLFOX/Avastin

Olivia C. Fors, MD, Dawn D. Ferguson, MD, Internal Medicine, Mayo Clinic, Rochester, MN and Gastroenterology, Mayo Clinic, Rochester, MN.

P5. Cervical Inlet Patch in Twins: Is It All in the Genes?

Shailaja Jamma, MD, Krishnarao Tangella, MD, Davendra P. Ramkumar, MD, Internal Medicine, University of Illinois at Urbana Champaign, IL; Pathology, UIUC, IL and Gastroenterology, UIUC, IL.

P6. Prevalence of Gastroesophageal Reflux Disease in Patients with Non-Cardiac Chest Pain Presenting to the Emergency Department

Stephanie E. Thompson, MD, Julia J. Liu, MD, John R. Saltzman, Ling Hua, Richard Zane, Division of Gastroenterology, University of Alberta Hospital, Edmonton, AB, Canada and Division of Gastroenterology, Emergency, and Cardiology, Brigham and Women's Hospital, Boston, MA.

P7. Atypical GERD Symptoms on PPI Therapy Are More Likely in an Older Female Patient Group

Neeraj Sharma, MD, Amit Agrawal, MD, Marcelo Vela, MD, Donald O. Castell, MD, Department of Gastroenterology and Hepatology, Medical University of South Carolina, Charleston, SC.

P8. A Case of Severe Heartburn

Krysia L. Zancosky, DO, Sean Connelly, DO, Peter J. Molloy, MD, Gastroenterology, The Western Pennsylvania Hospital, Pittsburgh, PA.

P9. Esophageal Capsule Endoscopy for Evaluation of Gastroesophageal Reflux Disease

Disaya Chavalitdhamrong, MD, Oren Goltzer, Capsule Endoscopy Services Study Group, Los Angeles, CA.

P10. Inter-Observer Agreement between Multi-Channel Intraluminal Impedance-pH (MII-pH) Software Analysis and an Experienced MII-pH Test Reviewer

Dawn D. Ferguson, MD, MHS, Kenneth R. DeVault, MD, Internal Medicine, Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN and Internal Medicine, Division of Gastroenterology and Hepatology, Mayo Clinic, Jacksonville, FL.

P11. Prevalence of Esophageal Dysmotility in a Cohort of Patients with Biopsy Proven Eosinophilic Esophagitis. A Prospective Study

John T. Bassett, MD, Joseph L. Perry, MD, Eric M. Osgard, MD, Corinne L. Maydonovitch, Leslie H. Sobin, MD, Roy H. Wong, MD, Gastroenterology, National Naval Medical Center, Bethesda, MD; Gastroenterology, Walter Reed Army Medical Center, Washington, DC and Hepatic and Gastrointestinal Pathology, Armed Forces Institute of Pathology, Washington, DC.

P12. Exclusion of the Meal Period Does Not Improve the Diagnostic Accuracy of 48-Hour Ambulatory Catheter-Free Esophageal pH Testing

Stephanie L. Hansel, MD, John K. DiBaise, MD, Isaac Malagon, BS, Marie Haywood, BSN, Jeannie Stoa, BSN, Virender K. Sharma, MD, H. Jae Kim, MD, Michael D. Crowell, PhD, Gastroenterology, Mayo Clinic Arizona, Scottsdale, AZ.

P13. Refractory ENT/GERD Symptoms – Is Upper Esophageal Sphincter (UES) or Esophageal Body the Culprit?

Girish Anand, MD, Matthew R. Gideon, Philip O. Katz, MD, Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA.

P14. Use of Pillcam ES0™ Endoscopy for Early Detection of Esophageal Injury after Radiofrequency Ablation Therapy for Atrial Fibrillation

Milan Dodig, MD, Andrea Natale, MD, Madhusudhan R. Sanaka, MD, Alan Siu, Janice Santisi, RN, Stacy Poe, RN, Department of Gastroenterology and Hepatology, and Heart and Vascular Institute, Cleveland Clinic Foundation, Cleveland, OH.

P15. Clinical Utility of the Bravo Capsule

Brian E. Lacy, PhD, MD, Andrew C. Dukowicz, MD, Lisa Paquette, RN, Douglas J. Robertson, MD, MPH, Julia Weiss, MS, Maurice L. Kelley, Jr., MD, Gastroenterology, Dartmouth-Hitchcock Medical Center, Lebanon, NH; Gastroenterology, WRJ VA Medical Center, White River Junction, VT and Community and Family Medicine, Dartmouth Medical School, Hanover, NH.

P16. Utility of Catheter-Free Ambulatory pH Testing on PPI Therapy

Lydell C. Horine, MD, Sami R. Achem, MD, Ernest P. Bouras, MD, Mark E. Stark, MD, Dawn D. Ferguson, MD, Kenneth R. DeVault, MD, Medicine, Mayo Clinic, Jacksonville, FL and Medicine, Mayo Clinic, Rochester, MN.

P17. Eosinophilic Esophagitis/Ringed Esophagus: The Diagnostic Conundrum

Fatima Gangotena, MD, Scott Mackenzie, MD, Mae Go, MD, Kristen Thomas, BS, John Fang, MD, Kathryn Peterson, MD, Gastroenterology, University of Utah, Salt Lake City, UT and Gastroenterology, VAMC, Salt Lake City, UT.

P18. Omeprazole Induces a Transepithelial Leak in Gastric Mucosa

James M. Mullin, PhD, Mary C. Valenzano, Marysue Whitby, Deborah Lurie, PhD, Vishal Jain, MD, Owen Tully, MD, Paul Allegritti, DO, Daniel Lazowick, DO, J. David Schmidt, MD, James J. Thornton, MD, Giancarlo Mercogliano, MD, Lankenau Institute for Medical Research, Wynnewood, PA; Mathematics, St. Joseph's University, Philadelphia, PA; Medicine and Gastroenterology, Lankenau Hospital, Wynnewood, PA.

P19. Low Grade Esophageal Eosinophilia in Adults: An Unrecognized Part of the Spectrum of Eosinophilic Esophagitis?

Karthik Ravi, MD, Jeffrey A. Alexander, MD, David A. Neumann, MD, Nicholas J. Talley, MD, Thomas C. Smyrk, MD, Ganapathy A. Prasad, MD, Yvonne Romero, MD, Amindra S. Arora, MD, Internal Medicine, Gastroenterology and Hepatology, and Pathology, Mayo Clinic, Rochester, MN.

P20. Associated Risk Factors for GERD in Native Americans

Adam Randolph, MD, Lila Ammouri, MD, Richard Gerkin, MD, Francisco Ramirez, MD, Michele Young, MD, Gastroenterology and Hepatology, Carl T. Hayden VA Medical Center, Phoenix, AZ and Medicine, Banner Good Samaritan Medical Center, Phoenix, AZ.

P21. Clinical Efficacy and Problems of a Simple Questionnaire (F-Scale) for the Diagnosis of GERD in the Elderly

Toshiyasu Watanabe, Yoshihisa Urita, Tadashi Maeda, Kaoru Domon, Susumu Ishihara, Asuka Nakayama, Makie Nanami, Tomohiro Arita, Tatsuhiro Yamamoto, Takamasa Ishii, Akio Kugahara, Hirohito Kato, Kazuo Hike, Noriko Hara, Yoshiko Honda, Yoko Nagai, Shuji Watanabe, Kazushige Nakanishi, Nagato Shimada, Motonobu Sugimoto, Kazumasa Miki, Division of Gastroenterology and Hepatology, Department of General Medicine and Emergency Care, and Department of Hematology, Toho University, Tokyo, Japan.

P22. What Is the Incidence of Acidic and Nonacidic Gastroesophageal Reflux (GER) in Lung Transplant Recipients (LTR)?

Anne F. Peery, MD, Ryan D. Madanick, MD, Joseph A. Galanko, PhD, Peadar Noone, MD, Thomas Egan, MD, Isabel Neuringer, MD, Nicholas J. Shaheen, MD, University of North Carolina, Chapel Hill, NC.

P23. ADHERE Study: Application of Dx-pH Catheters in the Evaluation of Patients without Gastroesophageal Reflux Disease (GERD)

George Sun, MD, Sean Casey, MD, Eric Hill, MD, Farnoosh Farrokhi, MD, Michael Vaezi, MD, Digestive Disease Center, Vanderbilt University Medical Center, Nashville, TN.

P24. Dx-pH Monitoring: How Does It Compare to the Standard pH Probe?

Farnoosh Farrokhi, MD, Eric M. Hill, MD, George Sun, MD, Sean P. Casey, MD, Milton O. Ochieng, Gregory D. Ayers, BS, Michael F. Vaezi, MD, FACG, Gastroenterology, Vanderbilt University Medical Center, Nashville, TN.

P25. Are There Differences in Sensitivity Thresholds to Balloon Distention in the Upper and Lower Esophagus?

Muhammad Hasan, MD, Sheila Rodriguez-Stanley, PhD, Susan Riley, RN, Sattar Zubaidi, Philip B. Miner, Jr., MD, Gastroenterology, The University of Oklahoma Health Sciences Center, and The Oklahoma Foundation for Digestive Research, Oklahoma City, OK.

P26. Value of a Novel Multi-Factorial Scoring System as a Diagnostic Aid in the Prospective Evaluation of Patients with Reflux-Like Dyspepsia

Andrew K. Roorda, MD, Samuel N. Marcus, MD, PhD, George Triadafilopoulos, MD, Internal Medicine, St. Mary's Medical Center, San Francisco, CA; Gastroenterology, El Camino Hospital, Mountain View, CA and Gastroenterology, Stanford University, Stanford, CA.

P27. Gastroesophageal Reflux during Sleep: Does REM Sleep Provide a Protective Effect?

Sriharsha Damera, MD, Suanne Goodrich, PhD, Paula Fernstrom, BS, Goran Hasselgren, MD, William C. Orr, PhD, Lynn Health Science Institute, Oklahoma City, OK; AstraZeneca, Molndal, Sweden and University of Oklahoma Health Sciences Center, Oklahoma City, OK.

P28. Ethnic Variation in Lower Esophageal Sphincter Pressure and Length

Kenneth J. Vega, MD, M. Mazen Jamal, MD, Division of Gastroenterology, University of Florida/Jacksonville, Jacksonville, FL and Division of Gastroenterology, Veterans Affairs Medical Center, Long Beach, CA.

P29. A Novel Partial 5HT₃ Agonist DDP733 after a Standard Refluxogenic Meal Reduces Reflux Events: A Randomized, Double-Blind, Placebo-Controlled Pharmacodynamic Study

Rok Seon Choung, MD, Dawn D. Ferguson, MD, Joseph A. Murray, MD, Patricia P. Kammerer, Ross A. Dierkhising, MS, Alan R. Zinsmeister, PhD, Suhail Nurbhai, MRCP, Steven B. Landau, MD, Nicholas J. Talley, MD, PhD, Division of Gastroenterology and Hepatology; Division of Biostatistics, Mayo Clinic College of Medicine, Rochester, MN and Dynogen Pharmaceuticals, Inc., Waltham, MA.

P30. Effect of Obesity on Symptom Resolution in Patients with Gastroesophageal Reflux Disease (GERD)

★ *2007 ACG Presidential Poster Award Recipient*

Prateek Sharma, MD, FACG, Nimish Vakil, MD, FACG, John T. Moryak, PhD, Debra G. Silberg, MD, FACG, University of Kansas Medical Center, Kansas City, MO; University of Wisconsin Medical Center, Milwaukee, WI and AstraZeneca LP, Wilmington, DE.

STOMACH

P31. Aspirin Use in the Setting of Acute Myocardial Infarction and Peptic Ulcer Bleeding Does Not Increase the Rebleeding Rate

★ *2007 ACG Presidential Poster Award Recipient*

Justin Cheung, MD, Jennifer Rajala, MD, Daniel Moroz, Gurpal Sandha, MD, Medicine, University of Alberta, Edmonton, AB, Canada.

P32. Primary Prevention by Omeprazole 20mg Daily of the Adverse Gastrointestinal Effects of Short-Term Non-Steroidal Anti-Inflammatory Drug Use in Healthy Subjects: A Randomized, Double-Blind, Placebo-Controlled Study

★ *2007 ACG Presidential Poster Award Recipient*

Jay C. Desai, BA, Shefali M. Sanyal, BA, Tyralee Goo, BA, Ariel A. Benson, BA, Carol A. Bodian, DrPH, Kenneth M. Miller, MD, Lawrence B. Cohen, MD, James Aisenberg, MD, Internal Medicine (Gastroenterology), Mount Sinai School of Medicine, New York, NY and Anesthesia (Biostatistics), Mount Sinai School of Medicine, New York, NY.

P33. Risk Factors Involved in Patients with Bleeding Peptic Ulcers—A Community Based Study

Sesha S. Uppalapati, MD, James D. Boylan, MD, Jill Stoltzfus, PhD, Internal Medicine, and Gastroenterology, St. Luke's Hospital, Bethlehem, PA.

P34. Drug Utilization Review of Acid Suppressants for Bleeding and Other Indications (Durable)—An Audit To Assess the Utilization of Proton Pump Inhibitors and Histamine H₂-Receptor Antagonists in Canadian Hospitals

Alan Barkun, MD, Robert Enns, MD, Joseph Romagnuolo, MD, Tanja Muller, MD, Bruce Kalmin, MD, Ian A. Hawes, BSP, Yao Lei, PhD, the DURABLE Group of Investigators, Division of Gastroenterology, McGill University, Canada; Division of Gastroenterology, University of British Columbia, Canada; Division of Gastroenterology, Medical University of South Carolina, and Medical Affairs, AstraZeneca Canada Inc, Canada.

P35. Incidence of Endoscopic Gastric and Duodenal Ulcers (GDUs) in Randomized Placebo-Controlled NSAIDs Trials: A Meta-Analysis

Yuhong Yuan, MD, Changcheng Wang, MD, Richard H. Hunt, MD, FRCP, FRCPC, Gastroenterology, McMaster University Health Science Centre, Hamilton, ON, Canada and 2nd Affiliated Hospital of Sun Yet-Sen University, Guangzhou, China.

P36. Case Report: Zantac 300 mg BID Controls Gastric Acid Secretion vs Nexium 75 mg BID in a Patient with Gastric Bypass and Clinically Significant Vomiting

Sheila Rodriguez-Stanley, PhD, Susan Riley, RN, Philip B. Miner, Jr., MD, The Oklahoma Foundation for Digestive Research, Oklahoma City, OK.

P37. Effects of Cobiprostone on Indomethacin- and Stress-Induced Gastric Ulcers in Rats

Hiro Yoshi Osama, Sachiko Kuno, PhD, Birgit Roerig, PhD, Ryuji Ueno, MD, Sucampo Pharma Ltd., Osaka, Japan and Sucampo Pharmaceuticals, Inc., Bethesda, MD.

P38. Iron Pill Gastropathy: A Case Report and Review of the Literature

Nirmal Kaur, MD, Bryan N. Coffing, MD, Joel Greenson, MD, William D. Chey, MD, Division of Gastroenterology and Department of Pathology, University of Michigan, Ann Arbor, MI.

P39. Two Cases Involving Gastric Ulceration and Bleeding from Recent Placement of Gastrostomy Tubes with T-Fasteners

Rajesh Dhirmalani, DO, Dengda Tang, MD, Zamir Brelvi, MD, Gastroenterology, UMDNJ, Newark, NJ.

P40. Cobiprostone Is a Type-2 Chloride Channel Activator That Protects Against NSAID-Induced Cellular Damage

John Cuppoletti, PhD, Katrin Mende, PhD, Danuta H. Malinowska, PhD, Ryuji Ueno, MD, University of Cincinnati, Cincinnati, OH and Sucampo Pharmaceuticals, Inc., Bethesda, MD.

P41. Eosinophilic Gastritis: A Case Report

Sumit Sharma, MD, Preeti Agrawal, MD, Jack Garon, MD, Arun Verma, MD, Department of Medicine and Department of Pathology, Mt. Sinai Hospital, Sinai Health System, Chicago, IL.

P42. Does Increased Primary Resistance to Recommended Antibiotics Really Affect *Helicobacter pylori* Eradication?

Christina C. Eclissato, MD, Sergio Mendonça, PhD, Marcelo L. Ribeiro, PhD, José Pedrazzoli, Jr., PhD, Clinical Pharmacology and Gastroenterology Unit, São Francisco University, Bragança Paulista, SP, Brazil.

PANCREATIC/BILIARY

P43. Failure of Antibiotics To Prevent Infection in Patients with Necrotizing Pancreatitis: A Meta-Analysis

★ *2007 ACG Presidential Poster Award Recipient*

Nison Badalov, MD, Robin Baradaran, MD, Ilan Aharoni, MD, Jian Jun Li, MD, Scott Tenner, MD, MPH, Division of Gastroenterology, Dept of Medicine, Maimonides Medical Center, Brooklyn, NY and Division of Gastroenterology, State University of New York, Brooklyn, NY.

P44. Prophylactic Antibiotics in Necrotizing Pancreatitis: A Meta-Analysis

★ *2007 ACG Presidential Poster Award Recipient*

Phil A. Hart, MD, Matthew L. Bechtold, MD, Abhishek Choudhary, MD, Srinivas R. Puli, MD, Mohamed O. Othman, MD, John B. Marshall, MD, Praveen K. Roy, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P45. Prevalence of Fungal Infection in Patients with Severe Acute Pancreatitis and Its Outcome

Rakesh Kochhar, MD, Mahiuddin S.K. Ahammed, MD, Arunalohe Chakraborti, MD, Pallab Ray, MD, Usha Dutta, MD, Jai Dev Wig, MS, FRCS, Gastroenterology, Microbiology & General Surgery, Postgraduate Institute of Medical Education and Research, Chandigarh, India.

P46. Efficacy and Safety of a Fully Covered Self Expandable Metal Stents (CSEMS) for Distal Biliary Neoplasia: Preliminary Data of a Multicenter Study

Michel Kahaleh, MD, Lee McHenry, MD, Pat G. Northup, MD, Don Wakelin, MD, Stuart Sherman, MD, Glen A. Lehman, MD, John Cunningham, MD, Paul Yeaton, MD, Digestive Health, University of Virginia, Charlottesville, VA; Department of Gastroenterology, Indiana University, Indianapolis, IN and Division of Gastroenterology and Hepatology, University of Arizona, Tucson, AZ.

P47. Long-Term Follow up of Endoscopic Sphincterotomy for Bile Duct Stone Removal: A North American Perspective

Milan E. Folkers, MD, Maydeen Ogara, Kathryn Peterson, MD, James DiSario, MD, Gastroenterology, University of Utah, Salt Lake City, UT.

P48. Lack of Correlation between Liver Enzymes and the Presence of a Bile Leak Following Laparoscopic Cholecystectomy

R. Martin Bashir, MD, Biju K. Alex, MD, Gastroenterology, Washington Hospital Center, Washington, DC.

P49. Clinical Outcomes, and Long-Term Stent Patency in Patients with Malignant Biliary Obstruction: A Systematic Review and Meta-Analysis

Faisal A. Bukeirat, MD, Rubayat Rahman, MD, Digestive Diseases, WVU School of Medicine, Morgantown, WV.

P50. Biliary Tract Complications in Orthotopic Liver Transplant Patients: A Single Center Retrospective Observational Study

Victor J. Torres, MD, Glenn W. Gross, MD, Sandeep Patel, DO, Gastroenterology and Nutrition, The University of Texas Health Science Center at San Antonio, San Antonio, TX.

P51. Asymptomatic Common Bile Duct Dilatation in Chronic Hepatitis C Patients on Methadone

Atif Shahzad, MD, Sirisha Jasti, MD, Ayse Aytaman, MD, Gerald Fruchter, MD, Gastroenterology, State University of New York Downstate Medical Center, Brooklyn, NY and Gastroenterology, VA NY Harbor Healthcare System, Brooklyn, NY.

P52. The Effects of Alcohol and Substance Abuse on Sedation during ERCP

Ami K. Naik, MD, Yasmin Alishahi, MD, Muhammad Bilal, MD, Jim Y. Wan, PhD, Claudio R. Tombazzi, MD, Department of Gastroenterology and Hepatology, The University of Tennessee, Memphis, Memphis, TN.

P53. Prognostic Factors in Patients with Advanced Cholangiocarcinoma: Role of Surgery, Chemotherapy, and Body Mass Index

Mirna H. Farhat, MD, Ali I. Shamseddine, MD, Kassem A. Barada, MD, Internal Medicine—Division of Hematology/Oncology and Internal Medicine—Division of Gastroenterology, American University of Beirut-Medical Center, Beirut, Lebanon.

P54. Management of Acute Cholangitis with Periapillary Diverticula—Is Endoscopic Sphincterotomy Really Effective for Recurrence Prevention?

Susumu Shinoura, MD, Tomiaki Kubota, MD, Yutaka Yamaguchi, MD, Yoshiki Shimabukuro, MD, Kaoru Kikuchi, MD, Yoshihide Keida, MD, Department of Internal Medicine, Division of Gastroenterology, Okinawa Chubu Hospital, Uruma, Okinawa, Japan.

P55. Correlation between MRCP and ERCP Findings in Patients Undergoing an ERCP at a Tertiary Care Hospital

Rubayat Rahman, MD, Uma Sundaram, MD, Section of Digestive Diseases, West Virginia University School of Medicine, Morgantown, WV.

P56. GI Assistants' Evaluation of the Impact of Hands-On Practice Workshop for ERCP Training

Joseph W. Leung, MD, FACP, Rebeck Gutierrez, RN, Brian Lim, MD, Kanat Ransibrahmanakul, MD, Robert Wilson, BVD, Felix W. Leung, MD, Gastroenterology, Sacramento VA Medical Center, Mather, CA; Division of Gastroenterology and Hepatology, UC Davis Medical Center, Sacramento, CA and Gastroenterology, Sepulveda ACC, VAGLAHS and David Geffen School of Medicine at UCLA, North Hills, CA.

P57. Comparison of MRCP with the Gold Standard, ERCP, for Evaluation of the Hepatobiliary Tract in a Large Urban Community Hospital

Jennifer Lee, MD, Dana A. Sloane, MD, Mahmood Abedi, MD, R.M. Bashir, MD, Timothy R. Koch, MD, Medicine/Gastroenterology, Washington Hospital Center, Washington, DC and Gastroenterology, Washington Hospital Center and Georgetown University School of Medicine, Washington, DC.

P58. Magnetic Resonance Cholangiopancreatography Versus Endoscopic Retrograde Cholangiopancreatography in the Evaluation of Patients with Suspected Biliary Strictures and Choledocholithiasis

Emad Qayed, MD, Qiang Cai, MD, FACP, Department of Medicine, Division of Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P59. Selected Diagnostic and Therapeutic ERCP and EUS Cases Can Be Safely and Effectively Performed in an Ambulatory Surgery Center Setting

Nicholas Karyotakis, MD, Rudolph Bedford, MD, Gastrointestinal Biosciences, Beverly Hills, CA; Linden Crest Surgery Center, Beverly Hills, CA and Medicine, UCLA, Los Angeles, CA.

P60. Septic Pylephlebitis Mimicking Acute Biliary Obstruction

Raffat Jaber, MD, Christain Holand, MD, Natasha Muckova, MD, Ronald Griffin, MD, Division of Gastroenterology, Medicine, Loma Linda University, Loma Linda, CA.

SMALL INTESTINE/UNCLASSIFIED

P61. Mechanism of Zinc Deficiency in Patients with Roux-en-Y Gastric Bypass Surgery

Hiral N. Shah, MD, Bikram Bal, MD, Frederick C. Finelli, MD, JD, Nancy M. Carroll, MD, John R. Kirkpatrick, MD, Timothy R. Koch, MD, Medicine, Surgery, and Gastroenterology, Washington Hospital Center and Georgetown University School of Medicine, Washington, DC.

P62. A Systematic Review of Diagnostic Testing for Small Intestinal Bacterial Overgrowth

Reza Koshini, MD, Dai Sun-Chuan, MD, Sheila Lezcano, BS, Mark Pimentel, MD, Division of Gastroenterology, Harbor/UCLA Medical Center, Torrance, CA and GI Motility Program, Cedars-Sinai Medical Center, Los Angeles, CA.

P63. Calcium Deficiency Is Associated with Small Intestinal Bacterial Overgrowth after Roux-en-Y Gastric Bypass Surgery

Bikram S. Bal, MD, Hiral N. Shah, MD, Frederick C. Finelli, MD, JD, Nancy M. Carroll, MD, John R. Kirkpatrick, MD, Timothy R. Koch, MD, Medicine, Surgery, and Gastroenterology, Washington Hospital Center and Georgetown University School of Medicine, Washington, DC.

P64. Pathomorphologic and Functional Alteration of Duodenal Mucosa in Patients with Chronic Alcoholic Pancreatitis

Kartar Singh, DM, Sonia Bonchal, PhD, K.K. Prasad, MD, Saroj Kant Sinha, DM, Chander Kamal Nain, PhD, Department of Gastroenterology, Postgraduate Institute of Medical Education & Research, Chandigarh, Union Territory, India.

P65. Relationship between Atrophic Gastritis and Fasting Breath Hydrogen and Methane Levels in the Elderly

Yoshihisa Urita, Toshiyasu Watanabe, Tadashi Maeda, Kaoru Domon, Susumu Ishihara, Tomohiro Arita, Asuka Nakayama, Makie Nanami, Tatsuhiro Yamamoto, Akio Kugahara, Takamasa Ishii, Hirohito Kato, Kazuo Hike, Noriko Hara, Yoshiko Honda, Shuji Watanabe, Kazushige Nakanishi, Nagato Shimada, Motonobu Sugimoto, Kazumasa Miki, Department of General Medicine and Emergency Care, Division of Gastroenterology and Hepatology, and Department of Hematology, Toho University, Tokyo, Japan.

P66. Treatment of Symptomatic Small Intestinal Bacterial Overgrowth and Weight Gain after Gastric Bypass Surgery

Hiral N. Shah, MD, Frederick C. Finelli, MD, John R. Kirkpatrick, MD, Nancy M. Carroll, MD, Timothy R. Koch, MD, Medicine, Surgery, and Gastroenterology, Washington Hospital Center and Georgetown University School of Medicine, Washington, DC.

P67. Nitazoxanide for the Treatment of IBS and SIBO Related Gastrointestinal Symptoms

Isaac Rajiman, MD, Susana Escalante-Glorsky, MD, Matthew Bardin, PharmD, Digestive Associates of Houston, P.A., Houston, TX and Department of Medical Science, Romark Laboratories, L.C., Tampa, FL.

P68. Nitazoxanide for the Treatment of SIBO Related Gastrointestinal Symptoms in Pediatric Population

Youhanna Al-Tawil, MD, Alexandra Eidelwein, MD, Clarisa Cuevas, MD, Anthony S. Jackson, PharmD, Children's Hospital Pediatric Gastroenterology, Knoxville, TN and Department of Medical Science, Romark Laboratories, L.C., Tampa, FL.

P69. Nitazoxanide for the Treatment of SIBO-Related Gastrointestinal Symptoms

Harry Moulis, MD, Gregory J. Stella, MD, Louis M. Agnone, MD, Donato R. Ricci, MD, Sunil P. Pasricha, MD, David B. Mostellar, PharmD, Gastrointestinal Associates, P.A., Port Orange, FL and Department of Medical Science, Romark Laboratories, L.C., Tampa, FL.

P70. A Case of Large Hookworm Infestation

Gourisankar P. Degala, MD, Osama Alaradi, MD, Gastroenterology, Henry Ford Health System, Detroit, MI.

P71. Is Pre-Albumin an Accurate Marker of Nutritional Status in Acutely Ill Patients?

Kandarp R. Patel, DO, Lin Shu, Richard Gerkin, MD, Rakesh Nanda, MD, Department of Gastroenterology, Carl T. Hayden VA Medical Center, and Department of Medicine, Good Samaritan Regional Medical Center, Phoenix, AZ.

P72. Primary Aortoduodenal Fistula Caused by Mycobacterium Avium Complex

Pallavi K. Rao, MD, Kanan Sharma, MD, Christopher Barde, MD, Department of Gastroenterology, Wright State University, Dayton, OH.

LIVER

P73. Erythropoietic Protophyria (EPP) with Acute Hepatic Failure

Xinqing Fan, MD, Gagan Sood, MD, Shuyuan Xiao, MD, Karl Anderson, MD, Gastroenterology and Hepatology and Pathology, University of Texas Medical Branch, Galveston, TX.

P74. Tumor Necrosis Factor (TNF)/Tumor Necrosis Factor Receptor (TNFR) Interactions Are Critical for the Development and Effector Functions of Hepatic and Splenic Cytotoxic T Cells in MHC Class I Disparate GVHD

Sabina A. Ali, MD, Geri Brown, MD, Pediatrics: Division of Gastroenterology and Internal Medicine: Division of Gastroenterology, University of Texas Southwestern, Dallas, TX.

P75. Tolerability of an Optimal PEG IFN Alpha + Ribavirin Regimen for Patients with Decompensated Liver Disease Due to Hepatitis C

Joseph Ahn, MD, MS, Steven Flamm, MD, Hepatology, Rush University Medical Center, Chicago, IL and Hepatology, Northwestern University, Chicago, IL.

P76. Patients with Hypertension and Diabetes Mellitus Undergoing Interferon Therapy for Treatment of HCV Are Not at Higher Risk To Develop Ophthalmologic Complications

James D. Panetta, DO, Camron Kiafar, DO, Elizabeth A. Evanich, NP, Nooman Gilani, MD, FACG, Department of Medicine and Research, Section of Gastroenterology, Carl T. Hayden VAMC, Phoenix, AZ.

P77. Sustained Virological Response to Interferon-Based Antiviral Therapy by Viral Genotype in Recurrent Hepatitis C Patients Following Liver Transplantation

Anastacia Waechter, MD, Jason Williams, MD, Jason Lee, MPH, Lynn Shapiro, MD, Maximilian Lee, MD, Ahmad Kamal, MD, MSc, Emmet B. Keefe, MD, Aijaz Ahmed, MD, Division of Gastroenterology and Hepatology, Liver Transplant Program, and Center for Primary Care and Outcomes Research, Stanford University School of Medicine, Stanford, CA and Division of Gastroenterology, Santa Clara Valley Medical Center, San Jose, CA.

P78. Can Indoleamine 2,3-Dioxygenase Expression in Liver Biopsy Samples from Hepatitis C Infected Patients Predict Response to Treatment? A Subgroup Analysis Comparing African-American vs. Non-African-American Patients

Iryna S. Hepburn, MD, Rassa Shahidzadeh, MD, Theodore S. Johnson, MD, Andrew Pearson, MD, Jeffrey R. Lee, MD, David Munn, MD, Robert R. Schade, MD, FACG, Sect. of Gastroenterology/Hepatology, Dept. of Pediatrics, and Immunotherapy Center, Medical College of Georgia, and Dept. of Pathology, Veterans Affairs Medical Center, Augusta, GA.

P79. Role of Antigen Processing and Presentation Genes in Development of Acute and Chronic Hepatic Viral Infections

Sukriti Baweja, Nirupma T. Pati, Sujoy Bose, Syed S. Hissar, Manoj Kumar, Puja Sakhuja, Shiv K. Sarin, Department of Gastroenterology and Department of Pathology, G.B. Pant Hospital, New Delhi, Delhi, India.

P80. Independent Predictors of Histologic Disease Severity in Asian Indian Patients with Nonalcoholic Steatohepatitis

Deepak Kumar Singh, MD, Puja Sakhuja, MD, Veena Malhotra, MD, Ajay Kumar Chaudhary, MD, Ranjana Gondal, MD, Shiv Kumar Sarin, MD, Pathology, and Gastroenterology, G. B. Pant Hospital, Delhi, India.

P81. The Risk of Analgesics in Cirrhotics

Roger N. Coron, MD, Victor J. Navarro, MD, Medicine, and Gastroenterology and Hepatology, Thomas Jefferson University Hospital, Philadelphia, PA.

P82. Hepatic Vein Pressure Gradient (HVPG) Is a Predictor of the Degree of Liver Fibrosis (LF) in Patients with Chronic Liver Disease (CLD) Due to Hepatitis B Virus (HBV)

Manoj Kumar, MD, DM, Hissar Syed, MD, Ashish Kumar, MD, DM, Pankaj Jain, MD, Archana Rastogi, MD, Deepak Singh, MD, Puja Sakhuja, MD, Shiv Sarin, MD, DM, Department of Gastroenterology and Department of Pathology, G. B. Pant Hospital, New Delhi, India.

P83. Role of Pentoxifylline in PRE-Hepatorenal Syndrome State

Pankaj Tyagi, MD, DM, Smruti Ranjan Mishra, MD, Manoj Sharma, MD, DM, Praveen Sharma, MD, Amarendra Puri, MD, DM, Shiv Kumar Sarin, MD, DM, Gastroenterology, G B Pant Hospital, New Delhi, India.

P84. Association of Nonalcoholic Fatty Liver Disease with Metabolic Syndrome in Indian Population

M.G. Sanal, Ajay K. Chowdhary, MD, Shiv K. Sarin, DM, Special Center for Molecular Medicine, New Delhi, Delhi, India and Gastroenterology, GB Pant Hospital, Delhi, India.

P85. Improvement of Metabolic Syndrome (MS) in Patients with Non-Alcoholic Fatty Liver Disease (NAFLD) after Bariatric Surgery

Chunhong Bai, MS, Clare Nugent, MBChB, Michael Garone, Jr., Priya Gopalakrishnan, Caitlin Quigley, Zarah Younoszai, Mariam Afendy, Arian Afendy, Rochelle S. Collantes, MPH, MD, Manirath Srishord, RN, BSN, Hazem Elariny, MD, PhD, Zobair M. Younoszai, MD, MPH, Center for Liver Diseases, Inova Fairfax Hospital, Falls Church, VA.

P86. Splanchnic Hemodynamics in Cirrhotic Patients: Relationship to Esophageal Varices and the Severity of Hepatic Failure

Tary A. Salman, MD, Inas Kurayim, MD, Naglaa A.A. Allam, MD, Khaled Abuela, MD, Hepatology, Radiology, and Surgery, National Liver Institute, Shebeen, Menofeya, Egypt.

P87. Genetic Variation in the Peroxisome Proliferator Activated Receptor-gamma Gene Is Associated with NAFLD and Its Histological Phenotypes

Samer Gawrieh, Miranda Marion, Kristen Smith, Richard Komorowski, James Wallace, Peter Nuttleman, Deborah Andris, Ahmed Kissebah, Carl Langefeld, Michael Olivier, Medical College of Wisconsin, Milwaukee, WI; Zablocki VA Medical Center, Milwaukee, WI and Wake Forest University, Winston-Salem, NC.

P88. Limited Value of Leukocyte Esterase Reagent Strips for the Quick Diagnosis of Spontaneous Bacterial Peritonitis

Matthew Eidem, MD, Sunil Dwivedi, MD, Hector Nazario, MD, Alfredo Espinoza, MD, Anastacio Hoyumpa, MD, Department of Medicine, Division of Gastroenterology and Nutrition, University of Texas Health Science Center at San Antonio, San Antonio, TX.

P89. Transjugular Intrahepatic Portosystemic Shunt (TIPS) in Budd-Chiari Syndrome (BCS): Experience at a Tertiary Health Center

Sanjeev Sachdeva, DM, K.S. Prasanna, MD, S.K. Maurya, MD, P. Mandal, MD, G. Choudhuri, DM, V.A. Saraswat, DM, S.S. Baijal, MD, Departments of Gastroenterology and Radiodiagnosis, SGPGI, Lucknow, UP, India.

P90. Recent Application of AASLD Practice Guidelines and US Algorithm for Treatment of Chronic Hepatitis B

Denis V. Kapkov, MD, Trinh B. Meyer, MD, Douglas Meyer, MD, David J. Clain, MD, Henry C. Bodenheimer, Jr., MD, Albert D. Min, MD, Digestive Diseases, Beth Israel Medical Center, New York, NY.

P91. Can Metabolic and Hepatic Abnormalities Be Improved by Intra-gastric Balloon Treatment for Obesity?

Giorgio Ricci, MD, Flavia Pigò, MD, Angelo Rossi, MD, Gianluca Bersani, MD, Vittorio Alvisi, MD, Postgraduate School of Gastroenterology, University of Ferrara, Ferrara, ER, Italy.

P92. Factors Influencing Participation in Hepatitis C Research Trials

★ 2007 ACG Presidential Poster Award Recipient

Katina D. Robertson, BA, Cynthia A. Moylan, MD, Carla W. Brady, MD, Andrew J. Muir, MD, Division of Gastroenterology, Duke University Medical Center, Durham, NC.

P93. Clinicopathological Predictors of Sustained Viral Response Rates in Patients with Chronic Hepatitis C Infection

Jagdish S. Nachnani, MD, Raja Gidwani, MD, Esmat Sadeddin, MD, Wendell K. Clarkston, MD, Russell Fiorella, MD, MBA, Laura M. Alba, MD, Internal Medicine, University of Missouri Kansas City, Kansas City, MO; Pathology, Truman Medical Center, Kansas City, MO and Gastroenterology, University of Missouri Kansas City, Kansas City, MO.

P94. Factors Associated with Low Platelet Count in Veterans with Chronic Hepatitis C

Samir Parekh, MD, Andrew Simpson, MD, Mohamad Wehbi, MD, Aasma Shaukat, MD, Kamil Obideen, MD, Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P95. Hepatic Neuro-Endocrine Tumor: A Case Report

Sumit Sharma, MD, Preeti Agrawal, MD, Rami Haddad, MD, Department of Medicine, Rosalind Franklin University of Medicine and Sciences, North Chicago, IL and Department of Oncology, Rosalind Franklin University of Medicine and Sciences, North Chicago, IL.

P96. 34 Year Old Pregnant Female Presents with Abdominal Pain

Baseer Qazi, MD, Naser M. Khan, MD, Mani Mahdavian, MD, Medicine, Division of Gastroenterology, Advocate Lutheran General Hospital, Park Ridge, IL.

P97. Frequency of Hepatitis B Core Antibodies in Chronic Active Hepatitis C Patients in a Pakistani Cohort

Muhammd Umar, FACP, Zahid Mahmood Minhas, MD, Muhammad Ali Asghar, MBBS, Saima Ambreen, FCPS, Muhammad Usman Yaqoob, MBBS, Hamama Tul Bushra, FCPS, Usman Hakeem, MBBS, Mubashira Aziz, MBBS, Fiza Binte Ismail, MBBS, Gastroenterology & Hepatology Division of Department of Medicine, Holy Family Hospital, Rawalpindi, Punjab, Pakistan.

COLON

P98. Increased Risk of Colon Adenomatous Polyps in Patients Infected with *Helicobacter pylori*

★ 2007 ACG Presidential Poster Award Recipient

Trinh Meyer, MD, Vidushi Golla, MD, Curtis Coley, MD, Albert Min, MD, Division of Digestive Diseases, Beth Israel Medical Center, New York, NY.

P99. Is Survival for Rectal Cancer Patients Downstaged to Stage I after Neoadjuvant Radiation Determined by Their Pretreatment Stage? A 10 Year Analysis

Ravi P. Kiran, MD, Naveen Pokala, MD, Victor W. Fazio, MD, Colorectal Surgery, Cleveland Clinic Foundation, Cleveland, OH.

P100. Safety of Colonoscopy during Pregnancy

Steven R. Fox, MD, Navakanth Gorrepati, MD, Mitchell S. Cappell, MD, Gastroenterology, William Beaumont Hospital, Royal Oak, MI.

P101. Simultaneous Assessment of Colonic Transit Using Wireless Capsule (SmartPill®) and Radiopaque Markers in Healthy Subjects and Effects of Gender

S. Rao, MD, FACP, B. Kuo, MD, W. Chey, MD, FACP, J. Dibaise, MD, FACP, L. Katz, MD, K. Koch, MD, FACP, J. Lackner, PsyD, R. McCallum, MD, R. Saad, MD, K. Selover, J. Semler, PhD, M. Sitrin, MD, G. Wilding, PhD, H. Parkman, MD, FACP, SmartPill Research Group.

P102. Characterization of Colon Cancer in Patients with Primary Sclerosing Cholangitis and Ulcerative Colitis

Erin W. Thackeray, MD, Phunchai Charatcharoenwithaya, MD, Keith D. Lindor, MD, Internal Medicine, and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P103. Fermentation of Wheat Dextrin, Psyllium, and Inulin Are Altered but Not Improved by the Addition of *Lactobacillus reuteri*

Joanne L. Slavin, PhD, Ashley Januszewski, BS, Alberto Paredes-Diaz, MD, Vincenzo Savarino, MD, Maria L. Stewart, MS, Food Science and Nutrition, University of Minnesota, St. Paul, MN; Novartis Consumer Health, Parsippany, NJ and Gastroenterology Unit, Dipartimento di Medicina Interna, Genova, Italy.

P104. Colonoscopy Scheduling for Elderly Patients: Morning or Afternoon Sessions and Does It Make a Difference?

Anthia Gatopoulou, MD, Elmuhtady Said, MBBS, Anastasios Koulaouzidis, MD, MRCP, Anand Reddy, MRCP, Jitendra N. Singh, MRCP, Athar A. Saeed, FRCP, Gastroenterology, Queen Elizabeth Hospital, Gateshead, United Kingdom and Gastroenterology, Llandudno Hospital, Llandudno, United Kingdom.

P105. Dyssynergia—Key Pathophysiologic Mechanism for Fecal Incontinence (FI) in Nursing Home Residents

F.W. Leung, M.H. Beard, V. Grbic, R. Habermann, S.S.C. Rao, J.F. Schnelle, Sepulveda ACC, VAGLAHS, UCLA; Center for Quality Aging, Vanderbilt VUMC, and U Iowa.

P106. Two Pathways of Carcinogenesis: MSI vs CIN in Iranian Patients with Colorectal Cancer

Mahsa Molaei, MD, Babak Noorinayer, MD, Ali Ghanbarimotlagh, MD, S. Alireza Emami, MD, Somaye Ghiasi, MD, Mohamadreza Zali, MD, Pathology and Gastroenterology, Research Center for Gastroenterology and Liver Disease, Shaheed Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran.

P107. Association of GSTM1, P1, T1 and CYP2E1 Single Nucleotide Polymorphisms with Colorectal Cancer in Iran

Saeideh Ebrahimkhani, MS, Babak Noorinayer, MD, Pedram Kharaziha, MD, Katoyuon Aghajani, MD, Mohammad Reza Zali, MD, FACP, Shaheed Beheshti Medical University, Research Center for Gastroenterology and Liver Disease, Tehran, Islamic Republic of Iran.

P108. POSTER WITHDRAWN

P109. Expandable Metal Stents for Obstructing Lesions of the Colon as Bridge Therapy: An Alternative to Emergent Surgery

Aravind S. Vijayapal, MD, Kiely M. James, MD, Brasel J. Karen, MD, Dua S. Kulwinder, MD, Medicine, Division of GI & Hepatology, and Surgery, Medical College of WI, Milwaukee, WI.

P110. Assessment of Methane Breath Testing

Sattar Zubaidi, MD, Sheila Rodriguez-Stanley, PhD, FACP, Susan Riley, RN, Philip B. Miner, Jr., MD, FACP, Oklahoma Foundation for Digestive Research, Oklahoma City, OK.

P111. C-Reactive Protein and the Risk of Colorectal Adenoma in Apparently Healthy Populations

Sung Keun Park, Dong Il Park, Hong Ju Kim, Chong Il Shon, Byung Ik Kim, Woo Kyu Jeon, Internal Medicine, Sungkyunkwan University School of Medicine, Seoul, Korea.

P112. Colon Cancer: Protein Biomarkers in Tissue and Body Fluids

M. Momeni, MD, P. Pevsner, MD, D. Vecchione, BS, B. Stall, AAS, K. Zaalook, MD, S. Duddempudi, MD, M. Joseph, MD, S. Anand, MD, Gastroenterology, The Brooklyn Hospital Center, Brooklyn, NY and NYU School of Medicine Department of Pharmacology, New York, NY.

CLINICAL VIGNETTES

P113. Post Herpetic Esophageal Neuralgia: A New Entity?

Kiran Jagarlamudi, MD, Pragathi Ravi, MD, George Protopapas, Ashok Gupta, MD, Walid Baddoura, MD, Gastroenterology, St. Joseph's Regional Medical Center, Paterson, NJ and Seton Hall University School of GME, S. Orange, NJ.

P114. An Unusual Case of Severe Pill Esophagitis Mimicking Herpetic Esophagitis, Caused by a New OTC NSAID – Containing Sleeping Aid

Jennifer L. Wellington, Darlene Bonior, RN, V. Alin Botoman, MD, Biological Sciences, Florida Atlantic University, Boca Raton, FL; GI Institute of Fort Lauderdale, Fort Lauderdale, FL and Gastroenterology, University of Miami, Miami, FL.

P115. An Unusual Case of Dysphagia Caught on 3-D CT

Brian S. Lim, MD, Walter Trudeau, MD, John Rosenquist, MD, Gastroenterology & Radiology, UC Davis Med Cntr, Sacramento, CA.

P116. Enterix: Migration into the Lymphatics and Beyond

Ganesh R. Veerappan, MD, Jonathan M. Koff, MD, Milton T. Smith, MD, Gastroenterology, Walter Reed Army Medical Center, Washington, DC.

P117. The First Reported Case of Disseminated Coccidioides Involving the Esophagus and Presenting with Severe Iron-Deficiency Anemia

Julie T. Yang, MD, Hanson Kwok, MD, David S. Condon, MD, Internal Medicine/Gastroenterology, Loma Linda University Medical Center, Loma Linda, CA.

P118. Lung Cancer Presenting with Dysphagia Due to Esophageal Metastasis

Vineeta Sood, MD, Fred L. Hardwicke, MD, Parupudi V.J. Sriram, MD, Internal Medicine, Internal Medicine (Hematology & Oncology), and Internal Medicine (Gastroenterology), Texas Tech Univ Health Sciences Center, Lubbock, TX.

P119. Dysphagia in a Patient after Cervical Spine Surgery

Ravi V. Nadimpalli, MD, Mark Blumenkehl, MD, Gastroenterology, Henry Ford Health System, Detroit, MI.

P120. Zenker's Bezoar as a Cause of False-Negative Modified Barium Swallow in a Patient with Dysphagia

Andrew N. Pearson, MD, Rassa Shahidzadeh, MD, Sherman M. Chamberlain, MD, Section of Gastroenterology, Medical College of Georgia, Augusta, GA.

P121. Successful Endoscopic Dilation of Cervical Esophageal Webs: Two Case Reports

Ali Lankarani, MD, Vivek Kumar, MD, Sam Yoselevitz, MD, Sudhir K. Dutta, MD, Gastroenterology, Sinai Hospital, Baltimore, MD and Gastroenterology, Johns Hopkins University School of Medicine, Baltimore, MD.

P122. The Importance of Belching: Pharmacologic Inhibition of Eructation Presenting as Bloating and Abdominal Pain

Andrew D. Rhim, MD, Gastroenterology Division, Department of Medicine, University of Pennsylvania School of Medicine, Philadelphia, PA.

P123. Unusual Pulmonary Complication from Maloney Dilation

David S. Hodges, MD, Rishi Raj, MD, Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, TX.

P124. Colonic Polyps in the "Esophagus"

Jessica Widmer, DO, Paul Panzarella, MD, William Gusten, MD, Kavita Kongara, MD, James Grendell, MD, Gastroenterology, Winthrop University Hospital, Mineola, NY.

P125. Oro-Nasal Fistula: An Usual Etiology of Dysphagia after Treatment for Tonsillar Cancer

Joseph M. McKinley, MD, Brice Taylor, MD, Prasad Kulkarni, MD, Department of Gastroenterology, University of South Florida, Tampa, FL.

P126. Dysphagia Lusoria Due to an Aberrant Right Subclavian Artery and a Dilated Diverticulum of Kommerell

Srikanth Vallurupalli, MD, Juan Jimenez, MD, Internal Medicine and Radiology, University of Illinois at Urbana Champaign, Urbana, IL.

P127. Safe Use of the PillCam ESO in a Patient with an Implantable Cardioverter Defibrillator

Daniel S. Mishkin, MD, CM, Gastroenterology, Boston University, Boston, MA.

P128. The GIST (Gastrointestinal Stromal Tumor) of the Gastroesophageal Junction (GEJ)

Wanwarat Ananthapanyasut, MD, Sammy Nawas, MD, Jue-lin Tang, MD, Andrea Blumenstein, MD, Charles Berkelhammer, MD, Gastroenterology/Internal Medicine, University of Illinois, Oak Lawn, IL.

P129. Gastric Cancer Recurrence in Small Bowel after Subtotal Gastrectomy with Billroth II Gastrojejunostomy

Albert J. Pahk, MD, Shahid Mehboob, MD, Gastroenterology, University of Buffalo, Buffalo, NY.

P130. Isolated Gastric Malakoplakia Associated with *Helicobacter pylori* Infection: A Case Report and Review of Literature

Shoba Mendu, MD, Michael Piper, MD, Ved Singla, MD, Gastroenterology, St. John Providence Hospital, Southfield, MI.

P131. Fine Needle Aspiration Biopsy (FNAB) of a Rare Case of Malignant Seeding of Percutaneous Endoscopic Gastrostomy (PEG) Tract: Direct Implantation during PEG Insertion or Seeding Via Hematogenous Spread?

Anwer M. Siddiqi, MD, Robert D. Hamilton, MD, Mithra Baliga, MD, Rhynne Flowers, MD, Anil Minocha, MD, Pathology, Medicine, Division of Oncology, and Medicine, Division of Gastroenterology, University of Mississippi Medical Center, Jackson, MS.

P132. Metastatic Melanoma in a Dialysis Patient with Vomiting Diagnosed by Gastric Polyp Biopsy

Maria Lufrano, DO, Ian Storch, DO, Richard Feldstein, MD, John Costable, MD, Michael Gitman, MD, Gastroenterology, Northshore University Hospital, Manhasset, NY.

P133. DIC as a Complication of HHT or Osler-Weber-Rendu Syndrome

Houman Javedan, MD, Nausheen Naz, MD, Manish Tandon, MD, Julio C. Ayala, MD, Internal Medicine, Mount Auburn Hospital, Harvard Medical School, Cambridge, MA.

P134. Metastatic Lobular Breast Cancer to the Gastrointestinal Tract: An Unusual Case Report

Jianfeng Cheng, MD, PhD, Joseph McNelis, MD, Dragoslava Zamurovic, MD, FCAP, Srinivas Kalala, MD, Jeffrey Brensilver, MD, FACP, Internal Medicine, Gastroenterology, and Pathology, Sound Shore Medical Center, New Rochelle, NY and Gastroenterology, New York Medical College of Westchester, Valhalla, NY.

P135. Metastatic Melanoma Presenting as Massive Upper Gastrointestinal Bleeding

Nison L. Badalov, MD, Matthew Tangorra, DO, Anita Torok, MD, JianJun Li, MD, Kadirawel Iswara, MD, Scott Tenner, MD, MPH, Division of Gastroenterology, Department of Medicine, Maimonides Medical Center, Brooklyn, NY.

P136. Schistosoma Mansoni in the Stomach—A Rare Find!

Rohit Jindal, MD, Jie Ouyang, MD, Rosemary L. Wiczorek, MD, Mohit Jindal, MD, Ayse Aytaman, MD, Gastroenterology, VA NYHHCS, Gastroenterology, SUNY Downstate Medical Center, and Pathology, VA NYHHCS, Brooklyn, NY.

P137. Dramatic Decrease of Gastrin Levels after Extirpation of Metastatic Gastrinoma Lymph Nodes in a Patient with Multicentric Carcinoid and MEN 1

Alejandra Castillo-Roth, MD, Jonathan Erber, MD, Wilbur Bowne, MD, Rosemary Wiczorek, MD, Gerald Fruchter, MD, NY VA NY Harbor Health Care System, Brooklyn, NY and SUNY Downstate Medical Center, Brooklyn, NY.

P138. Isolated Neurofibroma of the Pylorus Presenting as “Idiopathic” Gastroparesis, Refractory to Standard Medical Management

Irene Sarosiek, Jameson Forster, Savio Reddymasu, Pernilla Foran, Katherine Roeser, Jerzy Sarosiek, Richard McCallum, Motility Center and Surgery, KUMC, Kansas City, KS.

P139. Granulocytic (Myeloid) Sarcoma of Stomach Presenting with Upper Gastrointestinal Bleeding

M. Singh, MD, D. Baltodano, MD, C. Zanardi, MD, P. Holtzapple, MD, Gastroenterology, Pathology, SUNY Upstate Medical University, Syracuse, NY.

P140. Severe Copper Deficiency in a Patient with History of Gastric Bypass Leading to CNS Demyelination, Severe Ataxia and Peripheral Neuropathy

Motaz K. Al-Hafnawi, MD, Jawaid Shaw, MD, Kevin Casey, MD, Department of Medicine, Gastroenterology Division, Rochester General Hospital, Rochester, NY.

P141. An Unusual “PPI-Refractory” Symptomatic Gastric Ulcer Successfully Treated with Corticosteroids and Azathioprine: Eosinophilic Mural Ulcer

Tasma Harindhanavudhi, MD, Wanwarat Ananthapanyasut, MD, Waqar Mian, MD, David Olmstead, MD, Rogelio G. Silva, MD, Hareth Raddawi, MD, Internal Medicine/GI, University of Illinois, Advocate Christ Med Ctr, Chicago/Oak Lawn, IL.

P142. Emphysematous Gastritis Due to Infection from a Non Gas-Producing Bacteria!

Manju P. Paul, MD, Savio John, MD, Nilesh Mehta, MD, Preeti Mehta, MD, Uma K. Murthy, MD, Medicine, SUNY Upstate Medical University, Syracuse, NY.

P143. The Buried Bumper Syndrome and Gas in the Portal Venous System

Jocelyn V. de Jesus, MD, Dean Silas, MD, Gastroenterology, Advocate Lutheran General Hospital, Park Ridge, IL.

P144. Gastric Myeloma

Aman Ali, MD, Louis Rosainz, MD, Eric Rosen, MD, Knarik Arkun, MD, Peter J. Baiocco, MD, Gastroenterology and Hepatology, Lenox Hill Hospital, New York, NY.

P145. Penetrating Gastric Ulcer: An Usual Route for Liver Biopsy

William A. Mourad, MD, Stacy Prall, DO, Komar Mike, MD, Gastroenterology, Geisinger Medical Center, Danville, PA.

P146. Profound Gastroparesis Presenting with Isolated Intrahepatic Amyloidosis

Hui Hing Jack Tin, MD, Jai Mirchandani, MD, JianJun Li, MD, Kadirawel Iswara, MD, Scott Tenner, MD, MPH, Division of Gastroenterology, Dept of Medicine, Maimonides Medical Center, Brooklyn, NY.

P147. Nitazoxanide and Treatment of *Helicobacter pylori*

William P. Stuppy, MD, Private Practice, Los Angeles, CA.

P148. Chronic Mesenteric Ischemia Presenting as *Helicobacter pylori*-Negative Duodenal and Gastric Ulcers. Case Report and Literature Review

M. Fuad Azrak, MD, Gihad Gaith, MD, Department of Internal Medicine Medicine, William Beaumont Hospital, Royal Oak, MI.

P149. Giant Hyperplastic Gastric Polyps: Precursor Lesions to Adenocarcinoma?

Vivek Kumar, MD, Ali Lankarani, MD, Sam Yoselevitz, MD, Gerald Hofkin, MD, Gastroenterology, Sinai Hospital, Baltimore, MD and Gastroenterology, Johns Hopkins University School of Medicine, Baltimore, MD.

P150. Treatment of Symptomatic Cystic Duct Stone in a Pretransplant Cirrhotic Patient

Timothy M. Saettele, Megan Saettele, Priyanka Tiwari, MD, Matthew L. Bechtold, MD, Srinivas R. Puli, MD, Mainor R. Antillon, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P151. Sign of Leser-Trélat

Audrey H. Calderwood, MD, Robert C. Lowe, MD, Gastroenterology, Boston Medical Center, Boston, MA.

P152. A Pancreatic Pseudocyst Presenting as Dysphagia and Review of the Literature

Sandra M. Jara, MD, Francene Martin, MD, Patrick Brady, MD, Division of Digestive Diseases, University of South Florida, Tampa, FL.

P153. Case Series on Hepatic Portal Venous Gas

Debapriya De, MD, Mitesh Patel, MD, Rishi Pawa, MD, Krishnarao V. Tangella, MD, Davendra P. Ramkumar, MD, Internal Medicine, University of Illinois at Urbana Champaign, Urbana, IL; Gastroenterology, Columbia University College of Physicians & Surgeons, Harlem Hospital Center, New York, NY; Pathology, Provena Covenant Medical Center, and Gastroenterology, University of Illinois College at Urbana Champaign, Urbana, IL.

P154. Acute Pancreatitis: An Unusual Complication of Double Balloon Enteroscopy

Rahul Pannala, MD, Ganapathy A. Prasad, MD, Suresh T. Chari, MD, Louis M. Wong Kee Song, MD, Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P155. Insulin Therapy for Hypertriglyceridemia (>6,000mg/dl) and Hyperglycemia (>500mg/dl) in the Setting of Acute Pancreatitis

Wayne Tsuang, Luis Ruiz, MD, Smruti Mohanty, MD, Jesse Hall, MD, Pritzker School of Medicine, Section of Pulmonary and Critical Care Medicine, and Section of Gastroenterology, University of Chicago Medical Center, Chicago, IL.

P156. *Clostridium difficile* Sepsis Associated with an Enterococcal Hepatic Abscess

Patricia A. Sanchez, MD, Michael Selden, MD, Owen J. Smith, MD, Wendell K. Clarkston, MD, Department of Medicine, Division of Gastroenterology, University of Missouri at Kansas City School of Medicine, Kansas City, MO.

P157. Insulin and Dextrose in the Treatment of Hypertriglyceridemia Induced Pancreatitis (HIP)

Debapriya De, MD, Rishi Pawa, MD, Benjamin L. Jacobson, MD, Ali Alizadehsovari, MD, Davendra P. Ramkumar, MD, Internal Medicine, University of Illinois at Urbana Champaign, Urbana, IL; Gastroenterology, Columbia University College of Physicians & Surgeons, Harlem Hospital Center, New York, NY and Gastroenterology, University of Illinois at Urbana Champaign, Urbana, IL.

P158. Isolated Elevation of Serum Lipase Caused by a Sub-Centimeter Neuroendocrine Tumor Diagnosed by EUS-FNA

Maria Lufrano, DO, John Costable, MD, Ian Storch, DO, Gastroenterology, North Shore University Hospital, Manhasset, NY.

P159. An Undiagnosed Case of Cholecystitis and Salmonella Vertebral Osteomyelitis: From Gut to Bone

Constantinos P. Anastassiades, MD, Abinash Virk, MD, Department of Medicine, Mayo Clinic College of Medicine, Rochester, MN.

P160. Choledochal Semi Volvulus with Normal LFTs: A Complication of Paraesophageal Hernia, with Literature Review

Sayeeda A. Jabeen, MD, Raymond L. Farrell, MD, Internal Medicine, Southern Illinois University, Springfield, IL.

P161. Obstructive Jaundice Secondary to a Pancreatic Plasmacytoma

Adam J. Spiegel, DO, Roshan Patel, MD, Shireen Pais, MD, Department of Gastroenterology, New York Medical College, Westchester Medical Center, Valhalla, NY and Department of Pathology, New York Medical College, Westchester Medical Center, Valhalla, NY.

P162. Agenesis of the Gallbladder: A Preoperative Diagnosis Using 4 Imaging Modalities

Alfonso H. Waller, MD, Jennifer L. Goralski, MD, Kiran Rao, MD, Michael Jaker, MD, Zamir S. Brelvi, MD, Department of Medicine, UMDNJ - New Jersey Medical School, Newark, NJ.

P163. Pancreatic Cysts in a Patient with Von Hippel-Lindau Disease Causing Common Bile Duct Obstruction

Michael J. Viksjo, MD, Robert J. Bierwirth, MD, M.J. Sterling, MD, Gastroenterology, UMDNJ New Jersey Medical School, Newark, NJ.

P164. Peroral Cholecystoscopy-Directed Electrohydraulic Lithotripsy of Symptomatic Cholecystolithiasis in Poor Surgical Candidates

Priyanka Tiwari, MD, Matthew L. Bechtold, MD, Srinivas R. Puli, MD, Jamal A. Ibdah, MD, John B. Marshall, MD, Mainor R. Antillon, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P165. Laser Lithotripsy for Removal of a Difficult To Treat Common Bile Duct Stone: A Collaborative Effort among Gastroenterology, Urology, and Radiology Departments

Thomas Park, MD, Erdal S. Erturk, MD, Ashok N. Shah, MD, Division of Gastroenterology and Hepatology, and Department of Urology, University of Rochester, Rochester, NY.

P166. Endoscopic Management of a Large Pancreatic Duct Stone

Victor J. Torres, MD, Sharon Davidson, RN, Robert Marcovich, MD, Sandeep N. Patel, DO, Gastroenterology and Nutrition and Urology, The University of Texas Health Science Center at San Antonio, San Antonio, TX.

P167. Autoimmune Cholangitis in a Patient without AIP

N. Thorne, MD, V. Korapati, MD, J. Grendell, MD, Division of Gastroenterology, Winthrop University Hospital, Mineola, NY.

P168. Refractory Peptic Ulcer Disease: A Rare Presentation of Annular Pancreas

Laith H. Jamil, MD, Michael C. Duffy, MD, Mitchell S. Cappell, MD, PhD, GI, William Beaumont Hospital, Royal Oak, MI.

P169. Coil Migration and Cholestatic Jaundice: An Uncommon Late Complication of Hepatic Artery Pseudoaneurysm Embolization

Rahul Pannala, MD, Todd H. Baron, MD, Vege S. Santhi, MD, Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P170. Proton Pump Inhibitors Masking a Zollinger Ellison Syndrome

David N. Socoloff, DO, Patrick Brady, MD, Daas Adel, MD, Alexander Rosemurgy, MD, Digestive Diseases and Nutrition, University of South Florida, Tampa, FL.

P171. Choledochoduodenal Fistula (CDF) in a Patient Presenting with Seizure

M. Momeni, MD, V. Kurupath, MD, S. Heydayati, MD, K. Zaalook, MD, G. Martin, MD, S. Anand, GI, Brooklyn Hospital, BK, NY and GI, LMC, BK, NY.

P172. Periampullary Carcinoid Causing Biliary Obstruction

Dara L. Grieger, MD, James Peacock, MD, Adad Ullah, MD, Ashok Shah, MD, Surgery and Gastroenterology, University of Rochester, Rochester, NY.

P173. De Novo Common Bile Duct Stones Mimicking Malignant Biliary Obstruction

Rafal G. Ciecierski, MD, Rajat Gulati, MD, Nasreen Jalil, MD, Hareth Raddawi, MD, Internal Medicine/GI, University of Illinois/Advocate Christ Med Ctr, Oak Lawn, IL.

P174. Sclerosing Cholangitis and B-Cell Lymphoma in a Patient with Chronic Hepatitis C

Ivan Cubas, MD, Serge A. Sorser, MD, Tal Hazan, MD, Allen Stawis, MD, Kimberly Brown, MD, Michael H. Piper, MD, Providence Hospital and Medical Centers, Southfield, MI; St. John Macomb Hospital, Warren, MI and Henry Ford Hospital, Detroit, MI.

P175. Benign Small Bowel Thickening with Lymphadenopathy: A Manifestation of Celiac Disease

Jerry Martel, MD, MPH, Daniel A. Sussman, MD, Robert I. Goldberg, MD, Jamie S. Barkin, MD, Division of Gastroenterology, University of Miami Miller School of Medicine, Miami, FL and Division of Gastroenterology, Mount Sinai Medical Center, Miami Beach, FL.

P176. An Unusual Cause of an Abdominal Mass

Freddy Caldera, DO, Lisbeth Selby, MD, Heather L. Rutledge, MD, Gastroenterology, University of Kentucky, Lexington, KY.

P177. Fever and Sepsis as an Unusual Complication of Erosion of an IVC Filter into the Duodenum

Syed R. Latif, Edward Feller, MD, Jeremy Spector, MD, Samir A. Shah, MD, Division of Gastroenterology, The Warren Alpert Medical School of Brown University, Providence, RI.

P178. Jejunal Varices Detected on Capsule Endoscopy as the Cause of Recurrent GI Bleed

Brian S. Lim, MD, John Rabine, MD, Surinder K. Mann, MD, Gastroenterology & Hepatology, UC Davis Medical Center, Sacramento, CA; Gastroenterology, Sacramento VA Medical Center, Mather, CA and David Grant USAF Medical Center, Travis Air Force Base, CA.

P179. Carcinoid Liver Metastasis "Cured" by Cholecystokinin (CCK)

Rajasekhara R. Mummadi, MD, Manoop S. Bhutani, MD, Division of Gastroenterology, The University of Texas Medical Branch, Galveston, TX and Department of GI Medicine and Nutrition, UT MD Anderson Cancer Center, Houston, TX.

P180. A Rare Case with a Rare Presentation

Thomas R. VanderHeyden, DO, Jonathan Williams, DO, Thomas Schnell, MD, Stephen Sontag, MD, Internal Medicine, Loyola University Medical Center, Maywood, IL and Gastroenterology, Hines Veteran Hospital, Hines, IL.

P181. Evaluation of an Inpatient with Obscure Gastrointestinal Bleeding in the Community Hospital Setting

Keith S. Sultan, MD, Joseph S. DeVito, MD, Robert J. Ward, MD, Gastrointestinal Associates, Plainview, NY; Masepequa, NY and Lake Success, NY.

P182. Primary Duodenal Mucosa-Associated Lymphoid Tissue Lymphoma Treated with Rituximab

Brent J. Prosser, MD, Praveena G. Velamati, MD, Mack C. Mitchell, MD, Department of Digestive Diseases, Johns Hopkins Bayview Medical Center, Baltimore, MD.

P183. Mycobacterium Avium Complex Infection of the Duodenum

Josh Forman, MD, Roderick Kreisberg, MD, Eric Goldberg, MD, Division of Gastroenterology, University of Maryland School of Medicine, Baltimore, MD.

P184. Metastatic Soft Tissue Sarcoma Detected by Small Bowel Video Capsule Endoscopy

Jennifer Weiss, MD, Sharon Weber, MD, Mark Reichelderfer, MD, Deepak Gopal, MD, Section of Gastroenterology & Hepatology & Dept. of General Surgery, University of Wisconsin - School of Medicine & Public Health, Madison, WI.

P185. Four Different Presentations of a Rare Disease—Whipple's Disease

Bogdan Cristescu, MD, Safak Reka, MD, Digestive Diseases, SUNY Downstate Medical Center, Brooklyn, NY.

P186. Small Bowel Metastasis from Lung Cancer

Mario Tapia, Bielose C. Konwe, Margie Cornwell, Muhammed G. Nathani, Internal Medicine, UTHSCSA, Regional Academic Health Center, Harlingen, TX.

P187. Medical Management of Jejunal Diverticulitis

Valerie J. Rader, MD, Noel Fajardo, MD, John A. Schaffner, MD, Internal Medicine, Mayo Clinic School of Graduate Medical Education, Rochester, MN and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P188. Mystery in the Desert

Shayan Alam, MD, Jonathan A. Leighton, MD, Jerry Smilack, MD, Thomas Colby, MD, Internal Medicine, Gastroenterology, Infectious Disease, and Pathology, Mayo Clinic Arizona, Scottsdale, AZ.

P189. A Case of Common Variable Immunodeficiency Mimicking Refractory Celiac Sprue

Tanvi A. Dhere, MD, Alexander Lee, Mohammed Wehbi, MD, Kamil Obideen, MD, Department of Digestive Diseases, Emory University, Atlanta, GA.

P190. Metastatic Breast Cancer Mimicking Small Bowel Crohn's Disease

Mariam S. Sauer, MD, Sherri Yong, MD, James Richter, MD, Khondker Islam, MD, Department of Medicine and Department of Pathology, Loyola University Medical Center, Maywood, IL.

P191. Ischemic Duodenal Ulceration in a Sickle Cell Patient with Sickle Cell Crisis

Rahul N. Julka, MD, Laura W. Lamps, MD, Kevin W. Olden, MD, Gastroenterology/Hepatology and Pathology, University of Arkansas for Medical Sciences, Little Rock, AR.

P192. Chronic Diarrhea, Alopecia Totalis and Muscle Cramps in a 36 Year Old Female

Samar Harris, MBBS, Kathrin Czarnecki, MD, Harris V.K. Naina, MBBS, Internal Medicine, Mayo Clinic, College of Medicine, Rochester, MN.

P193. VIPoma—A Case of Abrupt Onset Diarrhea in an Elderly Patient

Amil P. Patel, MD, Mohammad Wehbi, MD, Kamil Obideen, MD, Department of Gastroenterology, Emory University, Atlanta, GA.

P194. Cronkhite-Canada Syndrome Presenting as Acute Colitis; Confirmed by Colonoscopy, Upper Endoscopy, Capsule Endoscopy, and Pathology

Greg Nesmith, MD, Ryan Ford, MD, Kelly Crawford, MD, Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P195. Adult T-Cell Leukemia/Lymphoma with Terminal Ileal Involvement

Biju K. Alex, MD, Atoussa Farough, MD, Roshan M. Bashir, MD, Department of Medicine, Washington Hospital Center, Washington, DC.

P196. Perforated Meckel's Diverticulum Mimicking Crohn's Disease Presenting with Bowel and Urinary Obstruction

Banny S. Wong, MD, David W. Larson, MD, Schuyler O. Sanderson, MD, Amy S. Oxentenko, MD, Department of Internal Medicine, Division of Gastroenterology and Hepatology, Department of Surgery, Division of Colon and Rectal Surgery, and Department of Anatomic Pathology, Mayo Clinic, Rochester, MN.

P197. Gastrointestinal Stromal Tumor and Papillary Renal Cell Carcinoma: A Case Report

Ilysa Diamond, DO, Saphwat Eskaros, MD, Chethana Kanaparthi, MD, Andrea Culliford, MD, Sury Anand, MD, Gastroenterology, Brooklyn Hospital, Brooklyn, NY and Gastroenterology, St. Barnabas, Bronx, NY.

P198. Severe Anemia as the Presenting Feature of Small Bowel Melanoma

Rushabh J. Modi, BA, Samir A. Shah, MD, David Schreiber, MD, Edward Feller, MD, Medicine, Division of Gastroenterology, The Warren Alpert Medical School of Brown University, Providence, RI and The Warren Alpert Medical School of Brown University, Providence, RI.

P199. Intestinal Occlusion Caused by Meckel's Diverticulum with Ileocecal Intussusception in an Elderly Patient: A Rare Case Report

Jianfeng Cheng, MD, PhD, Naga Vemula, MD, Jeffrey Brensilver, MD, FACP, Internal Medicine, Sound Shore Medical Center of Westchester, New Rochelle, NY.

P200. Intermittent Jejunostomy Tube Obstruction Due to Ascaris Lumbricoides Infection

Camron Kiafar, DO, Deepa Shah, MD, Nooman Gilani, MD, FACP, Medicine and Research, Section of Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ.

P201. A Rare Cause of Nausea, Vomiting and Diarrhea: Eosinophilic Gastroenteritis

Amer Skopic, DO, Joel Moncur, MD, Jonathan Koff, MD, Gastroenterology, NNMC, Bethesda, MD; Pathology and Gastroenterology, WRAMC, Washington, DC.

P202. Pneumatosis Intestinalis of Small Bowel Due to Acute Pancreatitis Induced Ileus

Suresh Jayatilaka, MD, Gurpreet Singh, MD, Chintan Modi, MD, Robert Spira, MD, Gastroenterology, St. Michael's Medical Center/Seton Hall University, Newark, NJ.

P203. Celiac Disease and Chronic Infectious Enteritis

William P. Stuppy, MD, Private Practice, Los Angeles, CA.

P204. Wireless Capsule Endoscopy in a Patient with Intermittent Obstructive Symptoms—A New Indication

Daniel A. Sussman, MD, Jamie S. Barkin, MD, Gastroenterology, University of Miami/Leonard Miller School of Medicine, Miami, FL and Gastroenterology, Mount Sinai Medical Center, Miami Beach, FL.

P205. A Simple Twist of Fate?

Ryan M. Ford, MD, Kristina R. Chacko, MD, Tanvi Dhere, MD, Greg Nesmith, MD, Henry Olejeme, MD, Division of Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P206. Recurrent Lymphoma Presenting as Incarcerated Umbilical Hernia

Eyong J. Ly, BA, Edward R. Feller, MD, Fred J. Schiffman, MD, Department of Medicine, Warren Alpert Medical School of Brown University, Providence, RI.

P207. Acute Myelomonocytic Leukemia Manifesting as Ileus

Tal B. Hazan, MD, Fernando N. Gamarra, MD, James C. Shanks, MD, Luis C. Maas, MD, Robert Bloom, MD, Gastroenterology/Hepatology, Internal Medicine, and Hematology/Oncology, Providence Hospital and Medical Centers, Southfield, MI.

P208. Clinical Utility of Adjunctive Naturopathic Products To Improve the Tolerability of Interferon Based Regimens for Hepatitis B and C: A Report on Four Patients

Srinivas S. Vasireddi, MD, Advanced Digestive Center, Metuchen, NJ.

P209. Endoscopic Management of Esophageal Varices with Band Ligation in Hepatitis C Patients Receiving Pegylated Interferon/Ribavirin Therapy: Safety and Success of This Approach in Three Patients

Alexander T. Losos, MD, Gastrointestinal Consultants of NEPA, Scranton, PA.

P210. Facial Hyperpigmentation in Association with Peginterferon alpha-2a and Ribavirin Treatment for Chronic Hepatitis C Patient: A Case Report

Mandeep Singh, MD, Muhammad Y. Sheikh, MD, Jasjit Singh, MBBS, Nazar E. Sanousi, MD, Sonia Garcia, Robert Futoran, MD, Muhammad H. Bashir, MD, Kandarp K. Shah, MD, Division of Gastroenterology & Hepatology, University of California, San Francisco-Fresno Education Program, Fresno, CA.

P211. A Case of Interferon-Induced Anti-Jo1 Positive Polymyositis with Pulmonary Fibrosis

Matthew B. Chandler, MD, David L. Jager, MD, Mary Reyes, MD, Marie L. Borum, MD, Gastroenterology, George Washington University, Washington, DC.

P212. Primary Sclerosing Cholangitis and Autoimmune Hemolytic Anemia: A Casual Association?

Marie B. Wiles, PA-C, Charles H. Parker, MD, Alastair D. Smith, MB, ChB, Medicine, Halifax Regional Hospital, South Boston, VA and Medicine, Duke University, Durham, NC.

P213. Ciprofloxacin-Induced Acute Cholestatic Liver Injury and Associated Renal Failure from Acute Tubular Necrosis

Amy J. DiChiara, MD, Matt Atkinson, MD, Kenneth E. Sherman, MD, Department of Internal Medicine, University of Cincinnati, Cincinnati, OH.

P214. Elevated Alfa Fetoprotein: Looking beyond Hepatocellular Carcinoma

Mamata Ravipati, MD, Navneet Attri, MD, Rami Y. Haddad, MD, Department of Internal Medicine, North Chicago VA Medical Center, North Chicago, IL and Department of Hematology/Oncology, North Chicago VA Medical Center, North Chicago, IL.

P215. Multifocal Splenic Steatosis in End Stage Cholestatic Liver Disease

Jeffrey Tang, MD, Chetan Pai, DO, Stuart C. Gordon, MD, Internal Medicine, Division of Gastroenterology, Henry Ford Hospital, Detroit, MI.

P216. An Unusual Case of Right Upper Quadrant Pain

Christopher B. Keller, DO, Jorge L. Herrera, MD, Internal Medicine and Division of Gastroenterology, University of South Alabama, Mobile, AL.

P217. Liver Transplantation for Influximab-Induced Fulminant Hepatic Failure

John L. Gosserand, MD, Shamita Shah, MD, K. Shiva Kumar, MD, Division of Gastroenterology & Hepatology, Ochsner Clinic Foundation, New Orleans, LA.

P218. Case of Chronic Hepatitis C Presenting with Right Axillary Lymphadenopathy

Biju K. Alex, MD, Roshan M. Bashir, MD, Department of Medicine, Washington Hospital Center, Washington, DC.

P219. A Case of Thyrotoxic Crisis Leading to Fulminant Hepatic Failure

Thomas Birris, MD, Michael Heavey, MD, Ashish Arora, MD, Sonu Dhillon, MD, Claus Fimmel, MD, Gastroenterology, Hepatology, and Nutrition, Loyola University Medical Center, Maywood, IL.

P220. Effectiveness of EUS in Liver Lesions of Unclear Etiology

Priyanka Tiwari, MD, Timothy M. Saettele, Matthew L. Bechtold, MD, Srinivas R. Puli, MD, Mainor R. Antillon, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P221. Endometriosis Presenting as Recurrent Massive Ascites

Hui Hing Jack Tin, MD, Hima Satyavolu, MD, Jai Mirchandani, MD, Kadirawel Iswara, MD, JianJun Li, MD, Scott Tenner, MD, MPH, Division of Gastroenterology, Department of Medicine, Maimonides Medical Center, Brooklyn, NY.

P222. Encapsulating Peritoneal Sclerosis: A Rare, but Recognized Cause of Ascites in Patients with Renal Failure

Alastair D. Smith, MB, ChB, Andrew I. Wolf, MD, Keyur Patel, MD, Medicine, Duke University, Durham, NC.

P223. Hepatocellular Carcinoma in a Patient with Hepatitis C in the Absence of Cirrhosis

Javid Fazili, MD, Mohammad Madhoun, MD, Lary Pennington, MD, Digestive Diseases/Internal Medicine and General Surgery, University of Oklahoma Health Sciences Center, Oklahoma City, OK.

P224. A Rare Case of Hepatotoxicity

Sohail Asfandiyar, MD, Chan Ma, MD, Mary Ann H. Sherbondy, MD, Gastroenterology, Henry Ford Hospital, Detroit, MI and Pathology, Henry Ford Hospital, Detroit, MI.

P225. Endophthalmitis Complicating Klebsiella Pneumoniae Liver Abscess: An Infrequently Recognized Complication

David W. Victor, MD, Rebeckah Lemann, MD, Jacob Feagans, MD, Virendra Joshi, MD, Section of Gastroenterology, Tulane School of Medicine, New Orleans, LA.

P226. Hepatic Adenomatosis: A Rare Clinical Entity with Unique Characteristics

Kashif Ahmed, MD, Muslim Atiq, MD, Kamran Safdar, MD, Nyingi Kemmer, MD, Guy Neff, MD, Division of Digestive Diseases, Dept of Internal Medicine, University of Cincinnati, Cincinnati, OH.

P227. Tanned Lady with Skin Lesions and Liver Disease

Rajeswari Anaparthi, MD, Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P228. Massive Pleural Effusion as Initial Presentation of Advanced Liver Cirrhosis

Michelle Rivera, Jahaira Serrano, Yohanna de Jesus, Victor L. Carlo, Internal Medicine, Division of Gastroenterology, UPR Medical Science Campus, School of Medicine, San Juan, Puerto Rico.

P229. Fusobacterium Nucleatum: An Uncommon Cause of Pyogenic Liver Abscess

Amil P. Patel, MD, Jesse Jacob, MD, Mohammad Wehbi, MD, Kamil Obideen, MD, Department of Gastroenterology, Emory University, Atlanta, GA.

P230. Ischemic Liver Insult in a Patient with Sickle Beta Thalassemia O: First Reported Case

Rajat Gulati, MD, Tasma Harindhanavudhi, MD, Imran Ali, MD, Rafal G. Ciecierski, MD, Hareth Raddawi, MD, Internal Medicine/GI, University of Illinois/Advocate Christ Med Ctr, Chicago/Oak Lawn, IL.

P231. Advanced Liver Disease in a Patient with PiMZ alpha-1 Antitrypsin (A₁AT) Phenotype and Normal Serum A₁AT Level

Meena Narayanan, MD, Swetha Kandula, MD, Frank A. Mitros, MD, Jatinder P. Ahluwalia, MD, Internal Medicine, Southern Illinois University School of Medicine, Springfield, IL and Pathology, Univ. of Iowa, Iowa City, IA.

P232. Fever of Unknown Origin: Pylephlebitis

Julie Yang, MD, Eugene R. Schiff, MD, MACG, Division of Gastroenterology and Hepatology, University of Miami Miller School of Medicine, Miami, FL.

P233. Case Series: Lactulose Retention Enema Associated with Massive Gastrointestinal Hemorrhage in Three Patients

William R. Kessler, MD, Gastroenterology, Indiana University Medical Center, Indianapolis, IN.

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P234. Utility of Screening Coagulation Studies in Gastrointestinal Bleeding Patients without Risk Factors for Coagulopathy Admitted to the Intensive Care Unit

Angelo H. Paredes, MD, Viet-Nhan H. Nguyen, DO, Corrine L. Maydonovitch, BS, Department of Gastroenterology, Walter Reed Army Medical Center, Washington, DC.

P235. Management of Iron Deficiency Anaemia: Are We Meeting the Guidelines?

Sindhu Ramamurthy, MBBS, Peter Reid, FRCP, Department of Medicine, Countess of Chester Hospital NHS Foundation Trust, Chester, Merseyside, United Kingdom.

P236. Stress Ulcer Prophylaxis for the Acutely-Ill Patient: What Do Residents Know?

Bassel Atasi, MD, Henri Godbold, MD, Kurtis Moodie, MD, Louay Shawesh, MD, Soley Seren, MD, Jorge Guzman, MD, Internal Medicine/Pediatrics, Wayne State University, Detroit, MI.

P237. Gastroenterology and CME: How Do We Want To Learn in an Urban Landscape?

Seth F. Tatel, MD, Justin R. Boike, BS, BS, Christopher J. Shoemaker, MEd, Ben M. Stickan, MBA, Jay L. Goldstein, MD, Department of Medicine, University of Illinois at Chicago, Chicago, IL.

P238. Outcomes of Recurrent Abdominal Pain (RAP) in Children and Responses to a Multidimensional Measure for RAP (MM-RAP): A Follow-Up Study

Hoda M. Malaty, MD, PhD, Suhaib Abudayyeh, MD, Kimberly O'Malley, PhD, David Y. Graham, MD, Mark A. Gilger, MD, Department of Medicine, Baylor College of Medicine, Houston, TX; Medicine, Veterans Affairs Medical Center, Houston, TX and Pediatrics, Baylor College of Medicine, Houston, TX.

P239. Patients Discharged from a Chest Pain Center—Are They Followed up and Treated Appropriately?

Mark Mellow, MD, Charles Bethea, MD, Gayle Sturgis, RN, Linda Pitchford, RN, Digestive Health Center, INTEGRIS Baptist Medical Center, Oklahoma City, OK.

P240. Exploratory Study Examining the Risk of Gastrointestinal Bleeding for Patients on Selective Serotonin Reuptake Inhibitor Therapy

Smita Kothari, PhD, Michael Jones, MD, Stacey Long, MS, TAP Pharmaceuticals Products, Inc., Lake Forest, IL; Northwestern University, Chicago, IL and Thomson Healthcare, Cambridge, MA.

P241. Comparison of Lactose Versus Lactulose Breath Tests in Subjects Suspected with Small Intestinal Bacterial Overgrowth

Kelly Cushing, BS, Rana Abraham, MD, Mary Kwasny, ScD, Ali Keshavarzian, MD, Ece Mutlu, MD, Digestive Diseases, Rush University Medical Center, Chicago, IL and Rush College of Nursing, Chicago, IL.

P242. Does Abnormal Computed Tomography (CT) of the Gastrointestinal (GI) Tract Correlate with Endoscopic Findings?

Rekha Cheruvattath, MD, Stacy G. Prall, DO, Robert E. Smith, MD, Michael J. Komar, MD, Nicholas A. Inverso, MD, Gastroenterology, Geisinger Medical Center, Danville, PA.

P243. Non-Cutaneous Head and Neck Cancer in Solid Organ Transplant Recipients

Saurabh S. Dhawan, MD, Thomas H. Costello, MD, Agnes Lo Costello, BSP, PharmD, Merry E. Sebelik, MD, Brea Olson, BSc, A. Osama Gaber, MD, Internal Medicine, Otolaryngology, Head and Neck Surgery, Pharmacy, and Transplant Surgery, University of Tennessee Health Science Center, Memphis, TN.

P244. Statin Use and the Risk of Colorectal Cancer in Patients with Diabetes

Christine Yeh, MD, Robert Morgan, PhD, Michael Johnson, PhD, Mark Kuebler, MS, Hashem El-Serag, MD, MPH, Health Services Research, Baylor College of Medicine, Houston, TX.

P245. Infliximab Is Clinically Effective in Reducing the Need for Steroids in Inflammatory Bowel Disease

H.C. Thompson, MBA, B. Meissner, PhD, M.I. Rahman, MD, O. Dabbous, MD, B. Tang, MD, HECOR, Centocor, Inc., Horsham, PA and Applied Health Outcomes, Xcenda, LLC, Palm Harbor, FL.

P246. The Pre-Operative Utility of Dobutamine Stress Echocardiography in Patients Undergoing Liver Transplantation

Lynn Shapiro, MD, Maximilian Lee, MD, Jason Lee, MPH, Alex S. Lapasaran, MSN, APN, William Fearon, MD, Ahmad Kamal, MD, MSc, Aijaz Ahmed, MD, Division of Gastroenterology and Hepatology, Liver Transplant Program, Center for Primary Care and Outcomes Research, and Division of Cardiovascular Medicine, Stanford University School of Medicine, Stanford, CA, and Division of Gastroenterology, Santa Clara Valley Medical Center, San Jose, CA.

P247. Prevalence of Gastrointestinal Symptoms and the Influence of Demographic Factors

Afsaneh Zarghi, MD, MPH, Mohamad Amin Pourhoseingholi, PhD, Manijeh Habibi, MS, Ali Akbar Haghdoost, MD, PhD, Ali Solhpour, MD, Mehdi Moazezi, MD, Ali Ramezankhani, PhD, Mohammad Rostaminejad, BS, Mohammad Reza Zali, MD, FACG, HSR, Research Center for Gastroenterology & Liver Diseases, Shaheed Beheshti Medical Sciences University, Tehran, Islamic Republic of Iran.

P248. Collagenous and Lymphocytic Colitis in Celiac Disease: Evaluation of Standardized Morbidity Ratios

Jianfeng Cheng, MD, PhD, Jun Yang, MD, Govind Bhagat, MD, Peter Green, MD, Internal Medicine, Sound Shore Medical Center, New Rochelle, NY; Medicine-Digestive and Liver Disease, and Pathology, Columbia University, New York, NY.

P249. Feeding Decisions in Patients with Advanced Dementia—Formative Research

Donald A. Garrow, MD, Jane G. Zapka, ScD, Elaine Amella, PhD, Mark DeLegge, MD, GI and Hepatology, MUSC, Charleston, SC.

P250. Gastrointestinal Bleeding in Biopsy-Proven Graft-Versus-Host Disease of the GI Tract: Risk Factors and Effect on Mortality

Hazem T. Hammad, MD, Nataliya Razumilava, MD, Nolan E. Perez, MD, Murray N. Ehrinpreis, MD, Division of Gastroenterology, Wayne State University, Detroit, MI.

P251. Can the Occurrence of Septic Complications after Restorative Proctocolectomy Be Predicted?

Ravi P. Kiran, MD, Feza H. Remzi, MD, Victor W. Fazio, MD, Andre D. Moreira, MD, James M. Church, MD, Ian C. Lavery, MD, Tracy L. Hull, MD, Scott A. Strong, MD, Colorectal Surgery, Cleveland Clinic Foundation, Cleveland, OH.

P252. A Model To Predict Rebleeding Following Endoscopic Therapy for Nonvariceal Upper Gastrointestinal Hemorrhage

Anne T. Wolf, MD, Sharheel K. Wasan, MD, John R. Saltzman, MD, Gastroenterology and Medicine, Brigham and Women's Hospital, Boston, MA.

P253. Derivation and Validation of an Algorithm To Identify *Helicobacter pylori* Infected Patients Using Administrative Data

Neena S. Abraham, MD, MSCE, Ranil DeSilva, MD, Peter Richardson, PhD, Gastroenterology, Baylor College of Medicine; Micheal E. DeBaakey VAMC, Houston, TX; Health Services Research, Houston Center of Quality of Care and Utilization Studies; Micheal E. DeBaakey VAMC, Houston, TX and Department of Medicine, Baylor College of Medicine, Houston, TX.

P254. Knowledge of Hepatocellular Carcinoma (HCC) Screening Guidelines and Current Practices: Results of a National Survey

Pratima Sharma, MD, Sameer Saini, MD, Joel Rubenstein, MD, Latoya Bernard, Darrell Pardi, MD, Jorge Marrero, MD, Phillip Schoenfeld, MD, Internal Medicine, University of Michigan, Ann Arbor, MI and Internal Medicine, Mayo Clinic, Rochester, MN.

P255. Patient Underreported Use of NSAIDs in GI Practice: A Prospective Office-Based Survey

Raj T. Majithia, MD, David A. Johnson, MD, Internal Medicine/Gastroenterology Division, Eastern Virginia Medical School, Norfolk, VA.

P256. Prevalence of Gastroesophageal Reflux Disease as Assessed by the National Ambulatory Medical Care Survey

Frank K. Friedenberg, MD, Dawit Nehemia, BBA, Melissa Xanthopoulos, PhD, Deborah B. Nelson, PhD, Joel E. Richter, MD, Gastroenterology, Temple University School of Medicine, and Graduate School of Public Health, Temple University, Philadelphia, PA.

P257. Frequency and Indications for Performance of Repeat Colonoscopy within Sixty Days

Hazem Hammad, MD, Bret T. Petersen, MD, Beverly Ott, Felicity Enders, PhD, Division of Gastroenterology and Hepatology, Mayo Clinic College of Medicine, Rochester, MN and Internal Medicine, Wayne State University, Detroit, MI.

P258. Administrative Data for Colonoscopy with Polypectomy Have a High Level of Accuracy

Collins N. Okolie, MD, Gregory Cooper, MD, Department of Gastroenterology, University Hospitals of Cleveland Case Medical Center, Cleveland, OH.

P259. Patients That Do Not Speak English Miss Fewer Clinic Appointments Than English Speaking Patients

Justin L. Sewell, MD, MPH, John M. Inadomi, MD, Hal F. Yee, Jr., MD, PhD, Medicine, University of California, San Francisco, San Francisco, CA.

P260. The Readability of Hepatitis C Health Education Materials

Noel M. Lee, MD, Andrew J. Muir, MD, MHS, Carla W. Brady, MD, MHS, Department of Medicine and Division of Gastroenterology, Duke University Medical Center, Durham, NC.

P261. Impact of an Internet-Based Educational Program on Colonoscopy Attendance and Quality

Tojo Thomas, MD, Prashant Kedia, MD, Russell D. Cohen, MD, Medicine/Gastroenterology, The University of Chicago, Chicago, IL.

P262. GI Endoscopy Nurse Experience Predicts Polyp Detection during Screening Colonoscopy

Evan S. Dellon, MD, Robert S. Sandler, MD, MPH, Nicholas J. Shaheen, MD, MPH, Medicine, University of North Carolina, Chapel Hill, NC.

INFLAMMATORY BOWEL DISEASE

P263. Distal Location of Dysplasia and Colorectal Cancer in Longstanding Ulcerative Colitis (UC)

★ *2007 ACG Presidential Poster Award Recipient*

Thomas Ullman, MD, Deepthi Deconda, MD, Yevgenia Pashinsky, MD, Noam Harpaz, MD, Steven Itzkowitz, MD, GI/ Medicine and Pathology, The Mount Sinai School of Medicine, New York, NY.

P264. Cost of Treating Crohn's Disease

S. Clark, H. Tian, J. Marebian, S. Hass, M. Arrighi, S. Panjabi, Health Benchmarks, Woodland Hills, CA and Elan Pharmaceuticals, San Diego, CA.

P265. The Direct and Indirect Cost Burden of Illness of Ulcerative Colitis

Eliza Ng, MD, Teresa B. Gibson, PhD, Ronald J. Ozminkowski, PhD, Ross MacLean, MD, Wayne Burton, MD, Sara Wang, PhD, Ron Z. Goetzel, PhD, Global Outcomes Research Strategy, Bristol-Myers Squibb, Princeton, NJ; Health and Productivity Research, Thomson Healthcare, Ann Arbor, MI; Institute for Health and Productivity Studies, Cornell University, Washington, DC and Division of General Internal Medicine, Northwestern University, Chicago, IL.

P266. Impact of Crohn's Disease Severity on Healthcare Costs and Utilization

Patricia Grossman, PharmD, Edward Armstrong, PharmD, Lionel Van Holle, MA, Andrea Beyer, MA, Vincent Bauchau, PhD, Global Outcomes Research, UCB, Smyrna, GA; School of Pharmacy, University of Arizona, Tucson, AZ; 4Clinics, All4IT, Waterloo, Belgium and Global Outcomes Research, Modis International, London, United Kingdom.

P267. Assessment of the Validity of Computed Tomographic Enterography for Diagnosing Active Crohn's Disease

Patricia Burgunder, ARNP, Ira Shafran, MD, Shafran Gastroenterology Center, Winter Park, FL.

P268. POSTER WITHDRAWN

P269. Beclomethasone Dipropionate + Mesalamine Enemas for Refractory Ulcerative Proctitis. A Retrospective Analysis

Mario Guslandi, MD, FACC, Patrizia Giollo, MD, Pier Alberto Testoni, MD, Gastroenterology Unit, S.Raffaele University Hospital, Milan, Italy.

P270. Infliximab Therapy Is Associated with Unexpected Weight Gain in Patients with Crohn's Disease as Compared to Those with Rheumatoid Arthritis

Cristal L. Brown, Kim L. Isaacs, MD, Division of Gastroenterology and Hepatology, University of North Carolina at Chapel Hill, Chapel Hill, NC.

P271. Clinical Features of Patients with Crohn's Disease on Home Parenteral Nutrition

Razvi M. Razack, MD, Douglas Seidner, MD, Cindy Hamilton, MS, Ana Rocio Lopez, MS, Bret A. Lashner, MD, Section of Clinical Nutrition and IBD, Department of Gastroenterology and Hepatology, The Cleveland Clinic, Cleveland, OH.

P272. Gender Influences Time to Diagnosis for Patients with Crohn's Disease Confined to the Ileum

Sunanda V. Kane, MD, MSPH, Erin Aronson, BSc, Department of Medicine, University of Chicago, Chicago, IL and Department of Medicine, Mayo Clinic, Rochester, MN.

P273. Safety and Efficacy of Adalimumab in Pediatric Crohn's Disease Patients

Alex Green, DO, Matthew Wyneski, MD, Robert Wyllie, MD, Marsha Kay, MD, Lori Mahajan, MD, Pediatric Gastroenterology, Cleveland Clinic, Cleveland, OH and Pediatrics, MetroHealth Medical Center, Cleveland, OH.

P274. Immunization for Vaccine-Preventable Illnesses in Patients with Inflammatory Bowel Disease

Shamita Shah, MD, John L. Gosserand, MD, Rahul Jasti, MD, Sandra Kemmerly, MD, K. Shiva Kumar, MD, James W. Smith, MD, Division of Gastroenterology & Hepatology, Ochsner Clinic Foundation, New Orleans, LA.

P275. Comparable Pharmacokinetics (PK) of Two Delayed Release Formulations of Oral Mesalamine

William J. Sandborn, MD, Guhan Balan, PhD, Barbara Kuzmak, PhD, Stephen B. Hanauer, MD, Mayo Clinic, Rochester, MN; P&G Pharmaceuticals, Mason, OH and University of Chicago, Chicago, IL.

P276. Long-Term Efficacy of Adalimumab Treatment in Patients with Moderately to Severely Active Luminal Crohn's Disease Who Lost Response or Showed Intolerance to Infliximab

J. Hinojosa, MD, F. Gomollon, MD, S. Garcia, MD, G. Bastida, MD, C. Saro, MD, J. Cabriada, MD, M. Gassull, MD, Hospital de Sagunto, Sagunto, Spain; Hospital Clínico Lozano Blesa, Zaragoza, Spain; Hospital Miguel Servet, Zaragoza, Spain; Hospital La Fe, Valencia, Spain; Hospital de Cabuenes, Gijón, Spain; Hospital de Galdakao, Vizcaya, Spain and On Behalf of GETECCU, Hospital Germans Trias i Pujol, Barcelona.

P277. Observations on a Large Sample Set Using Serologic Markers To Predict Inflammatory Bowel Disease, Ulcerative Colitis (UC), and Crohn's (CD)

Bruce Neri, PhD, Augusto Lois, PhD, Susan Carroll, PhD, Richard Bogardt, PhD, R&D, Prometheus Laboratories, San Diego, CA.

P278. Rapid Clinical Remission Is Significant for the Well-Being of Ulcerative Colitis Patients Treated with Delayed-Release Mesalamine

E. Jan Irvine, MD, Simon Magowan, MD, Margaret Pasquale, PhD, Seymour Katz, MD, St. Michael's Hospital/University of Toronto, Toronto, ON, Canada; P&G Pharmaceuticals, Mason, OH and Nassau Gastroenterology Associates, Great Neck, NY.

P279. Long-Term Safety of 5 Aminosalicylates (Mesalamine) in the Treatment of Inflammatory Bowel Disease

Chirag D. Trivedi, DO, Sima Mithani, MD, Eiswarya Chichili, MD, Danli Xing, Kiron M. Das, MD, PhD, Department of Gastroenterology, Robert Wood Johnson Medical School, New Brunswick, NJ.

P280. Is Laparotomy Warranted at the Closure of Temporary Ileostomy? A Review of 571 Patients with Bowel Obstruction Following Restorative Proctocolectomy with Ileal Pouch

Renyu Zhang, MD, Victor Fazio, MD, Feza Remzi, MD, James Church, MD, Colorectal Surgery, The Cleveland Clinic Foundation, Cleveland, OH.

P281. Inflammatory Bowel Disease in Afro-Caribbeans: Does It Differ from Other Ethnic Groups?

Alejandra I. Castillo-Roth, MD, Joanne M. Matthews, MD, Kapil Gupta, MD, Safak Reka, MD, Swaminath Iyer, MD, Gastroenterology and Hepatology, SUNY Downstate, Brooklyn, NY.

P282. High Rates of Vitamin D Deficiency and Osteopenia in Crohn's Disease Are Associated with Abnormal Absorption of Oral Vitamin D

Kleanthis G. Dendrinos, MD, Arthur F. Stucchi, PhD, James Becker, MD, Timothy Heeren, PhD, Zhiren Lu, MS, Jeffrey Mathieu, MS, Tai C. Chen, PhD, Michael F. Holick, MD, Francis A. Farraye, MD, Section of Gastroenterology Department of Surgery, and Section of Endocrinology, Boston University School of Medicine, Boston, MA, and Biostatistics, Boston University School of Public Health, Boston, MA.

P283. MMX™ Mesalamine Is Effective for the Maintenance of Remission of Mild-to-Moderate Ulcerative Colitis Irrespective of Patients' Previous Relapse History

William J. Sandborn, MD, Robyn Karlstadt, MD, Karen Barrett, MSc, Raymond E. Joseph, MD, Inflammatory Bowel Disease Clinic, Mayo Clinic, Rochester, MN; Shire Pharmaceuticals Inc., Wayne, PA and Shire Pharmaceuticals Inc., Basingstoke, Hampshire, United Kingdom.

P284. A Comprehensive Evaluation of the Impact of Crohn's Disease and Its Treatment on Patients Is Achieved Using a Combination of the CDAI and IBDQ

Brian G. Feagan, MD, Geoffroy Coteur, PhD, Dorothy L. Keininger, MS, Roberts Clinical Trials, Roberts Research Institute, London, ON, Canada; SGS, SGS Life Science Services, Mechelen, Belgium and Global Health Outcomes Research, UCB SA, Braine-l'Alleud, Belgium.

P285. Changes in Utility Scores of Patients with Active Crohn's Disease after Certolizumab Pegol 400mg Induction and Maintenance (PRECISE 2)

Seng Tan, MSc, Brian G. Feagan, MD, Stefan Schreiber, MD, Martin C.J. Brown, MSc, Laetitia C. Gerlier, MSc, Roberts Clinical Trials, Roberts Research Institute, London, ON, Canada; SGS, SGS Life Science Services, Mechelen, Belgium and Global Health Outcomes Research, UCB SA, Braine-l'Alleud, Belgium.

P286. Severe Crohn's Disease Symptoms Are Relieved by Certolizumab Pegol

Brian G. Feagan, MD, Geoffroy Coteur, PhD, Dorothy L. Keininger, MS, Roberts Clinical Trials, Roberts Research Institute, London, ON, Canada; SGS, SGS Life Science Services, Mechelen, Belgium and Global Health Outcomes Research, UCB SA, Braine-l'Alleud, Belgium.

P287. Chromoendoscopy Is Superior to Standard Colonoscopic Surveillance for Detecting Dysplasia in Patients with IBD: A Continuing, Long-Term, Prospective Endoscopic Trial

James F. Marion, MD, Jerome D. Wayne, MD, MACG, Daniel H. Present, MD, MACG, Yuriy Israel, BS, Carol Bodian, DrPH, Noam Harpaz, MD, Maria T. Abreu, MD, Thomas A. Ullman, MD, Lloyd Mayer, MD, Gastroenterology and Pathology, Mount Sinai School of Medicine, New York, NY.

P288. Absence of NOD2 Polymorphisms in Crohn's Disease Patients with Uveitis

LuLu Iles-Shih, MD, MSc, Stephen Vernon, MD, Tamara M. Martin, PhD, Casey Eye Institute, Department of Medicine, and Department of Gastroenterology, Oregon Health and Science University, Portland, OR.

P289. Prevalence of Cytomegalovirus and Epstein Barr Virus in Inflamed Colon Tissue of Patients with Mild to Moderate Inflammatory Bowel Disease—Preliminary Results

Paul A. Feldman, MD, MSc, Stephen Vernon, MD, Daniel L. Cohen, MD, Jeffrey B. Raskin, MD, Nevis Fregien, PhD, Division of Gastroenterology, Pathology, and Anatomy and Cell Biology, University of Miami, School of Medicine, Miami, FL.

P290. Previous History of Steroid Use Does Not Preclude Treatment with Mesalamine in Ulcerative Colitis (UC)

Seymour Katz, MD, Bruce R. Yacyshyn, MD, David L. Ramsey, MS, Gary R. Lichtenstein, Nassau Gastroenterology Associates, Great Neck, NY; Procter & Gamble Pharmaceuticals, Mason, OH and Hospital of the University of Pennsylvania, Philadelphia, PA.

P291. Crohn's Disease Diagnosed by Capsule Endoscopy in Patients with Obscure Gastrointestinal Bleeding

Sakeitha Crowder, MD, Richard Bloomfield, MD, Gastroenterology, Wake Forest University Baptist Medical Center, Winston-Salem, NC.

FUNCTIONAL BOWEL DISORDERS

P292. Satiety Testing: Effects of Nutrient and Water Loading on Gastric Volume and Emptying

★ *2007 ACG Presidential Poster Award Recipient*
Siva Doma, MD, Steve Kantor, Robert S. Fisher, MD, Linda C. Knight, PhD, Alan H. Maurer, MD, Henry P. Parkman, MD, Medicine, Temple University School of Medicine, Philadelphia, PA.

P293. High Dose Dexamethasone for Acute Idiopathic Gastroparesis

Eugene M. Cooper, MD, Jamie Barkin, MD, Division of Gastroenterology, University of Miami/Jackson Memorial Hospital, Miami, FL and Division of Gastroenterology, Mount Sinai Medical Center, Miami Beach, FL.

P294. Transition of Gastroesophageal Reflux Disease Symptoms into Other Gastrointestinal Symptoms: Six Month Prospective Study

Giles R. Locke, MD, Suzanne Clark, MS, Annamaria Cerulli, MPH, Josh Marebian, MPH, Kristijan H. Kahler, PhD, RPh, Michael A. Shetzline, MD, PhD, Mayo Clinic College of Medicine, Rochester, MN; Health Benchmarks, Inc., Woodland Hills, CA and Novartis Pharmaceuticals Corporation, East Hanover, NJ.

P295. Methane Production in IBS Subjects Is Associated with a Constellation of Symptoms: Not Just Constipation

Mark Pimentel, MD, FRCP(C), Sheila Lezcano, BS, Kimberly Low, BS, GI Motility Program, Cedars-Sinai Medical Center, Los Angeles, CA.

P296. Male Sex Hormone May Influence on Irritable Bowel Syndrome in Young Men

Beom Jin Kim, Poong-Lyul Rhee, Hee Jung Son, Young-Ho Kim, Dong Kyung Chang, Jae J. Kim, Jong Chul Rhee, Hyuk Lee, Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea and Medicine, The Armed Forces Capital Hospital, Seoul, Republic of Korea.

P297. Type D Personality Is Associated with Impaired Health-Related Quality of Life in Patients with Functional Bowel Disorders (FBDs)

Stephanie L. Hansel, MD, MS, Sarah B. Wessinger, MD, V. Ann Schettler, RN, MHL, John K. DiBaise, MD, Michael P. Jones, MD, Michael D. Crowell, PhD, Gastroenterology & Hepatology, Mayo Clinic Arizona, Scottsdale, AZ and Gastroenterology, Northwestern University, Chicago, IL.

P298. Familial Aggregation of Functional Dyspepsia: A Case-Control Study

Smita L.S. Halder, MRCP, Meredythe A. McNally, MD, Giles R. Locke, MD, Judy A. Peterson, Prabin Thapa, MS, Scott Harmsen, MS, Alan R. Zinsmeister, PhD, Nicholas J. Talley, MD, Department of Gastroenterology, University of Manchester, Manchester, United Kingdom; Dyspepsia Center and Department of Health Sciences Research, Mayo Clinic College of Medicine, Rochester, MN.

P299. Prevalence of Irritable Bowel Syndrome in an Older Bi-Racial Population

Carline Quander, MD, MS, Martha Clare Morris, ScD, Julia L. Bienias, ScD, Denis A. Evans, MD, Internal Medicine, Rush University Medical Center and Rush Institute for Healthy Aging, Rush University Medical Center, Chicago, IL.

P300. Predictors of Response in Gastroparesis

Rajeswari Anaparthi, MD, Nonco Pehlivanov, MD, Sonia Price, RN, Pankaj Jay Pasricha, MD, Department of Internal Medicine and Department of Gastroenterology, Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P301. Risk Factors for Chronic Diarrhea Not Related to Irritable Bowel Syndrome

Joseph Y. Chang, MD, MPH, Giles R. Locke, III, MD, Cathy D. Schleck, BSc, Alan R. Zinsmeister, PhD, Nicholas J. Talley, MD, PhD, Mayo Clinic College of Medicine, Mayo Clinic, Rochester, MN; Division of Gastroenterology and Internal Medicine, and Division of Biostatistics, Mayo Clinic, Rochester, MN.

P302. Functional Gastrointestinal Disorder Comorbidities: Comparisons of Prevalence and Costs in the 6 Months before and after Diagnoses of Constipation (C) and Irritable Bowel Syndrome and Constipation (IBS+C)

R.A. Brook, MS, N.J. Talley, MD, N.L. Kleinman, PhD, R.W. Baran, PharmD, JeSTARx Group, NJ; Dept Medicine, Mayo Clinic, MN; HCMS, WY and Takeda Global R&D, IL.

P303. Nightly Tegaserod Prevents the Clinical Recurrence of Bacterial Overgrowth Symptoms

Mark Pimentel, MD, FACP, Walter Morales, BS, Sheila Lezcano, BS, Sun-Chuan Dai, MD, Kimberly Low, BA, Reza Khoshini, MD, Janet Yang, MD, GI Motility Program, Cedars-Sinai Medical Center, Los Angeles, CA.

P304. Tegaserod (Zelnorm) Safety Profile in Pediatric Patients

Aileen F. Har, MD, Rita Steffen, MD, Barbara Kaplan, MD, Lori Mahajan, MD, Pediatrics, Cleveland Clinic, Cleveland, OH.

P305. The Utility of Probiotics in the Treatment of Irritable Bowel Syndrome: A Systematic Review

Darren M. Brenner, MD, Matthew Moeller, MD, William D. Chey, MD, Philip Schoenfeld, MD, Department of Gastroenterology and Department of Internal Medicine, University of Michigan Hospitals, Ann Arbor, MI.

P306. Clinical Characteristics, Diagnostic Features, and Response to Therapy in Patients with Rumination Syndrome
Christopher D. Miller, MD, Jiten D. Patel, MD, Farid Namin, MD, Richard W. McCallum, MD, Division of Gastroenterology and Hepatology, University of Tennessee Health Science Center, Memphis, TN and Center for Gastrointestinal Nerve & Muscle Function, University of Kansas, Kansas City, KS.

ENDOSCOPY

P307. A Single-Center Experience with 652 Cases of Wireless Capsule Endoscopy over a Period of 5 Years

Adnan Muhammad, MD, Shivani Sharma, MD, Yougandhar Akula, MD, Sandeep Bhargava, MD, C.S. Pitchumoni, MACG, Gastroenterology, Hepatology and Clinical Nutrition, Saint Peter's University Hospital, New Brunswick, NJ.

P308. Problems, Complications and Failures of Wireless Capsule Endoscopy: A Single-Center Experience with 652 Cases

Adnan Muhammad, MD, Sandeep Bhargava, MD, C.S. Pitchumoni, MACG, Gastroenterology, Hepatology and Clinical Nutrition, Saint Peter's University Hospital, New Brunswick, NJ.

P309. Diagnostic Yield of Wireless Capsule Endoscopy for the Evaluation of Iron Deficiency Anemia in Different Age Groups

Adnan Muhammad, MD, Yugandhar Akula, MD, Shivani Sharma, MD, C.S. Pitchumoni, MD, Gastroenterology, Hepatology and Clinical Nutrition, Saint Peter's University Hospital, New Brunswick, NJ.

P310. Role of Endoscopic Ultrasonography in the Evaluation of Gastric Submucosal Lesions: A Single Center Experience

Shailender Singh, MD, Srinivas Puli, MD, Jyotsna Talapaneni, MD, Melissa Oropeza-Vail, RN, Mojtaba Olyaei, MD, Medicine, Kansas University Medical Center, Kansas City, KS.

P311. Endoscopic Ultrasonography Findings in Patients with Nonspecific Changes of the Pancreas on Computed Tomography: A Single-Center Experience

Sana Waheed, MD, Shailender Singh, MD, Savio Reddymasu, MD, Jyotsna Talapaneni, MD, Benjamin Alsop, Melissa Oropeza-Vail, RN, Mojtaba Olyaei, MD, Medicine, Kansas University Medical Center, Kansas City, KS.

P312. Utility of EUS-Guided Trucut Biopsy To Distinguish Pancreatic Rests from Gastrointestinal Stromal Tumors (A Case Series)

Junaid Siddiqui, MD, Andrew D. Vanderheyden, MD, Chris S. Jensen, MD, Henning Gerke, MD, Internal Medicine/Gastroenterology and Hepatology, and Department of Pathology, University of Iowa Hospitals and Clinics, Iowa City, IA.

P313. Socioeconomic Status Directly Affects the Probability of Percutaneous Endoscopic Gastrostomy Placement

Roberto Gamarra, MD, Rahil Shah, MD, Alan Cutler, MD, Gastro-enterology & Hepatology, Providence Hospital, Southfield, MI.

P314. A Retrospective Comparison of Percutaneous Endoscopic and Radiologic Gastrostomy Tube Feeding

Saleh Alqahtani, FRCPC, Alaa Rostom, FRCPC, Eldon A. Shaffer, FRCPC, Medicine, University of Calgary, Calgary, AB, Canada.

P315. Comparison of Direct Endoscopic Guided Placement of the Bravo Capsule with the Conventional Method

Isam Daboul, MD, Vikas Ghai, MD, Srinu Hejeebu, DO, Adeel Husain, Gastroenterology and Medicine, University of Toledo, Toledo, OH.

P316. Direct Endoscopic Placement of the Wireless pH Monitoring Device (The Bravo Capsule): A Novel Procedure

Isam Daboul, MD, Vikas Ghai, MD, Srinu Hejeebu, DO, Adeel Husain, Gastroenterology and Medicine, University of Toledo, Toledo, OH.

P317. Laparoscopic-Assisted Double Balloon Enteroscopy in Persistent Obscure GI Bleeding

Erika M. Lee, MD, Vivek N. Prachand, MD, Carol E. Semrad, MD, Dept. of Medicine, Section of Gastroenterology, and Dept. of General Surgery, The University of Chicago, Chicago, IL.

P318. Application of Cyanoacrylate for Hemostasis in a Patient with Refractory Post-Sphincterotomy Hemorrhage

Olivia C. Fors, MD, Dawn D. Ferguson, MD, Navtej Buttar, MD, Internal Medicine and Gastroenterology, Mayo Clinic, Rochester, MN.

P319. ERCP Training: Too Little, Too Late and Too Lax

Stacy Tong, MD, Michael Brown, MD, Gastroenterology and Nutrition, Rush University Medical Center, Chicago, IL.

P320. Is ERCP Necessary for Removal of Biliary Stent?

Yevgeniy Ostrinsky, MD, Swapna Gayam, MD, Uma Sundaram, MD, Department of Medicine, Division of Digestive Diseases, West Virginia University School of Medicine, Morgantown, WV.

P321. Radiation Exposure in Endoscopic Retrograde Cholangiopancreatography

Vasu Appalaneni, Tammy Glenn, Donald G. Frey, Christopher Lawrence, Brenda J. Hoffman, Digestive Disease Center, Medical University of South Carolina, Charleston, SC.

P322. Community-Based *Helicobacter pylori* Screening in Patients with Endoscopic Evidence of Peptic Ulcer Disease

William J. Salyers, Jr., MD, Boutros El-Haddad, MD, Ali Mansour, MD, K. James Kallail, PhD, Estephan N. Zayat, MD, Internal Medicine, University of Kansas School of Medicine-Wichita, Wichita, KS.

P323. Combined Endoscopic Assisted Laparoscopic Resection of Upper and Lower Gastrointestinal Adenomas, Carcinoids, and Stromal Tumors—An Effective and More Targeted Resection of GI Tract Lesions

David M. Poppers, MD, Michael D. Lieberman, MD, Felice Schnoll-Sussman, MD, Mark B. Pochapin, MD, Division of Gastroenterology and Hepatology, and Department of Surgery, New York Presbyterian Hospital-Weill Cornell, New York, NY.

P324. Endoscopic Full-Thickness Suturing in the Management of Gastric Wall Defects

Daniel von Renteln, MD, Bettina Riecken, MD, Arthur Schmidt, MD, Karel Caca, MD, Department of Gastroenterology, Klinikum Ludwigsburg, Ludwigsburg, Baden-Württemberg, Germany.

P325. Does Pre-Procedural Counseling by Peers Improve Completion Rates?

Igal Khorshidi, MD, Eleazer Yousefzadeh, MD, Verence Mackey, RN, David Greenwald, MD, Gastroenterology, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY.

P326. Risk Factors for Hypoxemia during Elective Outpatient Endoscopy

Mohammed A. Qadeer, MD, John J. Vargo, MD, Rocio Lopez, MPH, John A. Dumot, MD, Gastroenterology and Hepatology, Cleveland Clinic, Cleveland, OH.

P327. Do "No-Shows" Share Common Characteristics?

S.R.R. Muthavarapu, MD, Mohamad Erfani, MD, Pramod Joseph, MD, Nejat Kiyici, MD, Hilary Hertan, MD, Edward P. Norkus, PhD, Division of Gastroenterology, Our Lady of Mercy Medical Center, Bronx, NY.

P328. Utility of Endoscopy in Evaluating Abnormal Findings of the Gastrointestinal Tract on CT Scan

Muhammad S. Karim, MD, Uma Sundaram, MD, Section of Digestive Diseases, West Virginia University School of Medicine, Morgantown, WV.

P329. Trimming of Migrated Metal Stent for Malignant Colonic Stricture Using Argon Plasma Coagulation (APC)

Kiran V. Rao, MD, Gagan D. Beri, MD, Weizheng Wang, MD, Department of Medicine, University of Medicine and Dentistry of NJ, Newark, NJ.

PEDIATRICS

P330. POSTER WITHDRAWN

P331. Impedance-pH Measuring in Preterm Infants with Apparently Life-Threatening Events

Barbara Bizzarri, MD, Giulio Bevilacqua, Prof, Fabiola Fornaroli, MD, Nicola de' Angelis, MD, Barbara Magiteri, MD, Gian Luigi de' Angelis, Prof, Pediatric Gastroenterology Unit, Neonatal Intensive Care Unit, and General Surgery, University of Parma, Parma, Italy.

P332. Prevalence of Gastroesophageal Reflux in Children Aged 2–15 Years Old with Chronic Abdominal Pain: 9 Years Experience

Bashir Chomeili, MD, Pooya Chomeili, MD, Pediatrics, School of Medicine, Jundishapour University of Medical Sciences, and Pediatrics Gastroenterology Ward, Aboozar Children's Hospital, Ahwaz, Khuzestan, Islamic Republic of Iran.

P333. Pediatric Patients Have Shorter Lansoprazole Half-Life Than Previously Reported

Jeffrey O. Phillips, PharmD, Jane E. Burnett, Shan H. Siddiqi, Marcella R. Bothwell, MD, Surgery–Applied Research, University of Missouri School of Medicine, Columbia, MO and Rady Children's Hospital, San Diego, CA.

P334. Pneumatic Dilation with a 35mm Balloon, a Safe and Effective Initial Therapy in Pediatric Achalasia

Inna Novak, MD, Tuvia Marciano, DO, Theresa Guerin, RN, Yolanda Rivas, MD, Pediatric Gastroenterology and Nutrition, Children's Hospital at Montefiore, Bronx, NY.

P335. POSTER WITHDRAWN

P336. Transient Neonatal Achalasia

Daniel Gelfond, MD, Samra S. Blanchard, MD, Anjali Malkani, MD, Pediatric Gastroenterology, University of Maryland, Baltimore, MD.

P337. Proof That Some Kids Really Do Like Their Vegetables: A New Flavor Option for PEG Solution

Pramodha Muniyappa, MD, Lori Mahajan, MD, Pediatric Gastroenterology, Hepatology and Nutrition, Cleveland Clinic, Cleveland, OH.

COLORECTAL CANCER PREVENTION

P338. Mismatch Repair Gene Mutations in Iranian HNPCC Families

Katayoun Aghajani, MD, Babak Noorinayer, MD, Mohsen Chiani, MS, Somayeh Ghiasi, MD, Mehrnoosh Tashakori, MD, Navaz Karimianpour, MS, Nasim Rahnamaye Chitsaz, MD, Mahsa Molaei, MD, Faramarz Derakhshan, MD, Maurizio Ponz de Leon, MD, Mohammad Reza Zali, MD, FACP, Research Center for Gastroenterology and Liver Diseases, Shaheed Beheshti Medical University, Tehran, Islamic Republic of Iran and Department of Internal Medicine, University of Modena and Reggio Emilia, Modena, Italy.

P339. Role of Tumor Necrosis Factor Gene Polymorphism (-308 and -238) in Colorectal Cancer Susceptibility

Mehrnoosh Tashakori, MD, Babak Noorinayer, MD, Azadeh Safaee, MS, Faramarz Derakhshan, MD, Mohammad Reza Zali, MD, FACP, Research Center for Gastroenterology and Liver Diseases, Shaheed Beheshti Medical University, Tehran, Islamic Republic of Iran.

P340. Mechanisms of Polyethylene Glycol (PEG) Anti-Proliferative Effects: Implications for Colon Cancer Chemoprevention

Shabana Siddiqui, MD, Jennifer Koetsier, Mary Nyhuis, Ramesh Wali, PhD, Dhananjay Kunte, PhD, Hemant K. Roy, MD, Research, Evanston Northwestern Healthcare, Evanston, IL.

P341. Should Colonoscopy Withdrawal Time Recommendations Be Adjusted for Patient or Procedure Factors?

Audrey H. Calderwood, MD, Edwin J. Lai, MD, Gheorghe Doros, PhD, Suraj Gupta, Brian C. Jacobson, MD, Gastroenterology, Boston University Medical Center, and Biostatistics, Boston University, Boston, MA.

P342. Findings on Surveillance Colonoscopy in Patients with Low-Risk Polyps on Initial Colonoscopy

Neil Mehta, MD, Jocelyne Miller, MD, Michael Feldman, MD, Emma Furth, MD, Gregory Ginsberg, MD, James D. Lewis, MD, University of Pennsylvania, Philadelphia, PA.

P343. Colorectal Cancer Screening in HIV-Infected Patients: Are They Still Being Ignored?

Shahzad Iqbal, MD, Veron Browne-McDonald, MD, Mehjabin Zahir, MD, Hashem Vahabzadeh-Monshie, MD, Bishnu Sapkota, MD, Rekha Khurana Khurana, MD, Eric A. Jaffe, MD, Maurice A. Cerulli, MD, FACP, Gastroenterology & Hepatology, NY Methodist Hospital, Brooklyn, NY and Internal Medicine, Interfaith Medical Center, Brooklyn, NY.

P344. Colon Cancer Screening at an HIV Outpatient Clinic: 2000-2006

Ryan M. Ford, MD, Matthew M. McMahon, MD, Jeffrey L. Lennox, MD, Kamil Obideen, MD, Mohammad A. Wehbi, MD, Division of Digestive Diseases and Division of Infectious Diseases, Emory University School of Medicine, Atlanta, GA.

P345. Feasibility and Results of a Colorectal Cancer Screening Program Targeting Uninsured Patients

Gregory A. Cote, MD, Laura Michalski, BS, Christian S. Jackson, MD, James Webster, MD, Babs Waldman, MD, Robert M. Craig, MD, Gastroenterology, Northwestern University, Chicago, IL and Lederman Family Health Center, Chicago, IL.

P346. Open Access Colonoscopy: An Acceptable Strategy To Boost Colon Cancer Screening Rates

Ian Logan, MD, Amar Al-Juburi, MD, Michele Limognes, Jacob Wegelin, PhD, Juan Garcia, MD, Department of Internal Medicine, Division of Gastroenterology and Division of Biostatistics, UC Davis Medical Center, Sacramento, CA.

P347. Strategies To Improve Scheduling and Completion of Screening Colonoscopy in a VA Setting

Francisco C. Ramirez, MD, Samuel F. Castillo, MD, Felix W. Leung, MD, Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ and Medicine & Research, Sepulveda ACC, VAGLAHS, UCLA, North Hills, CA.

ESOPHAGUS

P348. PPI Efficacy in Overweight/Obese Patients with Erosive GERD: Rabeprazole (RAB) 20 mg vs Omeprazole (OME) 20 mg
Brian C. Jacobson, MD, Byron DeLemos, MD, Yijun Sun, PhD, Jim Xiang, PhD, John LoCoco, MBA, Honglan Li, PhD, Stefania Casalini, Boston University Medical Center, Boston, MA; Ortho-McNeil Janssen Scientific Affairs, LLC, Raritan, NJ; Eisai Inc., Woodcliff Lake, NJ and Janssen-Cilag, Cologno Monzese, Italy.

P349. PillCam ESO for Evaluating the Esophagus in the Workplace: Making It Even Easier To Swallow
Daniel S. Mishkin, MD, CM, Joan Pemberton, RN, James E. Scharback, MD, Sandra L. Marwill, MD, MPH, Gastroenterology, Boston University, Boston, MA and Internal Medicine, Gillette Medical Department, South Boston, MA.

P350. Pantoprazole Is Significantly More Effective in Relieving GERD Symptoms Than Esomeprazole
György Rumi, MD, Luciana Camacho Lobato, MD, Bernd Rosenstock, PhD, Hartmut Heinze, MD, Internal Medicine, Kaposi Mór Oktatókórház, Kaposvár, Hungary; Gastroenterology, Hosp. Sao Paulo da Univ. Federal de S.P., Sao Paulo-SP, Brazil; Clinical Operations and Clinical Development, ALTANA Pharma AG, Konstanz, Germany.

P351. Are There Any Motility Disturbances in Eosinophilic Esophagitis?
Savio Reddymasu, MD, Mojtaba Olyaei, MD, Paul Hyman, MD, Daniel Buckles, MD, Scott Grisolan, MD, Richard McCallum, MD, Medicine and Pediatrics, Kansas University Medical Center, Kansas City, KS.

P352. High Prevalence of Eosinophilic Esophagitis in Inflammatory Bowel Disease
Souheil Gebara, MD, Robert M. Truding, MD, Saleha Khanum, MD, Sandra L. Hodges, RN, Chung-Ho Chang, MD, Neal S. Goldstein, MD, Pediatrics and Anatomic Pathology, William Beaumont Hospital, Royal Oak, MI.

P353. Gender-Related Difference in Composition of Secretion from Esophageal Submucosal Mucous Glands, in Response to Stimulation of Serotonergic Pathway, in Patients with Gastroesophageal Reflux Disease
Marek Majewski, MD, Tomasz Jaworski, MD, Irene Sarosiek, MD, Sandra Sostarich, Katherine Roeser, Stanley Edlavitch, PhD, Richard W. McCallum, MD, Grzegorz Wallner, MD, PhD, Jerzy Sarosiek, MD, PhD, GI Research Laboratory, Motility Center, KUMC, Kansas City, KS; Epidemiology, UMSOM, Kansas City, MO and Surgery, Medical University, Lublin, Poland.

P354. Current Trends in Clinical Utility of Esophageal Motility Studies
Vaibhav Mehendiratta, MD, Anthony J. DiMarino, MD, Sidney Cohen, MD, Department of Medicine, and Department of Gastroenterology and Hepatology, Thomas Jefferson University Hospital, Philadelphia, PA.

P355. Measurement of Lower Esophageal Sphincter (LES) Characteristics during Esophageal Manometry Does Not Differ with Severity of Ineffective Esophageal Motility
Vishal Jain, MD, Neeraj Sharma, MD, Marcelo Vela, MD, Donald Castell, MD, Department of Gastroenterology and Hepatology, Medical University of South Carolina, Charleston, SC.

P356. Ineffective Esophageal Motility (IEM) and Prolonged Nocturnal Gastroesophageal Acid Reflux
Monjur Ahmed, MD, Girma Meshesha, MD, Frezgi Kebreab, MD, Fikadu Gebreyes, MD, Internal Medicine, Marshall University, Huntington, WV.

P357. Comparison of Serum Pepsinogens between Patients with and without Reflux Esophagitis

Yoshihisa Urita, Toshiyasu Watanabe, Tadashi Maeda, Kaoru Domon, Susumu Ishihara, Tomohiro Arita, Asuka Nakayama, Makie Nanami, Tatsuhiro Yamamoto, Akio Kugahara, Takamasa Ishii, Hirohito Kato, Kazuo Hike, Noriko Hara, Yoshiko Honda, Shuji Watanabe, Kazushige Nakanishi, Nagato Shimada, Motonobu Sugimoto, Kazumasa Miki, Department of General Medicine and Emergency Care, Division of Gastroenterology and Hepatology, and Department of Hematology, Toho University, Tokyo, Japan.

P358. Factors Predictive of a Poor Outcome in Patients with Esophageal Atresia

Julie Castilloux, MD, Angela Noble, MD, Chane Belanger, Christophe Faure, MD, Pediatric Gastroenterology, Hopital Ste-Justine, Montreal, QC, Canada.

P359. Esophageal Histology in Patients with Gastroesophageal Reflux Disease (GERD) and Symptom Resolution after 4 Weeks of Esomeprazole Treatment

Wilfred M. Weinstein, MD, John T. Monyak, PhD, Debra G. Silberg, MD, FACP, David Geffen School of Medicine at UCLA, Los Angeles, CA and AstraZeneca LP, Wilmington, DE.

P360. The Effect and Timing of Food on the Pharmacokinetics and Pharmacodynamics of TAK-390MR (Modified Release): Evidence for Dosing Flexibility

R.D. Lee, PhD, M. Vakily, PhD, J. Wu, PhD, S. Atkinson, PhD, TAP Pharmaceutical Products Inc, Lake Forest, IL.

P361. Derivation and Validation of a Short Reflux Symptom Questionnaire (*ReQuest in Practice™*) in Patients with GERD
Greg Rubin, MD, Peter Uebel, MD, Amela Brimo-Hayek, MD, Karl-Heinz Hey, MD, Hubert Doerfler, MD, Robert C. Heading, MD, Primary Care, University of Sunderland, United Kingdom; Private Practice, Ludwigshafen, Germany; Private Practice, Dortmund, Germany; Private Practice, Paderborn, Germany; Gastroenterology, ALTANA Pharma, Konstanz, Germany and Gastroenterology, Royal Infirmary, Glasgow, United Kingdom.

P362. Nocturnal Gastric Acidity and Nocturnal Esophageal Acidity Are Lower with Immediate-Release Omeprazole Than with Lansoprazole or Esomeprazole in GERD Patients Treated with a Proton Pump Inhibitor

Jerry D. Gardner, MD, Santarus Clinical Research Group, Science for Organizations, Inc., Mill Valley, CA and Santarus, Inc., San Diego, CA.

P363. Clinical Utility of Impedance in Evaluation of Noncardiac Chest Pain

Mary Kovalak, MD, Kristen Thomas, BS, Mae Go, MD, Fatima Gangotena, MD, John Fang, MD, Kathryn Peterson, MD, Division of Gastroenterology, University of Utah, and Division of Gastroenterology, VA Medical Center, Salt Lake City, UT.

P364. Rebamipide Improves Salivary Gland Function and Saliva Transit to the Distal Esophagus

Yoshihisa Urita, Toshiyasu Watanabe, Tadashi Maeda, Kaoru Domon, Susumu Ishihara, Tomohiro Arita, Asuka Nakayama, Makie Nanami, Tatsuhiro Yamamoto, Akio Kugahara, Takamasa Ishii, Hirohito Kato, Kazuo Hike, Noriko Hara, Yoshiko Honda, Shuji Watanabe, Kazushige Nakanishi, Nagato Shimada, Motonobu Sugimoto, Kazumasa Miki, Department of General Medicine and Emergency Care, Division of Gastroenterology and Hepatology, and Department of Hematology, Toho University, Tokyo, Japan.

P365. TAK-390MR vs. Lansoprazole (LAN) for Maintenance of Drug Concentration above a Threshold Which Corresponds to Higher %-Time pH>4

J. Wu, PhD, M. Vakily, PhD, G. Witt, MS, D. Mulford, PhD, TAP Pharmaceutical Products Inc, Lake Forest, IL.

P366. Esophageal Impedance Detection of Cycling, a Specific Finding in GERD

Ryan D. Madanick, MD, Nicole L. Cheng, PA-C, Sheila Crawford, RN, Douglas Morgan, MD, Nicholas J. Shaheen, MD, Center for Esophageal Diseases and Swallowing, Division of GI/Hepatology, and GI Motility Laboratory, UNC Hospitals, Chapel Hill, NC.

P367. What Is the Truth? Sleep Disturbance as Assessed by Investigators or a Validated Instrument (ReQuest™) in Patients with GERD

Gerald Holtmann, MD, Richard Hunt, MD, Peter Katelaris, MD, Peter Berghoefer, PhD, Hubert Doerfler, MD, Jan Tack, MD, Gastroenterology, Royal Adelaide Hospital, Adelaide, SA, Australia; Gastroenterology, McMaster University, Hamilton, ON, Canada; Gastroenterology, University of Sydney, Concord Hospital, Sydney, Australia; Gastroenterology, ALTANA Pharma AG, Konstanz, Germany and Gastroenterology, University of Leuven, Leuven, Belgium.

P368. Rabeprazole Sodium 20 mg BID Improves Symptoms in Patients with Chronic Persistent Asthma

Frank K. Friedenberg, MD, Kellie Simmons, MSN, Amiya Palit, MD, Gastroenterology, Temple University School of Medicine, Phila, PA.

P369. Multichannel Intraluminal Impedance (MII) Can Make a Diagnosis of Achalasia; A Comparison of MII in Achalasia Versus Normals

Harish V. Iyer, MD, Girish Anand, MD, Matthew Gideon, Philip O. Katz, MD, Department of Internal Medicine, Albert Einstein Medical Center, Philadelphia, PA and Department of Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA.

P370. Objective Documentation of the Link between Gastroesophageal Reflux Disease and Obesity

Shahin Ayazi, MD, Peter F. Crookes, MD, Christian G. Peyre, MD, Jeffrey A. Hagen, MD, Jessica M. Leers, MD, Andrew L. Tang, MD, Nuttha Ungnapatanin, MD, Steven R. DeMeester, MD, John C. Lipham, MD, Tom R. DeMeester, MD, Surgery, University of Southern California, Los Angeles, Ca.

P371. Predictors of Heartburn (HB) Resolution in Patients with Gastroesophageal Reflux Disease (GERD) Symptoms

Roy C. Orlando, MD, FACG, John T. Monyak, PhD, Debra G. Silberg, MD, FACG, Tulane University Health Sciences Center, New Orleans, LA and AstraZeneca LP, Wilmington, DE.

P372. Eotaxin-3 Immunofluorescence in Adults with Dysphagia: Is There More to Eosinophilic Esophagitis Than Meets the Microscopic Eye?

Edward J. Frech, Scott K. Kuwada, Mae F. Go, Kristen L. Thomas, Frederic C. Clayton, Phillip Gray, Gerald J. Gleich, John C. Fang, Kathryn A. Peterson, GI, Pathology and Dermatology, UUMC, and GI, VAMC, Salt Lake City, UT.

P373. Predictors of Erosive Esophagitis in Patients with Symptoms of Gastroesophageal Reflux Disease (GERD)

Roy C. Orlando, MD, FACG, John T. Monyak, PhD, Debra G. Silberg, MD, FACG, Tulane University Health Sciences Center, New Orleans, LA and AstraZeneca LP, Wilmington, DE.

P374. Prevalence and Impact of Co-Morbid Psychological Distress on Response to PPI Therapy in Patients with GERD

★ *2007 ACG/Novartis Motility Award Recipient*
William D. Chey, MD, Borko Nojkov, MD, Joel R. Rubenstein, MD, Susan A. Adlis, MS, Michael J. Shaw, MD, Division of Gastroenterology, University of Michigan Health System, Ann Arbor, MI and Park Nicollet Institute, Minneapolis, MN.

P375. A PPI Is a PPI! Similar Results for Continuous Reflux on Therapy

★ *2007 ACG Presidential Poster Award Recipient*
Amit Agrawal, MD, Neeraj Sharma, MD, Donald O. Castell, MD, Department of Gastroenterology and Hepatology, Medical University of South Carolina, Charleston, SC.

STOMACH

P376. Effect of Prokinetics (PK) on Gastric Emptying (GE) and Symptoms in Placebo-Controlled Trials of Gastroparesis: A Systematic Analysis

Preet Bagi, MD, Michael D. Crowell, PhD, Nicholas J. Talley, MD, Michael P. Jones, MD, Division of Gastroenterology, Northwestern University, Chicago, IL; Division of Gastroenterology, Mayo Clinic, Rochester, MN and Division of Gastroenterology, Mayo Clinic, Scottsdale, AZ.

P377. T Regulatory Cells Are Abnormal in Gastroparesis (GP)

Vikram Taruga, MD, William Johnson, PhD, Mark Runnels, MS, Phillips Jenkins, MD, Gailen Marshall, MD, PhD, Thomas Abell, MD, Dept. of Digestive Diseases, University of Mississippi Medical Center, Jackson, MS.

P378. Relationship of Symptoms to Quality of Life in Patients with Gastroparesis

Pooja Sukhwani, MD, Siva Doma, MD, Henry P. Parkman, MD, Medicine, Temple University School of Medicine, Philadelphia, PA.

P379. Comparisons of Alimentary Tract Transit Times among Normal Subjects from Two Multicenter Trials Using SmartPill Wireless pH/Pressure Recording Capsule: Its Clinical Implication

I. Sarosiek, MD, J. Sarosiek, MD, S. Rao, MD, H. Parkman, MD, B. Kuo, MD, J. Lackner, PsyD, L. Katz, MD, M. Sitrin, MD, W. Chey, MD, W. Hasler, MD, J. DiBaise, MD, J. Wo, MD, K. Koch, MD, J. Semler, PhD, R. McCallum, MD, KUMC, Kansas City, KS; UI, Iowa City, IA; TU, Philadelphia, PA; MGH, Boston, MA; UB, Buffalo, NY; MC, Scottsdale, AZ; UL, Louisville, KY; UM, Ann Arbor, MI; WFU, Winston Salem, NC and The SP Corp., Buffalo, NY.

P380. The Effect of Tegaserod on Gastric Accommodation and Gastric Emptying in Patients with Functional Dyspepsia and Comparison with Domperidone

Mohamed N.A. Al-Aghbar, PhD, Internal Medicine, Basel Medical Centre, Abu Dhabi, United Arab Emirates.

P381. Implanted Gastric Pacemaker for the Treatment of Diabetic Gastroparesis: A University Hospital Experience

Rassa Shahidzadeh, MD, John D. Mellinger, MD, Bruce V. MacFadyen, MD, Ayaz J. Chaudhary, MD, FACG, Section of Gastroenterology/Hepatology and Section of Gastrointestinal Surgery, Medical College of Georgia, Augusta, GA.

P382. A Cost Analysis of GERD and Dyspepsia in Iran

Mohammadreza Rezailashkajani, MD, Delnaz Roshandel, MD, Sepideh Shafaei, MD, Mohammad Reza Zali, MD, FACG, Health Informatics, Research Center for Gastroenterology and Liver Disease, Tehran, Islamic Republic of Iran.

P383. Assessment of Reasons for Non-Adherence to Nonvariceal Upper Gastrointestinal Bleeding (NVUGIB) Guidelines

Sean M. Hayes, PsyD, Ian A. Hawes, BSP, Martin Dawes, MD, Alan Barkun, MD, Performance and Education Research Division, AXDEV Group Inc, Canada; Medical Affairs, AstraZeneca Canada Inc, Canada; Department of Family Medicine and Division of Gastroenterology, McGill University, Canada.

P384. Novel Biopsy Technique for Diagnosis of Gastric Subepithelial Lesions

Shashin Shah, MD, Mark J. Sterling, MD, Division of Gastroenterology and Hepatology, UMDNJ-New Jersey Medical School, Newark, NJ.

P385. Clinical Presentation and Endoscopic Management of Dieulafoy's Lesions in an Urban Community Hospital

SriKrishna Nagri, Sury Anand, Yashpal Arya, Gastroenterology, Brooklyn Hospital Center, and Gastroenterology, Wyckoff Heights Medical Center, Brooklyn, NY.

P386. A Retrospective Study on the Role of *Helicobacter pylori* in Positive Fecal Occult Blood Tests in Hispanic Veterans

Manuel Salcedo, MD, Doris H. Toro, MD, Javier Pou, MD, Carol L. Torres, MD, Gastroenterology, VA Caribbean Healthcare System, San Juan, Puerto Rico.

P387. Fasting Gastric Leptin Levels Are Elevated in Diabetics Independent of BMI

Benjamin Young, MD, Jatin Roper, MD, Michelle Mourad, MD, Asalia Z. Olivares de Perez, MS, Guillermo I. Perez-Perez, DSc, Zhiheng Pei, MD, PhD, Martin J. Blaser, MD, Fritz Francois, MD, MSc, Medicine, NYU School of Medicine, New York, NY; Medicine, University of California San Francisco, San Francisco, CA and Medicine, Beth Israel Deaconess Medical Center, Boston, MA.

P388. Ischemic Gastritis; an Unusual Cause of Abdominal Pain and Gastric Ulcers

Steven Kaptik, MD, Yasser Jamal, MD, B. Kay Jackson, MD, Claudio R. Tombazzi, MD, Medicine, University of Tennessee, Memphis, TN.

PANCREATIC/BILIARY

P389. Hemoconcentration Alone Is an Unreliable Predictor of Mortality in Acute Pancreatitis

★ 2007 ACG Presidential Poster Award Recipient

Bechien U. Wu, MD, Richard S. Johannes, MD, Xiaowu Sun, PhD, Peter A. Banks, MD, Division of Gastroenterology, Center for Pancreatic Disease, Brigham and Women's Hospital, Boston, MA and Cardinal Health-MediQual, Marlborough, MA.

P390. Admission Apache II for Prediction of In-Hospital Mortality in Acute Pancreatitis

Bechien U. Wu, MD, Richard S. Johannes, MD, Xiawu Sun, PhD, Peter A. Banks, MD, Division of Gastroenterology, Center for Pancreatic Disease, Brigham & Women's Hospital, Boston, MA and Cardinal Health-MediQual, Marlborough, MA.

P391. Endoscopic Drainage of Pancreatic Fluid Collections Using Fully Covered Metallic Stents (CSEMS): A Feasibility Study

Michel Kahaleh, MD, Jayant P. Talreja, MD, Diklar Makola, MD, Tanya D. Morris, RN, Vanessa M. Shami, MD, Paul Yeaton, MD, Digestive Health Center, University of Virginia, Charlottesville, VA.

P392. Perceived Cancer Risk among Patients with Pancreatic Cysts

Ketan Kulkarni, MD, Savreet Sarkaria, MD, Mark Pochapin, MD, Felice Schnoll-Sussman, MD, Division of Gastroenterology and Hepatology, Weill Cornell Medical Center, New York, NY.

P393. Utility of the SPYGLASS Cholangiopancreatograph (SCPS): An Initial Series of 26 Cases at a Tertiary Care Center

Diego I. Kuperschmit, MD, Franklin E. Kasmin, MD, Seth A. Cohen, MD, Jerome H. Siegel, MD, Gastroenterology, Beth Israel Medical Center, New York, NY.

P394. Dissociation in the Sensitivity of Magnetic Resonance Cholangiopancreatography in the Diagnosis of Biliary and Pancreatic Diseases

Emad Qayed, MD, Qiang Cai, MD, FACG, Department of Medicine Division of Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P395. Multiple Biliary Stenting—An In Vitro Comparison Using a Novel ERCP Mechanical Simulator

Joseph W. Leung, MD, Brian Lim, MD, Chhaya Hasyagar, MD, Robert Wilson, BVD, Felix W. Leung, MD, Gastroenterology, Sacramento VA Medical Center, Mather, CA; Division of Gastroenterology and Hepatology, UC Davis Medical Center, Sacramento, CA and Gastroenterology, Sepulveda ACC, VAGLAHCS and David Geffen School of Medicine at UCLA, North Hills, CA.

P396. Trends and Experiences with ERCP and MRCP in Maryland

Josh Forman, MD, Eric Goldberg, MD, Peter Darwin, MD, Division of Gastroenterology and Hepatology, University of Maryland School of Medicine, Baltimore, MD.

P397. Trainers' Assessment of Mechanical Simulator Practice in ERCP Training

Brian S. Lim, MD, Joseph W. Leung, MD, Robert Wilson, BVD, Felix Leung, MD, Gastroenterology, UC Davis Med Cntr, Sacramento, CA; Sacramento VA Med Cntr, Mather, CA and Sepulveda ACC/David Geffen School of Medicine at UCLA, Sepulveda, CA.

P398. Efficacy and Safety of ERCP in the Pediatric Population When Performed by Adult Gastroenterologists: A 6 Year Review

Simona Meca, MD, Brian Schwender, MD, Ari Wiesen, MD, Bernard Stark, MD, Sideridis Kostas, DO, Simmy Bank, MD, Gastroenterology, Long Island Jewish Medical Center, New Hyde Park, NY.

P399. Detection of Patients at Increased Risk of Pancreatic Cancer Utilizing Electronic Databases

Brandon A. Conkling, DO, James T. Sing, DO, Richard A. Erickson, MD, Gastroenterology, Scott & White Hospital, Texas A&M Health Sciences Center, Temple, TX.

P400. Comparison of Cyst Fluid DNA Analysis Utilizing Two Different DNA Interpretations

Mustafa Alnounou, MD, Sirish Sanaka, MD, Jeffrey Tokar, MD, Oleh Haluszka, MD, Fox Chase Cancer Center, Philadelphia, PA.

P401. Pancreatic Cyst Size and Malignancy: An Endoscopic Ultrasound Perspective

Jayaprakash Sreenarasimhaiah, MD, Luis A. Armstrong, MD, Luis F. Lara, MD, Shou J. Tang, MD, Division of Digestive and Liver Diseases, University of Texas Southwestern, Dallas, TX.

P402. Inferior Vena Cava Compression Due to Biloma: A Case Report

Shailaja Jamma, MD, Michael Aref, MD, Andrew Batey, MD, Thomas Huber, MD, Internal Medicine, University of Illinois at Urbana Champaign, IL and Gastroenterology, UIUC, IL.

P403. Metastatic Cholangiocarcinoma Masquerading as Mesenteric Ischemia

Andrew N. Pearson, MD, Rassa Shahidzadeh, MD, Vinayasekhara Reddy, MD, Section of Gastroenterology, Medical College of Georgia, Augusta, GA.

P404. Comparison of Abdominal Ultrasound and ERCP in Determining the Etiology of Obstructive Jaundice

Arif Amir Nawaz, FACG, FACP, Shahid Sarwar, FCPS, Salwa Hussain, MBBS, Atiqa Batul, MBBS, Khubaib Shahid, FCPS, Gastroenterology and Hepatology, Fatima Memorial Hospital Shadman, Lahore, Punjab, Pakistan.

P405. A Single Institution's Initial Experience with Spyglass™ in the Diagnosis and Management of Biliary Disease during ERCP

Karen R. Canlas, MD, Malcolm S. Branch, MD, Paul S. Jowell, MD, Darren A. Pavey, MD, Jorge V. Obando, MD, John A. Evans, MD, Department of Gastroenterology, Duke University Medical Center, Durham, NC.

P406. A Patient with Choledochal Cyst

Nausheer A. Khan-Bitni, MD, Kaleem M. Rizvon, MD, Omer K. Masood, MD, Paul J. Mustacchia, MD, Gastroenterology, Nassau University Medical Center, East Meadow, NY.

SMALL INTESTINE/UNCLASSIFIED

P407. Fine-Needle Aspiration Biopsy of Duodenal Gangliocytic Paraganglioma: Report of Two Cases

Nilesh P. Patel, MD, Jason D. Conway, MD, MPH, James O. Cappellari, MD, Kathleen G. Gibson, Pathology, Wake Forest University School of Medicine, Winston-Salem, NC and Internal Medicine, Section on Gastroenterology, Wake Forest University School of Medicine, Winston-Salem, NC.

P408. Double Balloon Enteroscopy: Virginia Commonwealth University Health System Experience

★ 2007 ACG Presidential Poster Award Recipient

Amrita Sethi, MD, Doumit S. BouHaidar, MD, Bimaljit Sandhu, MD, Alvin Zfass, MD, Gastroenterology, Virginia Commonwealth University, Richmond, VA.

P409. POSTER WITHDRAWN

P410. Magnetic Resonance Imaging (MRI) of the Small Intestine: Utility of This Modality in a Large Urban Community Hospital

Nalini K. Sharma, MD, Dana A. Sloane, MD, Jennifer Lee, MD, I.D. Shocket, MD, Julio A. Salcedo, MD, J.D. McFadden, MD, Gastroenterology/Medicine and Radiology, Washington Hospital Center, Washington, DC.

P411. Enteroscopy Using the New 47F Discovery SB and Fujinon Endoscope

Paul A. Akerman, MD, Daniel Cantero, MD, Jose Avila, MD, University Gastroenterology, Providence, RI; Hospital Francais, Ascuncion, Paraguay and Rhode Island Hospital, Providence, RI.

P412. Mantle Cell Lymphoma of the GI Tract: Is It Distinctive from Other Gastrointestinal Lymphomas?

Adrienne LaJoie, MD, Williamson B. Strum, MD, Gastroenterology and Hepatology, Scripps Clinic and Research Institute, La Jolla, CA.

P413. Clostridium difficile Small Bowel Enteritis

Harry A. Lazarte, MD, Syed Bin-Sagheer, MD, Kelli Peterson, MD, Department of Gastroenterology, Creighton University Medical Center, Omaha, NE.

P414. Continuous Intravenous Administration of Teduglutide (ALX-0600), a Glucagon-like Peptide-2 (GLP-2) Analog Induces Intestinal Trophic Activity

Lidia L. Demchyshyn, Nathan Teuscher, David S. Wells, Dept of Drug Discovery, NPS Pharmaceuticals, Toronto, ON, Canada.

P415. Pharmacokinetics and Safety Profile of a Range of Teduglutide Doses Given for Eight Days in Healthy Volunteers

Nonko Pehlivanov, MD, John Wallens, Jay Yang, PhD, Jane Cyran, PhD, David Wells, PhD, NPS Pharmaceuticals, Parsippany, NJ.

P416. The Significance of Antineutrophil Cytoplasmic Antibody in Adult Patients with Henoch-Schönlein Purpura Presenting Mainly with Gastrointestinal Symptoms

Yan Zhang, MD, Yongkang Wu, MSB, Matthew Ciorba, MD, Qin Ouyang, MD, Division of Gastroenterology, West China Hospital of Sichuan University, Chengdu, Sichuan, China; Department of Laboratory Medicine2, West China Hospital of Sichuan University, Chengdu, Sichuan, China and Division of Gastroenterology, Washington University School of Medicine, St. Louis, MO.

P417. Kaposi's Sarcoma Presenting as Small Bowel Intussusception: Case Presentation and Review of the Literature

Khursheed Haider, MD, Vijay Nakhate, MD, Shahid Ahmed, MD, Victoria Bengualid, MD, Internal Medicine, St. Barnabas Hospital, Bronx, NY.

P418. Revisiting Capsule Endoscopy in the Diagnosis of Small Bowel Malignancy

Anthony Aghenta, MD, Ayodele Osowo, MD, Tarun Kothari, MD FACC, FACP, Internal Medicine, Unity Health System, Rochester, NY.

LIVER

P419. Etiological, Clinical and Radiological Profile of Suppurative Lesions in Solid Abdominal Visceras

A.P. Srivastava, MD, Namrata Nigam, MD, A.K. Jain, DM, V.K. Dixit, DM, Department of Gastroenterology, IMS, BHU, Varanasi, Varanasi, UP, India.

P420. Factors Associated with Treatment Failure in Patients with Genotype 3 Hepatitis C Virus Infection

Xinyu Zhao, MD, Gulam M. Khan, MD, Tinghui Hsieh, MD, Kumaravel Perumalsamy, MD, Michael Bernstein, MD, Kadiwarel Iswara, MD, Scott Tenner, MD, Xiaoli Ma, MD, Jianjun Li, MD, Gastroenterology, Maimonides Medical Center, Brooklyn, NY and Gastroenterology and Hepatology, Temple University, Philadelphia, PA.

P421. Statins and Hepatitis C Therapy: A Retrospective Analysis in a Veteran Medical Center

Andrew Simpson, MD, Kamil Obideen, MD, Samir Parekh, MD, Sakaria Sonali, MD, Patel Minal, MD, Kristina Chacko, MD, Mohamad Wehbi, MD, Medicine/Division of Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P422. Safety of Bioelectrical Impedance Analysis in Evaluation of Patients with Liver Cirrhosis and Relation with Severity of Disease

Daniele Torres, MD, Gaspare Parrinello, MD, Salvatore Paterna, MD, Pietro Di Psquale, MD, Giuseppe Licata, MD, Internal Medicine Department, University Hospital, Palermo, Italy.

P423. Single Dose of Infliximab Is Safe and Effective in Severe Alcoholic Hepatitis: An Open Label Study

Praveen Sharma, MD, DM, Ashish Kumar, MD, DM, Ajay Kumar, MD, Hitendra Garg, MD, Barjesh C. Sharma, MD, DM, Shiv K. Sarin, MD, DM, Gastroenterology, G B Pant Hospital, New Delhi, Delhi, India.

P424. Liver Transplant Patients with Hepatitis C Who Do Not Respond to Pegylated Interferon Plus Ribavirin Do Respond to Consensus Interferon Plus Ribavirin

Shobha N. Joshi, MD, Fredric G. Regenstein, MD, Abdominal Transplant, Tulane University School of Medicine, New Orleans, LA.

P425. MyD88-Dependent Bone Marrow-Derived Cells Mediate Sensitization to Lipopolysaccharide-Induced Acute Liver Injury

Arumugam Velayudham, MD, Istvan Hritz, MD, Angela Dolganiuc, MD, Pranoti Mandrekar, PhD, Evelyn Kurt-Jones, MD, Gyongyi Szabo, MD, Department of Medicine, Division of Gastroenterology, University of Massachusetts Medical School, Worcester, MA.

P426. Effects of Pentoxifylline and Weight Reduction on Liver Histology in Patients with Non-Alcoholic Steatohepatitis (NASH)

Ajay Kumar, MD, Ashish Kumar, MD, DM, Puja Sakhuja, MD, Deepak K. Singh, MD, Barjesh C. Sharma, MD, DM, Shiv K. Sarin, MD, DM, Gastroenterology, and Pathology, G B Pant Hospital, New Delhi, Delhi, India.

P427. Cryptococcus and Cirrhosis. Have We Been Missing the Association?

Rajasekhara R. Mummadi, MD, Krishna S. Kasturi, MD, Audrey Nguyen, MD, Division of Gastroenterology, The University of Texas Medical Branch, Galveston, TX.

P428. To Investigate the Utility of a Week-4 Virological Response for SVR Prediction in Hepatitis C Virus (HCV) Genotype 3 Patients Treated with Pegylated Interferon and Ribavirin for 24 Weeks

Shamail Zafar, MBBS, FCPS, Israr UI Haque Toor, MBBS, FCPS, Nusrat Ullah Chaudhry, MBBS, MRCP, Department of Gastro-Enterology & Hepatology, Lahore Medical & Dental College, Lahore, Punjab, Pakistan.

P429. Adequacy of Liver Biopsy Specimens Performed by Gastroenterologists and Radiologists

Muhammad Y. Sheikh, MD, Muhammad H. Bashir, MD, Jasjit Singh, MBBS, Farheen A. Khan, Humaira Sadiq, MD, Mandeep Singh, MD, William C. Pitts, MD, Kandarp K. Shah, MD, Division of Gastroenterology and Hepatology, University of California, San Francisco-Fresno Education Program, Fresno, CA.

P430. The APRI Is a Fair Estimator of Fibrosis in NAFLD, and May Be Enhanced by the Use of Age

Karen O. Steffer, MD, Shu-Yuan Xiao, MD, John Petersen, PhD, Ned Snyder, MD, Internal Medicine, and Pathology, University of Texas Medical Branch, Galveston, TX.

P431. Screening, Diagnosis and Treatment Strategies Used by the Gastroenterologists in Ohio for NASH/NAFLD

Thomas Sodeman, MD, Isam Daboul, MD, Charles Filipiak, MD, Sirni Hejeebu, DO, Vikas Ghai, MD, Department of Gastroenterology and Department of Medicine, University of Toledo, Toledo, OH.

P432. Non-Invasive Predictors of Large Varices in Patients Hospitalized with Gastroesophageal Variceal Hemorrhage

Faisal W. Ismail, MD, Hasnain A. Shah, FRCP, Saeed S. Hamid, FRCP, Shahab Abid, MD, Wasim Jafri, FRCP, Medicine, Aga Khan University Hospital, Karachi, Sind, Pakistan.

P433. Leucocyte Esterase Reagent Strips for the Diagnosis of Spontaneous Bacterial Peritonitis: A Systematic Review

Anastasios Koulaouzidis, MD, MRCP, Grigoris I. Leontiadis, MD, PhD, Elmuhtady Said, MBBS, Jaber Gasem, MBCh, MRCP, Athar A. Saeed, FRCP, Eustratios Maltezos, MD, PhD, Gastroenterology, Bangor Hospital, Bangor, North Wales, UK; Gastroenterology, Medical School 'Democritus' University, Alexandropolis, Thrace, Greece and Gastroenterology, Queen Elizabeth Hospital, Gateshead, Tyne and Wear, UK.

P434. The Effect of Statins on PEG-Interferon/Ribavirin Treatment for Chronic Hepatitis C

Roy D. Yen, MD, Anoop Prabhu, MD, Thomas Mahl, MD, Internal Medicine/Gastroenterology, VA Western New York Healthcare System, Buffalo, NY.

P435. Predictive Values of HOMA and Metabolic Syndrome by Different Definitions in Identifying NASH and Liver Fibrosis in a Population with High Prevalence of Obesity and Diabetes

Ibrahim A. Hanouneh, MD, Tamali Bhattacharyya, MD, Hesham M. Elgouhari, MD, Nizar N. Zein, MD, Arthur J. McCullough, MD, Ariel E. Feldestein, MD, Internal Medicine, Cell Biology, Gastroenterology and Hepatology, and Pediatric Gastroenterology and Cell Biology, Cleveland Clinic, Cleveland, OH.

P436. Anticoagulation Therapy Using with Danaparoid Sodium for Portal Venous Thrombosis

Ryushi Shudo, MD, Yasuyuki Yazaki, MD, Mitsunori Honda, MD, Kenji Sugawara, MD, Shuichi Maeda, MD, Haruyasu Yoshizaki, MD, Shigeto Muranaka, MD, Akihiro Imada, MD, Gastroenterology, Kurosawa Hospital, Obihiro, Hokkaido, Japan and Gastroenterology, Kobayashi Hospital, Kitami, Hokkaido, Japan.

P437. Detection of Caspase Activity in the Plasma of Patients with Various Liver Diseases as a Novel Biomarker of Hepatic Fibrosis

Hesham M. Elgouhari, Nizar N. Zein, Lisa Yarian, Ibrahim A. Hanouneh, Rocio Lopez, Ariel E. Feldestein, Gastroenterology and Hepatology, Anatomic Pathology, Biostatistics and Epidemiology, Internal Medicine, and Pediatric Gastroenterology and Cell Biology, Cleveland Clinic, Cleveland, OH.

P438. Large Volume Paracentesis Can Be Performed Safely by a Nurse Practitioner and Can Reduce Physician Work-Load in a Busy GI Practice

Kandarp Patel, DO, Erin Tharalson, NP, Tony Merrill, Nooman Gilani, MD, FACP, Department of Gastroenterology, Carl T. Hayden VAMC, Phoenix, AZ and Department of Medicine, Good Samaritan Regional Medical Center, Phoenix, AZ.

P439. In Hospital Mortality Rates of Patients Admitted for Esophageal Variceal Hemorrhage over a 15 Year Period: MELD as a Predictor

Amanda D. Fehring, DO, Toan Ngyuen, MD, Kenneth D. Rothstein, MD, Department Gastroenterology & Hepatology, Albert Einstein Medical Center, Philadelphia, PA.

P440. High MELD Score and Type of Immunosuppression Are Predictors of Gastrointestinal Bleeding after Liver Transplantation

Julian Perez, MD, Mauricio Orrego, MD, Oscar Martinez, MD, Ramesh Koka, MD, Cosme Manzerbeitia, MD, Philip Katz, MD, Internal Medicine, Liver Transplant, and Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA.

P441. Incidence and Mortality Trends of Liver Cancer among Puerto Ricans, US Hispanics and Non-Hispanic US Population

Carlos Romero-Marrero, MD, Ana P. Ortiz, PhD, Graciela Nogueras, MPH, William Calo, MPH, Eduardo Hernandez, MPH, Nayda Figueroa, MD, Esther A. Torres, MD, MACG, Erick Suarez, PhD, Medicine Division of Gastroenterology, and Biostatistics and Epidemiology, University of Puerto Rico School of Public Health, and Puerto Rico Cancer Center, University of Puerto Rico, San Juan, Puerto Rico.

P442. Capsule Endoscopy Can Discriminate between Large/Medium Varices and Small or No Varices: Defining the Threshold ★ 2007 ACG Presidential Poster Award Recipient

Kevin P. Meitz, DO, Ian R. Schreiber, MD, Thomas R. Riley, MD, Tri H. Le, MD, Gastroenterology & Hepatology, Hershey Medical Center/Penn State University, Hershey, PA.

P443. Hepatic Infarct Following TIPS with a ePTE-Covered Stent and Review of the Literature

Sandra M. Jara, MD, Joseph McKinley, MD, John M. Coleman, MD, William Boyd, MD, Division of Digestive Diseases & Nutrition, and Division of Interventional Radiology, James A. Haley VA Hospital, Tampa, FL.

COLON

P444. Narrow-Band Imaging for Differentiating Neoplastic and Nonneoplastic Colon Polyps during Colonoscopy in Clinical Practice

★ 2007 ACG Presidential Poster Award Recipient

Ananth Vadee, MD, Colin Swales, MD, Curuchi Anand, MD, Gastroenterology, Saint Vincent Hospital, Worcester, MA and Gastroenterology, University of Massachusetts Medical Center, Worcester, MA.

P445. In Vivo Prediction of Polyp Histology Using High Definition/Magnification and Narrow Band Imaging (NBI)

Anu K. Mathew, MD, Francisco C. Ramirez, MD, FACG, Nooman Gilani, MD, FACG, Gastroenterology, Carl T. Hayden VAMC, Phoenix, AZ.

P446. Normal Anorectal Biomechanics Analyzed with Concurrent Intraluminal Manometry, Surface EMG and Fluoroscopy

Ann Ouyang, MD, Sung-Yup Kim, David S. Hartman, MD, James G. Brasseur, PhD, Medicine and Radiology, Hershey Medical Center, Penn State University, Hershey, PA, and Mechanical Engineering, Penn State University, University Park, PA.

P447. Predicting Obstructive Defecation: Symptoms and Physiologic Tests

Kian Makipour, MD, Siva Doma, MD, Henry P. Parkman, MD, Medicine, Temple University, Philadelphia, PA.

P448. Comparison of Anorectal Manometry to Endoanal Ultrasound in the Evaluation of Fecal Incontinence

Savio Reddymasu, MD, Sana Waheed, MD, Shailender Singh, MD, Benjamin Alsop, Melissa Oropeza-Vail, RN, Richard McCallum, MD, Mojtaba Olyae, MD, Internal Medicine, University of Kansas Medical Center, Kansas City, KS.

P449. A Novel Artificial Magnetic Sphincter To Prevent Fecal Incontinence

Mauro Bortolotti, MD, Giampaolo Ugolini, MD, Annamaria Grandis, VD, Giosue Mazzer, MD, Isacco Montroni, MD, Internal Medicine and Gastroenterology, Surgical and Anaesthesiological Sciences, and Veterinary Morphophysiology, University of Bologna, Bologna, Italy.

P450. Relationship between Sporadic Hyperplastic Polyps and Colorectal Neoplasia in Hispanic Veterans

Rafael Perez, MD, Arnaldo Lasa, MD, Doris H. Toro, MD, Marcia Cruz-Correa, MD, PhD, Jaime Martinez-Souss, MD, Gastroenterology Section, VA Caribbean Healthcare System, and Comprehensive Cancer Center, University of Puerto Rico, San Juan, Puerto Rico.

P451. Do ACG Guidelines Still Predict *C. difficile* Diarrhea in Hospitalized Patients?

Michael Kaczanowski, MD, David Peretz, MD, Jonathan A. White, MD, William B. Hale, MD, Gastroenterology, Norwalk Hospital, Yale University School of Medicine, Norwalk, CT.

P452. Intravenous Immunoglobulins for *Clostridium difficile* Infection—A Systematic Review

Anastasios Koulaouzidis, MD, MRCP, Syed Habib, MBBS, Saeed Ur Rehman, MBBS, Naveen Honnappa, MBBS, DVD, John Moschos, MD, PhD, Athar A. Saeed, FRCP, Gastroenterology, Llandudno Hospital, Llandudno, Cwny, United Kingdom; Gastroenterology, 424 Army Hospital, Thessaloniki, Greece and Gastroenterology, Queen Elizabeth Hospital, Gateshead, United Kingdom.

P453. Fospropofol Disodium Is Effective and Safe for Sedation during Colonoscopy

Douglas K. Rex, MD, Lawrence B. Cohen, MD, Indiana University Medical Center, Indianapolis, IN and The Mount Sinai Hospital, New York, NY.

P454. Diagnostic Yield of Colonoscopy in Patients Referred with Iron Deficiency Anaemia. Do Patients under 50 Years of Age Merit Such Indication?

Mahboob Ali, MBBS, Linga Devi Thanasekaran, MBBS, Abdur Rafeh Khan, MBBS, Irfan Maqsood, MBBS, Nosheen Khawaja, MBBS, Irrum Tetlay, MBBS, Muhammad Naeem Khan, MBBS, Nicholas Russell, FRCP, Babur Javaid, FRCP, Medicine, North Cumbria Acute Hospitals NHS Trust, Whitehaven, England, United Kingdom.

P455. Nurses Who Assist in Colonoscopy with Sedation On-Demand and a Novel Technique of Water Infusion without Air Insufflation Evaluate the Combination as Credible Options for Patient Care

Rodelei Siao-Salera, BSN, RN, Hazel Cabrera, RN, Joseph W. Leung, MD, FACG, Dannie Prather, RN, Lee Toomsen, RN, Surinder K. Mann, MD, FACG, Kanat Ransibrahmanakul, MD, Felix W. Leung, MD, Gastroenterology, Sacramento VA Medical Center, VANCHCS, Mather, CA and Gastroenterology, Sepulveda ACC, VAGLAHS and David Geffen School of Medicine at UCLA, North Hills, CA.

P456. Mismatch Repair Proteins and Clinicopathologic Factors in Colorectal Cancer

Mahsa Molaei, MD, Babak Noorinayer, MD, Ali Ghanbarimotlagh, MD, Somayeh Ghiasi, MD, S. Alireza Emami, MD, Katayoon Aghajani, MD, Mohamadreza Zali, Pathology and Gastroenterology, Research Center for Gastroenterology and Liver Disease, Taleghani Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran.

P457. The Association of Diabetes Mellitus and Colorectal Cancers

Samir L. Habashi, MD, Juan C. Munoz, MD, Kenneth Vega, MD, Gastroenterology, University of Florida Health Science Center/Jacksonville, Jacksonville, FL.

P458. Small (<5mm) Right Sided Polyps (P) Are More Likely Adenomatous (A) Than Small Left Sided Polyps during Colonoscopy (C)

John M. Haydek, MD, John P. Haydek, Chris M. Haydek, Gastrointestinal Associates, Knoxville, TN.

CLINICAL VIGNETTES

P459. Cholestatic Hepatitis Associated with Hyperthyroidism, and Exacerbated by Methimazole Therapy

Erick H. Chinga-Alayo, MD, Bashar M. Attar, MD, PhD, Frida Abrahamian, MD, Gastroenterology, Cook County - John H. Stroger Hospital, Chicago, IL and Gastroenterology, Rush University Medical School, Chicago, IL.

P460. Methotrexate in Autoimmune Hepatitis

Roger Montenegro, MD, Gijo Vettiankal, MD, Melchor Demetria, MD, Bashar M. Attar, MD, PhD, Gastroenterology, Cook County-John H. Stroger Hospital and Rush University Medical School, Chicago, IL.

P461. Type I Acute Autoimmune Hepatitis in a Male Patient

Navakanth Gorrepati, MD, Atulkumar Patel, MD, Department of Internal Medicine and Division of Gastroenterology, William Beaumont Hospital, Royal Oak, MI.

P462. Sinusoidal Occlusion Syndrome Following Exposure to Gemtuzumab: Unsuccessful Treatment with Defibrotide

Alastair D. Smith, MB, ChB, Daniel J. Hampton, MD, Joseph O. Moore, MD, Louis F. Diehl, MD, Gastroenterology & Hepatology, Duke University, Durham, NC and Hematology, Duke University, Durham, NC.

P463. MALTOMA of the Colon Presenting as Autoimmune Hemolytic Anemia

Amanpal Singh, MD, MS, Jack B. Alperin, MD, Alvah R. Cass, MD, Guillermo Gomez, MD, G.S. Raju, MD, Internal Medicine, Family Medicine and Surgery, University of Texas Medical Branch, Galveston, TX.

P464. Acute Hemorrhagic Colitis in 25 Year Old Man Treated for Flu like Symptoms

Dana M. Kaplan, Jianlin Xie, MD, PhD, Anisha Thadani, MD, Sita Chokhavatia, MD, Gastroenterology, The Mount Sinai Medical Center, New York, NY.

P465. Recurrent Signet-Cell Type Gastric Cancer Simulating Ulcerative Colitis

Matthew Mukherjee, MD, A. Brodsky, MD, Irwin M. Grosman, MD, Gastroenterology, Long Island College Hospital, Brooklyn, NY.

P466. Ischemic Colitis in a Patient Receiving Carboplatin and Paclitaxel for Non-Small Cell Carcinoma of the Lung

Sumanta K. Pal, MD, Donald David, MD, Department of Medical Oncology and Department of Gastroenterology, City of Hope National Medical Center, Duarte, CA.

P467. Delayed Colonic Perforation after ESD in a Patient with Ulcerative Colitis

Matthew L. Bechtold, MD, Ajitinder Grewal, MD, Todd W. Kilgore, MD, Srinivas R. Puli, MD, Mainor R. Antillon, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P468. Toxic Megacolon with Perforation: A Complication of Salmonella Colitis in the U.S.

Isam Daboul, MD, Vikas Ghai, MD, Adeel Husain, Srin Hejeebu, DO, Gastroenterology and Medicine, University of Toledo, Toledo, OH.

P469. Intra Abdominal Pathology in Polymyalgia Rheumatica Presenting as Exacerbation of Rheumatic Disease

Punyanganie de Silva, MRCP, Nagarajan Pranesh, MRCS, Guy Vautier, FRCP, Department of Gastroenterology and Department of Surgery, James Paget University Hospital, United Kingdom.

P470. Heat Stress and Exercise Induced Ischemic Colitis in a 21 Year Old

Riffat Meraz, MD, Namita Chittoria, MD, Preeti Mehta, MD, Uma Murthy, MD, Internal Medicine, SUNY Upstate Medical University, Syracuse, NY.

P471. Delayed Post-Polypectomy Bleeding Associated with Use of Bilberry (Vaccinium Myrtillus) Extract

Mitchell Duterte, MD, Shawn Waugh, PA-C, Rizwana Thanawala, MD, Lake City, FL.

P472. Mycophenolate Mofetil (MMF) Induced Cecal Ulceration in a Patient with Lupus Nephritis

Ehteshamul H. Anjum, MD, Prabodh Ranjan, MD, Jinil Yoo, MD, Pramod Joseph, MD, Nephrology, Our Lady of Mercy Medical Center/New York Medical College, Bronx, NY and Gastroenterology, Our Lady of Mercy Medical Center/New York Medical College, Bronx, NY.

P473. Isolated Polypoid Ganglioneuroma of the Sigmoid Colon

Debapriya De, MD, James Kumar, MD, Srikanth Vallurupalli, MD, Krishnarao V. Tangella, MD, Davendra P. Ramkumar, MD, Internal Medicine, University of Illinois at Urbana Champaign, Urbana, IL; Pathology, Provena Covenant Medical Center, Urbana, IL and Gastroenterology, University of Illinois at Urbana Champaign, Urbana, IL.

P474. Complicated Periappendiceal Abscess Diagnosed on Colonoscopy

Raja S. Vadlamudi, MD, Puneeth Goenka, MD, Department of Internal Medicine, East Tennessee State University, Johnson City, TN.

P475. Cisplatin Induced Ischemic Colitis: A Case Report

Kanwar R.S. Gill, MD, Seth A. Gross, MD, Mohammad Al-Haddad, MD, Tejal Patel, James S. Scolapio, MD, Division of Gastroenterology & Hepatology, Mayo Clinic, Jacksonville, FL.

P476. A Rare Mimic of Colon Cancer: Ameboma

Malini Madhavan, MBBS, Chenni S. Sriram, MD, Gautam Kumar, MBBS, MRCP(UK), Department of Internal Medicine and Molecular Pharmacology/Experimental Therapeutics, Mayo Clinic, Rochester, MN.

P477. Isolated Cecal Infarction with the Radiological Picture of a Mass Lesion in a Patient with an Acute Abdomen and No Obvious Predisposing Factors

M. Momeni, MD, P. Basi, MD, G. Martin, MD, S. Anand, MD, V. Rovito, MD, GI, Lutheran Medical Center, Brooklyn, NY.

P478. Recurrent Hematochezia—A Rare Presentation of the Klippel-Trenaunay-Weber Syndrome

Bhaves B. Shah, MD, Geanina Anghel, MD, Joseph C. Young, MD, Anthony R. Lupetin, MD, Katie F. Farah, MD, Division of Gastroenterology, Allegheny General Hospital, Drexel University College of Medicine, Surgery and Dept. of Diagnostic Radiology, Allegheny General Hospital, Pittsburgh, PA.

P479. An Unusual Cause for Rectal Mass

Mahindrakar Shruti, MD, Saad F. Jazrawi, MD, Nicholas Gualtieri, MD, James Robilotti, MD, Peter Bloom, MD, Internal Medicine—Gastroenterology, Saint Vincent Hospital—Manhattan, New York Medical College, New York, NY.

P480. Carcinoid Tumor of Small Bowel and Colonic Adenocarcinoma, a Concurrent Occurrence in a 77 Year Old Male

Alka Farmer, MD, Howard Benn, MD, Internal Medicine, St. Joseph Regional Medical Center, Paterson, NJ.

P481. Certolizumab Pegol Treatment of Crohn's Disease in a Patient Who Had an Adverse Reaction to Infliximab: A Case Report

Markus Sedlak, MD, Internal Medicine, Linz City Hospital, Linz, Austria.

P482. Strongyloidiasis Manifesting as Colonic Polyps Successfully Treated with Ivermectin

Edmond Bou Assaf, MD, Nassim El-Hajj, MD, Ayse Aytaman, MD, Andrew W. Seymour, MD, Jie Ouyang, MD, Gerald Fruchter, MD, State University of New York, Brooklyn, NY and New York Harbor VA, Brooklyn Campus, Brooklyn, NY.

P483. Fatal Small Bowel and Colonic Ischemia after Sodium Phosphate Bowel Preparation

Praveena G. Velamati, MD, Kimberley E. Steele, MD, Mack C. Mitchell, MD, Department of Digestive Diseases and Department of Surgery, Johns Hopkins Bayview Medical Center, Baltimore, MD.

P484. TB or Not TB: An Atypical Etiology of Colitis

David H. Kerman, MD, Jeffrey B. Raskin, MD, Medicine—Gastroenterology, University of Miami/Jackson Memorial Hospital, Miami, FL.

P485. Unusual Presentation of a Cecal Volvulus

Sohail N. Shaikh, MD, Hamed Shaaban, MD, Robert S. Spira, MD, Joseph R. DePasquale, MD, Gastroenterology, Seton Hall University School of Graduate Medical Education, South Orange, NJ.

P486. Adenocarcinoma of the Colon Associated with Esophageal Dysmotility

M. Mukherjee, MD, A. Khair, MD, T. Soora, MD, I.M. Grosman, MD, Gastroenterology, Long Island College Hospital, Brooklyn, NY.

P487. Collagenous Colitis Associated with Common Variable Immunodeficiency

Soren Gandhi, David M. Chaletsky, MD, Christopher C. Ashley, MD, Gastroenterology, Albany Medical College, Albany, NY.

P488. Ischemic Colitis Masquerading as Crohn's Colitis in a Patient with Protein C Deficiency

S. Gopaluni, MD, V. Muthu, MD, M. Singh, MD, N. Mehta, MD, P. Holtzapfel, Medicine, SUNY Upstate University, Syracuse, NY.

P489. Segmental Arterial Mediolysis: An Unusual Cause of Ischemic Colitis

Robert E. Kraichely, MD, Amy S. Oxentenko, MD, Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P490. Isolated Histoplasma Colitis Masquerading as Idiopathic Inflammatory Bowel Disease

Pavan Chepyala, MD, Prasuna Madhavaram, MD, Kevin W. Olden, MD, Gastroenterology & Hepatology, University of Arkansas for Medical Sciences, Little Rock, AR.

P491. An Unusual Case of Disseminated Histoplasmosis in an Immunocompetent Patient

Elliot Joo, MD, Matthew M. Tsushima, MD, Michael Walter, MD, Internal Medicine and Gastroenterology, Loma Linda University Medical Center, Loma Linda, CA.

P492. Amebiasis Mimicking Metastatic Colon Cancer

Aman Ali, MD, Mylon Satchi, MD, Adam Palance, MD, Berhanu Geme, MD, Sujit Kulkarni, MD, Eric Rosen, MD, Peter Kim, MD, Gastroenterology and Hepatology, Lenox Hill Hospital, New York, NY.

P493. Chronic Intestinal Schistosomiasis

Rishi Pawa, MD, Vishal Gupta, MD, PhD, Rohan Clarke, MD, Jay Cowan, MD, Lisa Ozick, MD, Department of Gastroenterology, Columbia University College of Physicians and Surgeons, Harlem Hospital Center, New York, NY.

P494. Ulcerative Colitis Diagnosed in a Patient with Venous Thromboembolism

Seong K. Choi, MD, Afshin Tavakoly, MD, Leelavathi Kasturi, MD, Henry Safier, MD, Internal Medicine, Mount Sinai School of Medicine at Queens Hospital Center, Jamaica, NY.

P495. Pulmonary Nodules in Ulcerative Colitis

Thanhnam N. Nguyen, BA, Chris Shepela, MD, Patnaik Mrinal, MD, Gastroenterology, Hepatology and Nutrition & General Internal Medicine, University of Minnesota, Minneapolis, MN.

P496. Henoch-Schönlein Purpura with Terminal Ileitis Masquerading as Crohn's Disease

Eric R. Wollins, MD, Antoinette Saddler, MD, Marie L. Borum, MD, Division of Gastroenterology and Liver Diseases, George Washington University Medical Center, Washington, DC.

P497. Two Primary Adenocarcinomas in a Crohn's Patient with Infliximab Therapy

Christina A. Tennyson, MD, Divyesh Sejjal, MD, Daniel Labow, MD, Michael Lewis, MD, Maria T. Abreu, MD, Gastroenterology, Surgery, and Pathology, Mount Sinai School of Medicine, New York, NY.

P498. Azathioprine Induced Sweets Syndrome in a Patient with Crohn's Disease

Nicholas C. Boetticher, MD, El-Azhary A. Rokea, MD, Carryer W. Peter, MD, Santhi S. Vege, MD, Gastroenterology and Hepatology, and Dermatology, Mayo Clinic-Rochester, Rochester, MN.

P499. Infectious Colitis Mimicking Crohn's Disease

Thomas Park, MD, Ashok N. Shah, MD, Division of Gastroenterology and Hepatology, University of Rochester, Rochester, NY.

P500. Rifaximin for the Treatment of Newly Diagnosed Crohn's Disease

Ira Shafran, MD, Patricia Burgunder, ARNP, Shafran Gastroenterology Center, Winter Park, FL.

P501. Is It Time To Perform HIV Screening among Patients Prior to Receiving Infliximab (Remicade) Therapy?

Ketul Patel, MD, Shoba Mendu, MD, Michael Piper, MD, Gastroenterology, Providence Hospital Medical Center, Southfield, MI.

P502. Improvement of Cardiomyopathy after Infliximab Treatment for Crohn's Disease (CD)

Roberto E. Mera, MD, Hector Banch, MD, Esther A. Torres, MD, MACG, Department of Medicine, Division of Gastroenterology, University of Puerto Rico Medical Sciences Campus, San Juan, Puerto Rico.

P503. Vaginal Crohn's Disease Successfully Treated with Adalimumab

Patricia L. Kozuch, MD, Anthony J. DiMarino, MD, Kent Wilson, BS, Cynthia Miller, RN, Anthony Infantolino, MD, Digestive Disease Institute, Thomas Jefferson University Hospital, Philadelphia, PA.

P504. Pancytopenia in a Patient Treated with 6MP and Fluconazole: A Novel Drug Interaction

Jonathan Z. Potack, MD, Lloyd Mayer, MD, Thomas A. Ullman, MD, Dr. Henry D. Janowitz Division of Gastroenterology, Mount Sinai School of Medicine, New York, NY.

P505. Adalimumab (ADA) Treatment of Hidradenitis Suppurativa (HS) in a Crohn's Disease (CD) Patient

Jeffrey T. Wenzke, MD, Ashok Shah, MD, Gastroenterology and Hepatology Division, University of Rochester, Rochester, NY.

P506. Adenocarcinoma at the Colostomy Site in a Patient Presenting for Ulcerative Colitis Dysplasia Surveillance

Amitpal S. Johal, MD, Michael J. Komar, MD, Gastroenterology, Geisinger Medical Center, Danville, PA.

P507. False Negative Test for Gastroparesis from Technicium (Tc) Oatmeal Radionuclide Gastric Emptying (GE) Study; Lack of Standardized Updated Protocols for Tc GE in Community Hospitals

Jennifer L. Wellington, Jon Kotler, MD, Soumendu K. Das, MD, V. Alin Botoman, MD, Biological Sciences, Florida Atlantic University, Boca Raton, FL; Nuclear Medicine, Holy Cross Hospital, and GI Institute of Fort Lauderdale, Fort Lauderdale, FL, and Gastroenterology, University of Miami, Miami, FL.

P508. Therapeutic Success of Rifaximin in the Setting of Clostridium Difficile Diarrhea Refractory to Metronidazole and Vancomycin: Case Report

George C. Tannous, BA, Guy Neff, MD, Terry O'Toole, MD, Nathan Schmulewitz, MD, Christopher Duncan, MD, Victoria Zacharias, MS, Nyingi Kemmer, MD, Division of Digestive Diseases, University of Cincinnati College of Medicine, Cincinnati, OH.

P509. Retrieval of Distally Migrated Esophageal Stent Using Enteroscopy

Raja S. Vadlamudi, MD, Mark F. Young, MD, Department of Internal Medicine, East Tennessee State University, Johnson City, TN.

P510. Pneumatosis Intestinalis. The Question Is To Be or Not To Be—A Polyp!

Aman Ali, MD, Hagit Manor, MD, Eric Rosen, MD, Rukhsar Ahmed, MD, Knarik Arkun, MD, Gregory Haber, MD, Gastroenterology and Hepatology, Lenox Hill Hospital, New York, NY.

P511. Endoscopic Hemostasis of Massive Hematochezia after Transrectal Prostate Biopsy: A Case Series

Teresa A. Tacopina, MD, Irwin M. Grosman, MD, Adnan Khadair, MD, Gastroenterology, Long Island College Hospital, Brooklyn, NY.

P512. Diagnosis of Mediastinal Tuberculoma with EUS Guided FNA

Alla Grigorian, MD, Houssam Mardini, MD, Nicholas Nickl, MD, Division of Digestive Diseases and Nutrition, University of Kentucky, Lexington, KY.

P513. Intra gastric Balloon for Obesity Causing Gastric Outlet Obstruction

Natalee S. Sansone, MD, Liberato Salvatore, MD, Internal Medicine, Division of Gastroenterology, New York Hospital of Queens, Flushing, NY.

P514. A Late Presentation of Blue Rubber Bleb Nevus Syndrome Diagnosed by Laparoscopic-Assisted Double Balloon Enteroscopy

Nidhi Singh, MD, Vivek Prachand, MD, Carol Semrad, MD, Gastroenterology, University of Chicago, Chicago, IL.

P515. Massive Upper GI Bleed Secondary to Splenic Artery Pseudoaneurysm

Susan Ramdhaney, MD, Ajay Malhotra, MD, Safak Reka, MD, Michael Herskowitz, MD, Frank Gress, MD, Gastroenterology, Radiology, SUNY Downstate Medical Center and Kings County Hospital, Brooklyn, NY.

P516. Uncommon Presentation of PTLD in the Esophagus

Syed Abbas Fehmi, MD, Sameer Saini, MD, William Chey, MD, Gastroenterology, University of Michigan, Ann Arbor, MI.

P517. Endoscopic Ultrasound (EUS) Findings in Tropical Pancreatitis

Laith H. Jamil, MD, Amulya Konda, MD, Steven Fox, MD, Gehad Ghaith, MD, Veslav Stecevic, MD, GI, William Beaumont Hospital, Royal Oak, MI.

P518. Jejunal Ulcerations and Ascites as Presenting Manifestations of Henoch-Schonlein Purpura

Suzanne K. Morrissey, MD, Katie Farah, MD, Division of Gastroenterology, Allegheny General Hospital, Drexel University College of Medicine, Pittsburgh, PA.

P519. Bread Bag Clip Ingestion: A Rare Cause of Upper Gastrointestinal Bleed

Suzanne K. Morrissey, MD, M. Lance Weaver, MD, Katie Farah, MD, Shyam J. Thakkar, MD, Division of Gastroenterology and Department of General Surgery, Allegheny General Hospital, Drexel University College of Medicine, Pittsburgh, PA.

P520. Delayed Life Threatening Rectal Bleeding after Trus-Guided Prostatic Biopsy

Wael El Darawy, MD, Won Sohn, MD, Maurice A. Cerulli, MD, Methodist Hospital, Brooklyn, NY.

P521. The Misplaced Shoe Polish Bottle!

Rohit Jindal, MD, Edmond Bouassaf, MD, Ayse Aytaman, MD, Gastroenterology, VA NYHHS, and Gastroenterology, SUNY Downstate Medical Center, Brooklyn, NY.

P522. EUS with Trucut Biopsy for Diagnosis of Intra-Abdominal Tuberculosis

Kaumudi Somnay, MD, Natalya Belova, MD, Department of Gastroenterology, New York Hospital Queens, Flushing, NY.

P523. Rare Anatomic Variation of Ampulla of Vater

Patricia Laurel, Rahat Hussain, Muhammed G. Nathani, Internal Medicine, UTHSCSA, Regional Academic Health Center, Harlingen, TX.

P524. Long Biliary Stent Causing Sigmoid Colon Perforation

Pavan Manchikalapati, MD, Noel Martins, MD, Kanishka Bhattacharya, MD, Gastroenterology, University of Massachusetts, Worcester, MA.

P525. Endoscopic Mucosal Resection of H. pylori Negative Esophageal MALT Lymphoma

Michael J. Gilbert, MD, Ashok Shah, MD, Asad Ullah, MD, Gastroenterology and Hepatology, University of Rochester, Rochester, NY.

P526. Successful Removal of a Migrated Esophageal Self-Expanding Metallic Stent from the Stomach with the Aid of an Esophageal Self-Expanding Plastic Stent

Gene L. Chang, MD, Yogesh Patel, DO, Timothy Laurie, DO, Mani Mahdavian, MD, Gastroenterology, Advocate Lutheran General Hospital, Park Ridge, IL.

P527. Endotherapy for Massive GI Bleeding Due to Duodenal Lipoma

Parupudi V.J. Sriram, MD, Easwaran Variyam, MD, Internal Medicine (Gastroenterology), Texas Tech Univ Health Sci Center, Lubbock, TX.

P528. Trouble Shooting in the Endoscopy Unit: Successful Management of Gastro-Gastric Fistula and Gastro-Jejunal Anastomosis Obstruction Using a Polyflex Stent

Paramvir Singh, MD, Thomas Sonnanstine, MD, Andres Gelrud, MD, Digestive Diseases, University of Cincinnati, Cincinnati, OH and Tristate Surgical Weight Loss Center, St. Luke Hospital, Florence, KY.

P529. Dissection of an Unusual Gastric Mass Using Rat-Tooth Forceps

Patrick J. McDevitt, DO, Arnab Biswas, DO, Abraham Mathew, MD, Department of Internal Medicine, and Department of Gastroenterology and Hepatology, The Penn State Hershey Medical Center, Hershey, PA.

P530. Unusual Complication of a Colonic Interposition with an Unusual Solution

Paramvir Singh, MD, Andres Gelrud, MD, Digestive Diseases, University of Cincinnati, Cincinnati, OH.

P531. EUS Guided Diagnosis of New-Onset Sarcoidosis in a Patient with Cervical Cancer

Rabin Rahmani, MD, David Hass, MD, Sammy Ho, MD, Gastroenterology, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY.

P532. Investigation of the Excluded Stomach after Roux-en-Y Gastric Bypass: The Role of Percutaneous Endoscopy

Kanwar R.S. Gill, MD, Mark J. McKinney, MD, Ernest P. Bouras, MD, Gastroenterology, Mayo Clinic, Jacksonville, FL.

P533. Rectal Stent Revision Using Argon Plasma Coagulation

Amil Patel, MD, Kamil Obideen, MD, Medicine/Division of Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P534. Balantidium Coli and Trichuris Trichiura Co-Infection Presented with Lower Gastrointestinal Bleeding—A Case Report

Bogdan Cristescu, MD, Safak Reka, MD, Digestive Diseases, SUNY Downstate Medical Center, Brooklyn, NY.

P535. Pyogenic Liver Abscess Complicating Colonoscopic Polypectomy

Rebekah G. Gross, MD, Bruce Reiter, MD, Mark A. Korsten, MD, Gastroenterology, Mount Sinai School of Medicine, New York, NY; Radiology, James J. Peters Veterans Affairs Medical Center, Bronx, NY and Gastroenterology, James J. Peters Veterans Affairs Medical Center, Bronx, NY.

P536. Henoch-Schonlein Purpura in an Adult Presenting Initially as Acute Gastrointestinal Illness without Skin Manifestations

Swetha Kandula, Raymond L. Farrell, Stuart A. Torgerson, Division of Gastroenterology, Department of Internal Medicine, Southern Illinois University School of Medicine, Springfield, IL.

P537. Case Report: Argon Plasma Coagulation for the Treatment of Hemorrhagic Radiation Sigmoiditis

Mindy C.W. Lam, MSc, Clarence K.W. Wong, MD, FRCPC, Gastroenterology, University of Alberta, Edmonton, AB, Canada.

P538. Identification of Unsuspected Parasitic Disease on Video Capsule Endoscopy

Nirmala M. Sivaprakasapillai, MD, Thomas Judge, MD, Gastroenterology, Cooper University Hospital, Camden, NJ.

P539. Delivery of Agile Patency Capsule Using an Endoscopic Delivery Device

Janice Freeman, RN, Deepika Koya, MD, Brenda J. Hoffman, MD, Division of Gastroenterology and Hepatology, Medical University of South Carolina, Charleston, SC.

P540. Conservative Management of Inadvertent Colon Penetration during Percutaneous Gastrostomy Tube Placement

Hansen Kwok, MD, Wichit Srikureja, MD, Ronald Griffin, MD, Gastroenterology, Loma Linda University Medical Center, and Gastroenterology, Loma Linda VA Medical Center, Loma Linda, CA.

P541. Narrow-Band Imaging in the Identification of Sessile Serrated Adenomas

Manuel Y. Lam, BA, Edward Feller, MD, Baishali Bhattacharya, MD, Samir A. Shah, MD, Department of Medicine, Warren Alpert Medical School of Brown University, Providence, RI.

P542. Diagnosis of Shwachman-Diamond Syndrome in a 24-Year-Old Woman with Abdominal Pain and Fatty Replacement of the Pancreas

Jaya R. Agrawal, MD, MPH, John R. Saltzman, MD, FACG, Elena M. Stoffel, MD, MPH, Gastroenterology, Brigham and Women's Hospital, Boston, MA.

P543. Collagenous Gastroenterocolitis in a Two Year Old Boy with Cerebellar Ataxia

Alycia A. Leiby, MD, Seema Khan, MD, Diana A. Corao, MD, Gastroenterology and Pathology, A.I. Dupont Hospital for Children, Wilmington, DE.

P544. The Buried Bumper Syndrome in Children

Sabina A. Ali, MD, Meghana Sathe, MD, Michael A. Russo, MD, Pediatrics, Division of Pediatric Gastroenterology and Nutrition, University of Texas Southwestern/Children's Medical Center of Dallas, Dallas, TX.

P545. Exophytic Splenic Cyst Mimicking a Gastric Mass

Christine Carter-Kent, MD, Pramodha Muniyappa, MD, Matthew Wyneski, MD, Orhan Atay, MD, Lori Mahajan, MD, Pediatric Gastroenterology, Cleveland Clinic, Cleveland, OH.

P546. Endoscopic Closure of a Gastrocutaneous Fistula

Zahid Afzal, MD, Ajay Bajaj, MD, Internal Medicine/ Gastroenterology, Advocate Christ Medical Center, Oak Lawn, IL.

P547. Severe Gastrointestinal Bleeding Due to Isolated CMV Enteritis Diagnosed by Double-Balloon Enteroscopy

Monika Fischer, MD, Michael V. Chiorean, MD, Internal Medicine, Gastroenterology, Indiana University, Indianapolis, IN.

P548. Leakage from Surgical Jejunostomy Tube Due to Sharp Angle of Efferent Limb

Kendrick M. Che, DO, Snorri Olafsson, MD, Gastroenterology, Loma Linda University Medical Center, Loma Linda, CA.

P549. Use of Endoscopic Ultrasound Guided Fine Needle Aspiration (EUS-FNA) with Aspirate Parathormone (PTH) Assay To Diagnose Mediastinal Parathyroid Adenomas

Duc H. Vu, MD, Richard A. Erickson, MD, FACG, Gastroenterology, Scott & White Memorial Hospital and Clinic, Temple, TX.

P550. Hepatic Artery Pseudoaneurysm: A Unique Cause of Obscure Upper GI Bleeding

Siddharth Mathur, MD, Mukul Arya, MD, Niket Sonpal, BS, Mohammed Aladdin, MD, Sandeep Patil, MD, Internal Medicine, Wyckoff Heights Medical Center, Brooklyn, NY.

P551. Thumbs Up: Endoscopist's Thumb as an Occupational Hazard Related to High Volume Endoscopy

Joy Tsai, MD, Charles Berkelhammer, MD, Gastroenterology, University of Illinois, Oak Lawn, IL.

P552. Hemorrhagic Small Bowel Renal Cell Metastasis Diagnosed by Double Balloon Enteroscopy

Adam L. Palance, MD, Sejal Patel, MD, Gregory Haber, MD, Evin J. McCabe, MD, Paresch Shah, MD, Department of Medicine, and Department of Surgery, Lenox Hill Hospital, New York, NY.

P553. Successful Late Treatment of Boerhaave's Syndrome with Esophageal Stenting

Adam L. Palance, MD, Eric Rosen, DO, Gregory Haber, MD, Jeevan Vinod, MD, Aman Ali, MD, Division of Gastroenterology, Lenox Hill Hospital, New York, NY.

P554. Obscure-Overt Gastrointestinal Hemorrhage: A Rare Case of Bleeding Ectopic Ileal Varices Managed by Double Balloon Enteroscopy

Adam L. Palance, MD, Evin J. McCabe, MD, Gregory Haber, MD, Department of Medicine, Division of Gastroenterology, Lenox Hill Hospital, New York, NY.

P555. A Novel Endoscopic Treatment of a Gastric Duplication Cyst

Evin J. McCabe, MD, Adam L. Palance, MD, Gregory B. Haber, MD, Stephen Machnicki, MD, Division of Gastroenterology, Department of Medicine, and Department of Radiology, Lenox Hill Hospital, New York, NY.

P556. Botulinum Toxin Injection for the Treatment of Gastric Stasis in Patients with Prior Gastric Surgery

Steven R. Fox, MD, Laith H. Jamil, MD, Tusar K. Desai, MD, Gastroenterology, William Beaumont Hospital, Royal Oak, MI.

P557. Unusual Cause of Chronic Diarrhea: Cronkhite-Canada Syndrome

Manmeet Padda, MD, Jenica Ryu, MD, Nahid Molaie, MD, Eric Olsen, MD, Viktor Eysselein, MD, David Chung, MD, Binh V. Pham, MD, Family Medicine and Pathology, Harbor-UCLA Medical Center, Torrance, CA.

P558. Hemoclip for Severe Post-Prostate Biopsy Rectal Hemorrhage: Case Series

Joy Tsai, MD, Robert User, MD, Charles Berkelhammer, MD, Gastroenterology & Urology, University of Illinois, Oak Lawn, IL.

P559. Diagnosis of Appendiceal Adenocarcinoma during Screening Colonoscopy

Jaya R. Agrawal, MD, MPH, John R. Saltzman, MD, FACG, Gastroenterology, Brigham and Women's Hospital, Boston, MA.

P560. Gastrointestinal Bleeding in a Patient with Pancreatico-Jejunostomy Diagnosed and Treated with Double-Balloon Endoscopy

Abdo Saad, MD, Michael V. Chiorean, MD, Debra Helper, MD, Julia K. LeBlanc, MD, David Agarwal, MD, Internal Medicine, and Radiology, Indiana University, Indianapolis, IN.

P561. Recto-Sigmoid Colon Perforation during Retroflexion in a Patient with Rectal Prolapse: Is This a Safe Practice

Robert P. Svoboda, MD, Kevin W. Olden, MD, Gastroenterology, University of Arkansas for Medical Sciences, Little Rock, AR.

P562. Sigmoid Endometriosis Diagnosed by Endoscopic Ultrasound Fine Needle Aspirate

Bennett S. Hooks, MD, Peter Jelsma, MD, Howard R. Mertz, MD, Gastroenterology, University of South Alabama College of Medicine, Mobile, AL and St. Thomas Hospital, Nashville, TN.

P563. Gossypiboma: An Unusual Cause of Gastric Outlet Obstruction Diagnosed by Endoscopy

Urooj Ahmed, MD, Mohy El-Deen Attia, MD, Nouhad Hamade, MD, Alain Giguere, MD, Shaista Ahmed, MD, Medicine/Gastroenterology, Sheikh Khalifa Medical City, Abu Dhabi, United Arab Emirates.

P564. "Mark and Clip" in Difficult Cases of Gastrointestinal Hemorrhage

Joseph C. Yarze, MD, FACP, FACG FASGE, GI Division, Gastroenterology Associates of Northern New York, Glens Falls, NY.

P565. Proximal Black Esophagus: A Case Report

David A. Neumann, II, MD, Dawn D. Ferguson, MD, Todd H. Baron, MD, Department of Internal Medicine, and Department of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P566. An Unusual Complication of Nissen Fundoplication

Simon C. Chan, MD, Ashok Shah, MD, Gastroenterology, University of Rochester Medical Center, Rochester, NY.

P567. Localized Aspergillus Esophagitis: A Difficult Diagnosis of Persistent Odynophagia Leading to a Diagnosis of AIDS

Syed-Mohammed Jafri, MD, Anand Madan, MD, Division of Gastroenterology, University of Texas Health Science Center, Houston, TX.

P568. An Unusual Presentation of Eosinophilic Esophagitis

Adam J. Spiegel, DO, Kirk Sperber, MD, David C. Wolf, MD, Division of Gastroenterology, and Division of Allergy and Immunology, New York Medical College, Valhalla, NY.

P569. Acute Esophageal Necrosis: Two Cases of a Rare Endoscopic Finding

Leon S. Maratchi, MD, Amnon Gotian, MD, Ira A. Tepler, MD, Luoquan Wang, MD, Albert D. Kramer, MD, Gastroenterology, and Pathology, Montefiore Medical Center, Bronx, NY.

P570. Eosinophilic Esophagitis in a Patient with Sjogren's Syndrome

Susan K. Coe, MD, Michelle D. Bishop, MD, Dawn D.F. Ferguson, MD, Internal Medicine and Gastroenterology, Mayo Clinic, Jacksonville, FL, and Gastroenterology, Mayo Clinic, Rochester, MN.

P571. Achalasia Cardia in an Adult with Acute Renal Failure, Lung Abscess and Spontaneous Pneumomediastinum, a Rare Combination

Ashok K. Sharma, MD, Lokesh K. Jha, MD, Shraddha Pandey, MD, Carl Guillaume, MD, Christopher Taurani, MD, Gastroenterology, St. Barnabas Hospital, Bronx, NY.

P572. Esophageal Lymphangioma

Stephanie L. Hansel, MD, MS, Cuong C. Nguyen, MD, Gastroenterology, Mayo Clinic Arizona, Scottsdale, AZ.

P573. New Method for Esophageal Foreign Body Removal

Yaser Al-Solaiman, MD, Yaman Suleiman, MD, Mohammad Alsolaiman, MD, Gastroenterology Dept., Central Utah Clinic, Provo, UT and Internal Medicine, Rosalind Franklin University, North Chicago, IL.

P574. Liver Abscess as a Complication of Esophageal Balloon Dilation

Yaman Suleiman, MD, Samah Bassas, MD, Mohammad Alsolaiman, MD, Gastroenterology Dept., Central Utah Clinic, Provo, UT.

P575. The Use of a Self-Expanding Plastic Stent for an Iatrogenic Esophageal Perforation

John M. Petersen, DO, Gastroenterology, Baptist Medical Center/Borland-Groover Clinic, Jacksonville, FL.

P576. Suspected Asymptomatic Large Colon Lipoma: Biopsy?

Pavan Manchikalapati, MD, Brian Moquin, MD, John Levey, MD, Gastroenterology, University of Massachusetts, Worcester, MA.

P577. Large Descending Colon Lipoma Causing Intussusception and Mimicking Malignancy

Patrick D. Martin, MD, Bradford Sklow, MD, Douglas G. Adler, MD, Gastroenterology, University of Utah, Salt Lake City, UT.

P578. Infiltrating Ductal Breast Carcinoma Metastasis to Rectum, an Uncommon Occurrence

Suresh Jayatilaka, MD, Alka Farmer, MD, Gurpreet Singh, MD, Hossam Elfarra, MD, Gastroenterology, St. Joseph's Hospital Medical Center, Paterson, NJ.

OUTCOMES RESEARCH

P579. Systemic Antibiotic Prophylaxis for Percutaneous Endoscopic Gastrostomy: A Meta-Analysis

★ *2007 ACG Presidential Poster Award Recipient*

Abhishek Choudhary, MD, Matthew L. Bechtold, MD, Mohamed O. Othman, MD, Srinivas R. Puli, MD, John B. Marshall, MD, Praveen K. Roy, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P580. Efficacy of Proton Pump Inhibitors in Reflux Laryngitis: A Meta-Analysis and Systematic Review

Srinivas R. Puli, MD, Abhishek Choudhary, MBBS, Jyotsna Batapati Krishna Reddy, MBBS, Matthew L. Bechtold, MD, Ajitinder Grewal, MD, Christopher Bartalos, MD, Jack D. Bragg, MD, Praveen K. Roy, MD, Department of Gastroenterology and Hepatology, University of Missouri-Columbia, Columbia, MO.

P581. Proton Pump Inhibitors vs. Histamine2 Receptor Antagonist in Treatment of Non Variceal Upper Gastrointestinal Bleed: A Meta-Analysis

Ruchi Gupta, MD, Praveen Garg, MD, Medicine, University of Florida College of Medicine, Jacksonville, FL.

P582. Gastric Acid Analysis Is a Reliable and Reproducible Measure of Acid Secretion in GERD Patients Treated with Placebo or Pantoprazole

Vijaya Pratha, MD, Daniel L. Hogan, MD, Richard B. Lynn, MD, Gail Comer, MD, David C. Metz, MD, Clinical Applications Laboratories, San Diego, CA; Wyeth Pharmaceuticals, Collegeville, PA and University of Pennsylvania Medical Center, Philadelphia, PA.

P583. Use of Acid Suppression Therapy in Hospitalized Patients – Going beyond the Indications

Ruchi Gupta, MD, Ravi Kottoor, MD, Juan C. Munoz, MD, Louis R. Lambiase, MD, Medicine, Division of Gastroenterology, University of Florida College of Medicine, Jacksonville, FL.

P584. Are Proton-Pump Inhibitors (PPIs) Associated with an Increased Risk of Community-Acquired Pneumonia (CAP)? A Nested Case-Control Study Investigating Recent PPI Exposure and CAP

★ *2007 ACG Presidential Poster Award Recipient*

Monika A. Sarkar, MD, Sean Hennessy, PharmD, Yu-Xiao Yang, MD, Department of Medicine, Center for Clinical Epidemiology and Biostatistics, Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, PA.

P585. Use and Abuse of Proton Pump Inhibitors

Erika Grigg, MD, J. Carter Balart, MD, Dianne B. Williams, PharmD, Robert R. Schade, MD, Medicine, Gastroenterology/Hepatology, Pharmacy, Medical College of Georgia, Augusta, GA.

P586. Healthcare Utilization and Cost in Pediatric Gastroesophageal Reflux Disease (GERD) Patients on Continuous vs. Intermittent Proton Pump Inhibitor (PPI) Treatment Regimens

Suzanne P. Nelson, MD, Smita Kothari, PhD, Eric Q. Wu, PhD, Bjorn Persson, PhD, Nicolas Beaulieu, MA, Mateo Arana, MA, Mei Lu, MA, The Feinberg School of Medicine, Northwestern University, Chicago, IL; Health Economics & Outcomes Research, TAP Pharmaceutical Products, Inc., Lake Forest, IL and Analysis Group, Inc., Boston, MA.

P587. Comparison of Resource Consumption in GERD Care by Primary Care Providers and Gastroenterologists

Jay L. Goldstein, MD, FACG, Smita Kothari, PhD, Rachel Halpern, PhD, Univ Illinois at Chicago, Chicago, IL; TAP Pharmaceutical Products, Inc., Lake Forest, IL and i3 Innovus, Eden Prairie, MN.

P588. Development and Validation of the pH-Metry Impact Scale (pHIS) and pH-Metry Symptoms Scale (pHSS)

Angela G. Bradley, MD, Hack J. Kim, MD, John K. DiBaise, MD, Virender K. Sharma, MD, Michael D. Crowell, MD, Internal Medicine, and Gastroenterology, Mayo Clinic Scottsdale, Scottsdale, AZ.

P589. Influence of Esophagogastroduodenoscopy (EGD) on Prescription (Rx) Fill Patterns for Proton Pump Inhibitors (PPIs) and Nonselective Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) among Type-2 Diabetic (T2D) and Nondiabetic Patients

Linda C. Koo, PhD, Roger Luo, PhD, Jeremy Levinson, John T. Monyak, PhD, Debra G. Silberg, MD, FACG, AstraZeneca LP, Wilmington, DE.

P590. Frequent Nighttime Symptoms and Increased GERD Symptom Severity Are Associated with Impaired Functioning

James McGuigan, MD, Lawrence Johnson, MD, Daniel Aguilar, MPH, Bonnie Dean, PhD, William Orr, PhD, Ronnie Fass, MD, Ning Yan, MD, Diana Morgenstern, MD, Robert Dubois, MD, Cerner LifeSciences, Beverly Hills, CA; University of Alabama, Birmingham, AL; University of Florida, Gainesville, FL; Lynn Health Science Institute, Oklahoma City, OK; University of Arizona, Tucson, AZ and Wyeth Pharmaceuticals, Collegeville, PA.

P591. The Relationship between Atypical GERD Manifestations and Sleep Impairment

Ronnie Fass, MD, Brian Calimlim, MS, Daniel Aguilar, MPH, Bonnie Dean, PhD, James McGuigan, MD, Lawrence Johnson, MD, William Orr, PhD, Ning Yan, PhD, Diana Morgenstern, MD, Robert Dubois, MD, Cerner LifeSciences, Beverly Hills, CA; University of Alabama, Birmingham, AL; University of Florida, Gainesville, FL; Lynn Health Science Institute, Oklahoma City, OK; University of Arizona, Tucson, AZ and Wyeth Pharmaceuticals, Collegeville, PA.

P592. Prevalence of Sleep Impairment among Adults with GERD

William Orr, PhD, Brian Calimlim, MS, Daniel Aguilar, MPH, Bonnie Dean, PhD, Lawrence Johnson, MD, Ronnie Fass, MD, James McGuigan, MD, Ning Yan, PhD, Diana Morgenstern, MD, Robert Dubois, MD, Cerner LifeSciences, Beverly Hills, CA; University of Alabama, Birmingham, AL; University of Florida, Gainesville, FL; Lynn Health Science Institute, Oklahoma City, OK; University of Arizona, Tucson, AZ and Wyeth Pharmaceuticals, Collegeville, PA.

P593. Impact of Sleep Difficulties on Economic and Humanistic Outcomes in GERD/Heartburn Sufferers

Reema Mody, PhD, Susan Bolge, PhD, Hema Kannan, MPH, TAP Pharmaceutical Products Inc., Lake Forest, IL and Consumer Health Sciences, Princeton, NJ.

P594. Is Obesity the Cause of Reduced Healing Rates in Advanced Grades of Erosive Esophagitis (EE)?

Nimish Vakil, MD, FACG, Prateek Sharma, MD, FACG, John T. Monyak, PhD, Debra G. Silberg, MD, FACG, University of Wisconsin Medical Center, Milwaukee, WI; University of Kansas Medical Center, Kansas City, MO and AstraZeneca LP, Wilmington, DE.

INFLAMMATORY BOWEL DISEASE

P595. Crohn's Disease-Associated Colonic Dysplasia Cancer: Lessons Learned from 93 Cases

★ *2007 ACG Presidential Poster Award Recipient*

Revital Kariv, MD, Ana Bennett, MD, Yehuda Kariv, MD, Mary Bronner, MD, Bo Shen, MD, Victor Fazio, MD, Ian Lavery, MD, Scott Strong, MD, Bret Lashner, MD, MPH, Digestive Disease Center, Cleveland Clinic, Cleveland, OH.

P596. Recurrent Colon Cancer or Dysplasia after Segmental Resection in Crohn's Colitis

Elana A. Maser, MD, David B. Sachar, MD, MACG, Thomas Ullman, MD, Esther Roth, BA, Daniel H. Present, MD, MACG, Noam Harpaz, MD, PhD, Joel Bauer, MD, Medicine, Pathology, Surgery, Mount Sinai Medical Center, New York, NY.

P597. Lactoferrin Assessment of Rectal Effluent as an Aid to Colonoscopy for Determining Intestinal Inflammation

Darcy A. Whitlock, MS, James H. Boone, MS, David M. Lyster, PhD, Sunanda V. Kane, MD, Research & Development, TechLab, Inc., Blacksburg, VA and Dept. of Medicine, Gastroenterology, University of Chicago, Chicago, IL.

P598. Family Medicine Practitioners Often Uncomfortable Providing Preventive Care to Inflammatory Bowel Disease Patients

Lisbeth A. Selby, MD, John F. Wilson, PhD, Andrew Hoellein, MD, Freddy Caldera, MD, Willem de Villiers, MD, PhD, Digestive Diseases and Nutrition, Behavioral Medicine, and Internal Medicine, University of Kentucky, Lexington, KY.

P599. Influence of Disease Duration and Severity on Inflammatory Bowel Disease Patients' Medication Preference

Deepthi Deconda, MD, Tamar Taddei, MD, Hannah L. Miller, MD, Judy H. Cho, MD, Deborah Proctor, MD, Medicine/Gastroenterology, Yale University School of Medicine, New Haven, CT.

P600. Characteristics of an Inflammatory Bowel Disease Population with Dysplasia and Adenocarcinoma

Bret A. Ancowitz, MD, Sally Stipho, MD, Samir Shah, MD, FACG, Division of Gastroenterology and Hepatology, Brown University Medical School, Providence, RI; University of Arizona, Phoenix, AZ and Gastroenterology Associates, Providence, RI.

P601. Willingness of Individuals with IBD To Use Complementary and Alternative Medicine

Delia Daian, MD, Ashkan Farhadi, MD, MS, Majid Afsharzadeh, MD, Ali Keshavarzian, MD, Division of Digestive Diseases, Rush University Medical Center, Chicago, IL.

P602. Do Patients with Inflammatory Bowel Disease Worry about Their Risk of Colon Cancer? A Study of Patients' Perception of Their Own Colon Cancer Risk

Sonia Friedman, MD, Adam Cheifitz, MD, Frank Farraye, MD, Medicine, Brigham and Women's Hospital, Medicine, Beth Israel Medical Center, and Medicine, Boston University Medical Center, Boston, MA.

P603. NOD2/CARD15 Gene Exons Sequencing in Iranian Patients with Crohn's Disease

Nosratollah Naderi, MD, Alma Farnood, MD, Manijeh Habibi, MSc, Elham Vali Khojini, MD, Hedieh Balaii, BS, Faramarz Derakhshan, MD, Farzad Firouzi, MD, Mohammad Reza Zali, MD, FACG, Research Center for Gastroenterology and Liver Disease, Shaheed Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran.

P604. Efficacy and Safety of Rifaximin as Maintenance Therapy for Mild-Moderate Crohn's Disease Refractory to Multiple Medical Therapies

Asher Kornbluth, MD, Michele Kissous-Hunt, RPA, James George, MD, Peter Legnani, MD, Gastroenterology, Mt. Sinai Medical Center, New York, NY.

P605. Nutritional Changes in Crohn's Disease Patients Treated with Infliximab

Dawn Wiese, BS, Bret Lashner, MD, Douglas Seidner, MD, Gastroenterology, Cleveland Clinic, Cleveland, OH.

P606. Chronic Perceived Psychological Stress and the Regulation of Pro-Inflammatory Cytokines in Ulcerative Colitis

Gary E. Wild, MD, PhD, FRCP, Gastroenterology, McGill University Health Centre, Montreal, QC, Canada.

P607. Enterocutaneous Fistula after Closure of Temporary Ileostomy, Incidence, Management and Outcome

Renyu Zhang, MD, Victor Fazio, MD, Feza Remzi, MD, Colorectal Surgery, The Cleveland Clinic Foundation, Cleveland, OH.

P608. Long-Term Results of Adalimumab Treatment in Subjects with Moderately to Severely Active Fistulizing Crohn's Disease Who Have Failed Response or Showed Intolerance to Infliximab

F. Gomollon, MD, J. Hinojosa, MD, P. Nos, MD, M. Penate, MD, D. Ceballos, MD, M.A. Gassull, MD, Hospital Clínico Lozano Blesa, Zaragoza, Spain; Hospital Sagunto, Sagunto, Spain; Hospital La Fe, Valencia, Spain; Hospital Insular Las Palmas, Las Palmas, Spain; Hospital de Gran Canaria Dr. Negrin, Las Palmas, Spain and on Behalf of GETECCU, Hospital Germans Trias I Pujol, Barcelona, Spain.

P609. Adalimumab Therapy for Patients with Ulcerative Colitis Who Have Lost Response or Are Intolerant of Infliximab

Eugene F. Yen, MD, Jonathan P. Terdiman, MD, Uma Mahadevan, MD, Division of Gastroenterology, University of California San Francisco, San Francisco, CA.

P610. Gastroenterologists' Tolerance for Crohn's Disease Treatment Risks

B. Sands, C. Siegel, S. Ozdemir, S. Hass, D. Miller, Massachusetts General Hospital, Boston, MA; Dartmouth-Hitchcock Medical Center, Lebanon, NH; RTI International, Research Triangle Park, NC; and Elan Pharmaceuticals, San Diego, CA.

P611. Comparison of the Penetration of Certolizumab Pegol and Adalimumab in Inflamed and Noninflamed Mouse Tissue

Andrew M. Nesbitt, PhD, Roger T. Palframan, PhD, Alex D. Vugler, MSc, Adrian R. Moore, PhD, Mark B. Baker, MSc, Roland Foulkes, PhD, Neil Gozzard, PhD, Celltech Antibody Biology Division, UCB, Slough, United Kingdom.

P612. Serologic Markers Are Associated with Subsequent Crohn's Disease Diagnosis and Fistulous Complications in Ulcerative Colitis Patients Who Undergo Ileal Pouch Anal Anastomosis

Kleanthis G. Dendrinos, MD, Arthur F. Stucchi, PhD, James Becker, MD, Wayne LaMorte, MD, Francis A. Farraye, MSc, Section of Gastroenterology and Department of Surgery, Boston University School of Medicine, and Biostatistics, Boston University School of Public Health, Boston, MA.

P613. Minimally Important Difference for WPAI:CD Scores: Defining Relevant Impact on Work Productivity in Active Crohn's Disease

William J. Sandborn, MD, Margaret C. Reilly, MA, Martin C.J. Brown, MSc, Yves Brabant, MSc, Laetitia C. Gerlier, MSc, Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN; Margaret Reilly Associates Inc., New York, NY; Global Health Outcomes Research, UCB Celltech, Slough, United Kingdom; AXEN, Brussels, Belgium and Keyrus Biopharma, Levallois-Perret, France.

P614. Long-Term Remission Rates in Patients with Mild-to-Moderate Ulcerative Colitis Who Require an MMX™ Mesalamine Dose Increase To Induce Initial Remission

Stephen B. Hanauer, MD, Michael A. Kamm, MD, Ron Diebold, PhD, Karen Barrett, MSc, Raymond E. Joseph, MD, Section of Gastroenterology and Nutrition, University of Chicago, Chicago, IL; Department of Gastroenterology, St. Mark's Hospital, London, United Kingdom; Shire Pharmaceuticals Inc., Wayne, PA and Shire Pharmaceuticals Inc., Basingstoke, Hampshire, United Kingdom.

P615. A Randomized Prospective Trial of Endoscopic Ultrasound (EUS) To Guide Combination Medical and Surgical Treatment for Crohn's Perianal Fistulas

Natalie M. Spradlin, MD, Paul Wise, MD, Alan Herline, MD, Roberta Muldoon, MD, David A. Schwartz, MD, Gastroenterology, Vanderbilt University Medical Center, Nashville, TN and Colon and Rectal Surgery, Vanderbilt University Medical Center, Nashville, TN.

P616. Surveillance Pouch Endoscopy for the Detection of Dysplasia in Ulcerative Colitis Patients with Ileal-Pouch Anal Anastomoses Is Cost-Effective (IPAA)

Bo Shen, MD, Alex Z.H. Fu, PhD, Bret Lashner, MD, Feza H. Remzi, MD, Victor W. Fazio, MD, Digestive Disease Center, Cleveland Clinic, Cleveland, OH.

P617. Younger Age at Diagnosis Predicts Disease Severity in Ulcerative Colitis

Lee Roth, MD, Nilesh Chande, MD, Agatha Lau, MD, Maya Roth, MA, Terry Ponich, MD, Jamie Gregor, MD, Division of Gastroenterology, London Health Sciences Centre, London, ON, Canada.

P618. Risk Factors for Ulcerative Colitis (UC) Surgery in a Population-Based Cohort

Steven B. Ingle, MD, Shamina Dhillion, MD, W. Scott Harmsen, MS, Alan R. Zinsmeister, PhD, William J. Tremaine, MD, William J. Sandborn, MD, Edward V. Loftus, MD, Mayo Clinic, Rochester, MN.

P619. Time to Initial Symptom Resolution with MMX™ Mesalamine Therapy for Active, Mild-to-Moderate Ulcerative Colitis

William J. Sandborn, MD, Robyn Karlstadt, MD, Karen Barrett, MSC, Raymond E. Joseph, MD, Inflammatory Bowel Disease Clinic, Mayo Clinic, Rochester, MN; Shire Pharmaceuticals Inc., Wayne, PA and Shire Pharmaceuticals Inc., Basingstoke, Hampshire, United Kingdom.

P620. PROTECT-1: A Prospective Randomized Trial of CCX282-B (Traficet-EN), a Novel Oral Therapy Targeting Chemokine Receptor 9 in Crohn's Disease

Satish Keshav, MD, Robert Petryka, MD, Tomas Vanáš, MD, Yaron Niv, MD, Krzysztof Marlicz, MD, PhD, Ole Haagen-Nielsen, MD, Marta Machado, MD, Jens Dahlerup, MD, Stefan Schreiber, MD, Pirow Bekker, MD, Sujata Sankar, PhD, Thomas J. Schall, PhD, Gastroenterology, Oxford University, Oxford, United Kingdom; Gastroenterology, NZOZ Vivamed, Warsaw, Poland; Hepato-Gastroenterologie, Edvarda Beneše 1549-Poliklinika III, Hradec Kralove, Czech Republic; Gastroenterology, Rabin Medical Center, Petach Tikva, Israel; Gastroenterology, Klinika Gastroenterologii i Chorób, Szczecin, Poland; Gastroenterologisk Dept, Herlev Hospital, Herlev, Denmark; Gastroenterology, Hospital São Lucas, Porto Alegre, Brazil; Medical Dept, Århus University Hospital, Århus, Denmark; Institute for Clinical Molecular Biology, Christian-Albrechts-University, Kiel, Germany and ChemoCentryx, Mountain View.

P621. Sustainability of Adalimumab in Fistula Healing and Response: 2-Year Data from CHARM and 12-Month Open-Label Extension Follow-Up Study

J.F. Colombel, MD, M.A. Kamm, MD, D. Schwartz, MD, W.J. Sandborn, MD, J. Li, PhD, K.G. Lomax, MD, P.F. Pollack, MD, CHU Lille, Lille, France; St. Mark's Hospital, Harrow, United Kingdom; Vanderbilt University Medical Center, Nashville, TN; Mayo Clinic, Rochester, MA and Abbott, Parsippany, NJ.

P622. Sustained Efficacy and Tolerability of Certolizumab Pegol over 18 Months: Data from PRECISE 2 and Its Extension Studies (PRECISE 3 and 4)

Stefan Schreiber, MD, Julian Panes, MD, David Mason, MD, Gary R. Lichtenstein, MD, William J. Sandborn, MD, Medicine, Christian-Albrechts University, Kiel, Germany; Gastroenterology, Hospital Clinic de Barcelona, Barcelona, Spain; Clinical Development, UCB, Slough, United Kingdom; Gastroenterology, University of Pennsylvania School of Medicine, Philadelphia, PA and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P623. Validation of an Algorithm for Predicting IBD, CD and UC in a Comprehensive Population

Augusto Lois, PhD, Susan Carroll, PhD, Bruce Neri, PhD, Prometheus Laboratories, San Diego, CA.

P624. Clinical Predictors of Elevated C-Reactive Protein (CRP) among Patients with Active Inflammatory Bowel Disease

Houssam Mardini, MD, Razvan Arsenescu, MD, Trevor Winter, MD, Willem de Villiers, MD, Department of Digestive Diseases and Nutrition, University of Kentucky, Lexington, KY.

P625. Elevated CRP (C-Reactive Protein) Levels Can Predict Ileal Involvement in Patients with Inflammatory Bowel Disease

Prabhakar P. Swaroop, MD, Naishadh Raghuvanshi, MD, Digestive and Liver Diseases, UT Southwestern Medical Center, Dallas, TX and Gastroenterology and Hepatology, Saint Louis University Hospital, Saint Louis, MO.

FUNCTIONAL BOWEL DISORDERS

P626. Can Thrombosis Be Predicted in Patients with Gastroparesis?

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Bradley Creel, MD, Thomas L. Abell, MD, William Rock, MD, William Johnson, PhD, Department of Digestive Diseases, Department of Pathology, and Department of Preventive Medicine and Biostatistics, University of Mississippi Medical Center, Jackson, MS.

P627. Double Blinded Randomized Study of Temporary Gastric Electrical Stimulation (GES): Preliminary Results of EndoSTIM Study and Correlation with Mucosal EGG

Stephen Weeks, MD, Janell Thompson, MD, William D. Johnson, MD, Thomas L. Abell, MD, Dept. of Digestive Diseases, University of Mississippi Medical Center, Jackson, MS.

P628. Complete Spontaneous Bowel Movement Frequency as Primary Outcome Measure in Patients with Chronic Constipation Treated with Linacotide

Jeffrey M. Johnston, MD, James Mac Dougall, PhD, Bernard J. Lavins, MD, Caroline B. Kurtz, PhD, Microbia, Inc., Cambridge, MA.

P629. Pregabalin Ameliorates Abdominal Pain from Adhesions

Ann Silverman, MD, Helen Gikas, RN, Qiana Samuels, BA, Martin Zonca, MD, Dept. of Internal Medicine, Div. of Gastroenterology, Henry Ford Health System, Detroit, MI.

P630. Multi-Specialty Functional Bowel Center Outcomes in Irritable Bowel Syndrome

Yamini Subbiah, MD, Jorge Vazquez, MD, Kathy Sepesy, BSN, Paul J. Lebovitz, MD, Department of Gastroenterology, Allegheny General Hospital, Pittsburgh, PA.

P631. Prevalence and Risk Factors for Abdominal Bloating and Visible Distention: A Population-Based Cross Sectional Survey

Xuan Jiang, MD, Giles R. Locke, III, MD, FACP, Rok Seon Choung, MD, Alan R. Zinsmeister, PhD, Cathy D. Schleck, BSc, Nicholas J. Talley, MD, PhD, FACP, Division of Gastroenterology and Hepatology, Mayo Clinic College of Medicine, Rochester, MN; Division of Gastroenterology and Hepatology, People's Hospital, Peking University, Beijing, China, and Department of Health Sciences Research and Division of Biostatistics, Mayo Clinic College of Medicine, Rochester, MN.

P632. Mucosal Cytokine Imbalance in Irritable Bowel Syndrome (IBS)

Eamonn M. Quigley, MD, John McSharry, PhD, Liam O'Mahony, PhD, Aine Fanning, PhD, Emer Bairead, PhD, Paul Scully, PhD, Jay Tiesman, PhD, Andy Fulmer, PhD, Timothy Dinan, MD, Graham Sherlock, PhD, Fergus Shanahan, MD, Alimentary Pharmabiotic Centre, University College Cork, Cork, Ireland; Alimentary Health Ltd, Kinsale, Cork, Ireland and Miami Valley Innovation Centre, Procter & Gamble, Cincinnati, OH.

P633. Impact of Combined Gastric and Sacral Stimulators on Upper/Lower Gastrointestinal and Urinary Symptoms

Chris Abrasley, MD, Shaily Jain, MD, Paige White, MD, Thomas Abell, MD, Dept. of Digestive Diseases, University of Mississippi Medical Center, Jackson, MS.

P634. Functional Dyspepsia: The Patient's Perspective

Abigail T. Kennedy, BA, Kirsten T. Weiser, MD, Brian E. Lacy, PhD, MD, Michael D. Crowell, PhD, Nicholas J. Talley, PhD, MD, Dartmouth-Hitchcock Medical Center, Lebanon, NH; Mayo Medical Center, Scottsdale, AZ and Mayo Medical Center, Rochester, MN.

P635. A Long-Term Follow-Up Study of Children with Chronic Constipation

Kirin Gorla, MD, Rita Steffen, MD, Gerard Banez, PhD, Pediatrics, MetroHealth Medical Center, Cleveland, OH, Pediatric Gastroenterology and Behavioral Pediatrics, Cleveland Clinic, Cleveland, OH.

P636. What Do Internal Medicine Residents Know about Irritable Bowel Syndrome?

Baseer Qazi, MD, Naser Khan, MD, Amit Gupta, MD, Kenneth O'Riordan, MD, Medicine, Division of Gastroenterology, Advocate Lutheran General Hospital, Park Ridge, IL.

P637. Predictors of Better Quality of Life Outcomes in Patients Suffering from IBS

Pierre Pare, MD, Robert Balshaw, PhD, Olaf Heisel MD, PhD, Rose Liu, Martin Barbeau, Centre Hospitalier Affilie Universitaire de Quebec, Hopital du Saint-Sacrement, Quebec City, QC, Canada; Vancouver General Hospital, Vancouver, BC, Canada and Novartis Pharmaceuticals Canada Inc., Montreal, QC, Canada.

P638. Work Productivity Is More Impaired in Functional Gastrointestinal Disorders Compared to GERD: Six-Month Data from PROGRESS

Giles R. Locke, MD, Suzanne Clark, MS, Annamaria Cerulli, MPH, Josh Marebian, MPH, Kristijan H. Kahler, PhD, RPH, Michael A. Shetzline, MD, PhD, Mayo Clinic College of Medicine, Rochester, MN; Health Benchmarks, Inc., Woodland Hills, CA and Novartis Pharmaceuticals Corporation, East Hanover, NJ.

P639. Pilot Study on Patient Centered Educational Intervention in Irritable Bowel Syndrome (IBS)

Albena Halpert, MD, Abha Verma, BA, Douglas Drossman, MD, Medicine/Gastroenterology, Boston University Medical Center, Boston, MA and UNC Center for Functional GI & Motility Disorders, University of North Carolina, Chapel Hill, NC.

P640. Satisfaction with Laxatives in Chronic Constipation (CC) and Irritable Bowel with Constipation (IBS-C)

Thao Nguyen, MD, Olafur S. Palsson, PsyD, Michael von Korff, ScD, Andrew D. Feld, MD, Rona L. Levy, PhD, Marsha J. Turner, MS, William E. Whitehead, PhD, University of North Carolina at Chapel Hill, NC; Group Health Cooperative of Puget Sound, Seattle, WA and University of Washington, Seattle, WA.

ENDOSCOPY

P641. Upper Gastrointestinal Tract Lesion Identification by Small Bowel Capsule Endoscopy

Somia Z. Mian, MD, Milan Dodig, MD, Janice M. Santisi, RN, Division of Gastroenterology and Hepatology, Case Western Reserve at Metrohealth Medical Center, and Department of Gastroenterology and Hepatology, The Cleveland Clinic Foundation, Cleveland, OH.

P642. Safety Monitoring in a Phase 1 First-In-Human Study of the Anti-Viral Agent CMX001: A Novel Application of Wireless Capsule Endoscopy

H.S. Vanderveldt, MD, W. Painter, MD, A. Robertson, PhD, J.S. Barkin, MD, Div. of Gastroenterology, U. of Miami/Mt. Sinai Med. Ctr., Miami, FL and Chimerix, Inc., Durham, NC.

P643. The Effect of Small Bowel Transit Time on the Yield of Video Capsule Endoscopy

Anthony Aghenta, MD, Ayodele Osowo, MD, Vinodh Jeevanantham, MD, Tarun Kothari, MD, FACP, FACP, Internal Medicine, Unity Health System, Rochester, NY.

P644. Endoscopic Ultrasonographic Evaluation of Hemodynamics in Esophageal Variceal Patients Related to Early Variceal Relapse

Takahiro Sato, MD, Katsu Yamazaki, MD, Jouji Toyota, MD, Yoshiyasu Karino, MD, Takumi Ohmura, MD, Jun Akaiki, MD, Gastroenterology, Sapporo Kosei General Hospital, Sapporo, Japan.

P645. The Frequency of Intraabdominal Metastasis Identified during EUS Staging for Lung Cancer in a Community Setting

John C. Deutsch, MD, Madeline S. Pokorney, BA, Kirk P. Bernadino, MD, Gastroenterology, St. Marys Duluth Clinic, Duluth, MN.

P646. Presence of Lymph Node Vasculature: A New EUS Criterion for Benign Nodes?

Joshua D. Hall, MD, Michel Kahaleh, MD, Grace White, RN, Patrick G. Northup, MD, Vanessa M. Shami, MD, Internal Medicine, University of Virginia, Charlottesville, VA.

P647. Colonic, Non-Rectal, Submucosal Lesions Referred for EUS

William E. Norris, MD, Bruce D. Greenwald, MD, Peter E. Darwin, MD, Scott Oosterveen, MD, Gastroenterology and Hepatology, University of Maryland School of Medicine, Baltimore, MD.

P648. Natural History of the Mallory Weiss Tear in African-American and Hispanic Patients

Abbasi J. Akhtar, MD, Internal Medicine/Gastroenterology, Charles R. Drew University of Medicine and Science, Los Angeles, CA.

P649. Predictors of Rebleed in Actively Bleeding Duodenal Ulcer after Endoscopic Intervention in a Developing Asian Country

Shahid Majid, FCPS, Ashfaq Ahmed, FCPS, Wasim Jafri, FRCP, FACP, Adeel Nasir, MBBS, Medicine, Aga Khan University Hospital, Karachi, Pakistan.

P650. Endoscopic Necrosectomy as a Primary Treatment Modality for Pancreatic Abscess

Kevin P. Meitz, DO, Abraham Mathew, MD, Gastroenterology & Hepatology, Hershey Medical Center/Penn State University, Hershey, PA.

P651. Prophylactic Antibiotic Usage in Endoscopic Retrograde Cholangiopancreatography (ERCP): A Meta-Analysis and Systematic Overview

Faisal A. Bukeirat, MD, Rubayat Rahman, MD, MPH, Digestive Diseases-Medicine, WVU School of Medicine, Morgantown, WV.

P652. ERCP-Associated Pancreatitis: Systematic Evaluation of 99,483 ERCP Procedures with Qualitative Meta-Analysis

Nirmal S. Mann, MD, FACG, John D. Ward, MLS, Gastroenterology, UC Davis, Sacramento, CA and Med Library, UC Davis, Sacramento, CA.

P653. Endoscopic Management of Postcholecystectomy Biliary Leaks

Virendra Singh, DM, Rahul Gupta, MD, Gurpreet Singh, MS, Ganga Ram Verma, MS, Hepatology and Surgery, Postgraduate Institute of Medical Education and Research, Chandigarh, India.

P654. Seizure-like Activity and Other Adverse Events While Using Propofol: A Retrospective Observational Study of 38,575 Sequential Endoscopies in an Outpatient Gastrointestinal Endoscopy Center

Ketul Patel, MD, Ryan Fauble, MD, Su-Linn Zywiol, MS, Alan Cutler, MD, Gastroenterology, Providence Hospital and Medical Center, Southfield, MI and Michigan Endoscopy Center, Farmington Hills, MI.

P655. Biopsy Forceps-Guided Ileal Intubation (BIGII)

Tat-Kin Tsang, MD, Tiffany Graybill, MD, Department of Medicine, Feinberg School of Medicine, Northwestern University, Evanston, IL.

P656. Successful Endoscopic Closure of Postoperative Colocutaneous Fistula

Rajasekhara R. Mummadi, MD, Guillermo Gomez, MD, Gottumukkala S. Raju, MD, MRCP, Division of Gastroenterology and Department of Surgery, The University of Texas Medical Branch, Galveston, TX.

P657. Management of the Poorly Prepared Colonoscopy Patient: Colonoscopic Colon Enemas as a Preparation for Colonoscopy

Norman Sohn, MD, Michael A. Weinstein, MD, Surgery, Lenox Hill Hospital, New York, NY.

P658. Predicting Sedation Induced Respiratory Compromise during Colonoscopy

Suzanne B. Karan, MD, William Voter, MA, Ashok Shah, MD, William Sauer, BS, Denham S. Ward, MD, PhD, Anesthesiology and Gastroenterology, University of Rochester, Rochester, NY.

P659. Recall of Informed Consent and Patient Satisfaction with the Addition of an Educational Video Prior to Colonoscopy

Nirmala M. Sivaprakasapillai, MD, Aditi Nerurkar, MD, Gregory Seltzer, MD, Adam B. Elfant, MD, Gastroenterology/Internal Medicine, Cooper University Hospital, Camden, NJ.

P660. Can Colonoscopy Performed for Reason Other Than Screening Replace Screening Colonoscopy for Colorectal Carcinoma Screening

Hemal Patel, MD, Essam Quraishi, MD, Rana Sabbagh, MD, Osama Alaradi, MD, Internal Medicine, and Gastroenterology, Henry Ford Hospital, Detroit, MI.

P661. A Survey of the Practices of New York Area Endoscopists Regarding Colonoscopic Surveillance Intervals in Patients with Incomplete Bowel Preparation

Judy Oh, MD, Farooque Dastgir, MD, Toomas Sorra, MD, Adnan Khdaif, MD, Irwin M. Grosman, MD, Gastroenterology, Long Island College Hospital, Brooklyn, NY.

P662. Identifying Barriers To Keeping Endoscopy Appointments

Raymond G. Duggan, DO, Dawn M. Sears, MD, Gastroenterology, Scott & White Memorial Hospital, Temple, TX.

P663. A Novel Use of Side-Viewing Endoscopy: Detection, Visualization, and Removal of Technically Difficult Left Sided Polyps

Jerry Martel, MD, Amar Deshpande, MD, Robert I. Goldberg, Division of Gastroenterology, Mount Sinai Medical Center, University of Miami Miller School of Medicine, Miami Beach, FL.

PEDIATRICS

P664. Use of CO2 for Insufflation during Colonoscopy in Children

★ *2007 ACG Presidential Poster Award Recipient*

Eduardo Ibarquen-Secchia, MD, Pediatric Digestive Care, San Antonio, TX.

P665. pH Probe Indices in Infants with Gastroesophageal Reflux Presenting with or without Respiratory Symptoms

N. Muckova, MD, S. Rajcevic, RN, A. Shah, M. Shah, MD, Pediatric Gastroenterology, Loma Linda University, Loma Linda, CA.

P666. Demographic Profile of Children Diagnosed with Celiac Disease

Ajay Kaul, MD, Jose M. Garza, MD, Gastroenterology, Hepatology & Nutrition, Cincinnati Children's Hospital Medical Center, Cincinnati, OH.

P667. Use of Rifaximin in Pediatric Patients with Inflammatory Bowel Disease

Pramodha Muniyappa, MD, Reema Gulati, MD, Hupertz Vera, MD, Pediatric Gastroenterology, Cleveland Clinic, Cleveland, OH and MetroHealth Medical Center, Cleveland, OH.

P668. Utilization of Nitazoxanide for the Empiric Treatment of Pediatric Diarrhea of Unknown Etiology

Youhanna Al-Tawil, MD, Alexandra Eidelwein, MD, Clarisa Cuevas, MD, Anthony S. Jackson, PharmD, Childrens Hospital Pediatric Gastroenterology, Knoxville, TN and Department of Medical Science, Romark Laboratories, L.C., Tampa, FL.

P669. Chromosomal 1p36 Deletion: Inflammatory Bowel Disease, Sclerosing Cholangitis and Annular Pancreas

Samra S. Blanchard, MD, Rita Gnyawali, MD, Anjali Malkani, MD, Pediatric Gastroenterology, University of Maryland, Baltimore, MD.

P670. Pneumatosis Intestinalis: Rare Presentation of Crohn's Disease Exacerbation

Daniel Gelfond, MD, Samra S. Blanchard, MD, Anjali Malkani, MD, Department of Pediatric Gastroenterology, University of Maryland, Baltimore, MD.

P671. The Constipated Child: Is There a Correlation between Symptoms and Manometric Findings?

Lisa A. Feinberg, MD, Lori Mahajan, MD, Rita M. Steffen, MD, Department of Pediatric Gastroenterology, Cleveland Clinic Children's Hospital, Cleveland, OH.

COLORECTAL CANCER PREVENTION

P672. Gender and Subsite Locations Modulate the Chemopreventive Efficacy of Celecoxib: A MIN Mouse Study

Mary Nyhuis, Jennifer Koetsier, Ramesh Wali, PhD, Dhananjay Kunte, PhD, Russ Pelham, PhD, Mark Cleveland, PhD, Hemant K. Roy, MD, Research, Evanston Northwestern Healthcare, Evanston, IL and Braintree Labs, Braintree, MA.

P673. Measuring Compliance with Routine Screening Recommendations in Health Care Workers

Zeba Anwar, MD, Nazif Chowdhury, MD, Leslie Bank, MD, Internal Medicine, Wilson Memorial Regional Medical Center, Johnson City, NY; and Gastroenterology, Wilson Memorial Regional Medical Center, Johnson City, NY.

P674. Endoscopists Recommend Shortened Surveillance Intervals

LeAnn C. Michaels, BS, Nora C. Mattek, MPH, Cynthia D. Morris, PhD, David A. Lieberman, MD, Gastroenterology, OHSU, Portland, OR.

P675. A Paid Day Off from Work Increased Willingness To Have Screening Colonoscopy

Kavitha Kumbum, MD, David Widjaja, MD, Kalyan C. Kanneganti, MD, Prospere Remy, MD, Sridhar S. Chilimuri, MD, Gastroenterology/Medicine, Bronx Lebanon Hospital Center, Bronx, NY.

P676. Marked Racial/Ethnic Differences in Acceptance of and Barriers to Colorectal Cancer Screening in a Primary Care Setting

Najm M. Soofi, MD, MPH, David Aizenberg, MD, Craig T. Tenner, MD, Michael Poles, MD, PhD, Edmund J. Bini, MD, MPH, Gastroenterology and Internal Medicine, New York University Medical Center, New York, NY.

P677. The Influence of Race and Gender on Colon Polyp Incidence after Polypectomy

Eli Penn, MD, Donald Garrow, MD, Joseph Romagnuolo, MD, General Internal Medicine, and GI and Hepatology, Medical University of South Carolina, Charleston, SC.

P678. Ethnic Differences in Findings on Screening Colonoscopy

Roy D. Yen, MD, Ognian Pomakov, MD, Michael Sitrin, MD, Shahid Mehboob, MD, Internal Medicine/Gastroenterology, Univ at Buffalo/Western NY VA, Buffalo, NY.

P679. Disparities in Colon Cancer Screening—A Population Study

Carline Quander, MD, MS., Steve Whitman, PhD, Ami M. Shah, MPH, Internal Medicine, Rush University Medical Center, and Urban Health Institute, Sinai Health System, Chicago, IL.

P680. An Elevated Rate of Adenoma Detection in an Urban Latin American Population Undergoing Colorectal Cancer Screening

K. Grover, MD, R.J. Bierwirth, MD, M.J. Sterling, MD, D.M. Rosenblum, PhD, G. Ashrafzadeh, MD, S.H. Weiss, MD, The Division of Gastroenterology and the Department of Preventative Medicine and Community Health, UMDNJ—New Jersey Medical School, Newark, NJ.

P681. Low Frequency of Colon Polyps in Association with Diverticulosis

Amol S. Rangnekar, MD, Aaron Z. Tokayer, MD, Gastroenterology, Montefiore Medical Center, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY.

P682. Gastroenterologists' Patient Instructions for Oral Sodium Phosphate Solution for Colonoscopy Preparation: A Survey among Gastroenterologists in the State of Indiana

Veronika Gagovic, MD, Douglas K. Rex, MD, Department of Medicine, Division of Gastroenterology, Indiana University, Indianapolis, IN.

P683. Obesity (BMI > 30) Has Highest Attributable Risk for Colorectal Neoplasia in Asymptomatic Women

Benjamin N. Stein, MD, Joseph C. Anderson, MD, Zvi Alpern, MD, Carol M. Martin, ANP, Patricia Hubbard-Ells, ANP, Gastroenterology, Stony Brook University, Stony Brook, NY.

P684. Body Mass Index, Waist-to-Hip Ratio, Family History and Risk of Colorectal Cancer. A Prospective Study

Edson J. da Silva, MD, Alexandre D. Pelosi, MD, Glaucia R. de Freitas, MD, Marcelo R. da Camara, MD, Eleodoro C. de Almeida, MD, Proctology, Hospital dos Servidores do Estado, Rio de Janeiro, Brazil and Digestive Endoscopy, Casa de Portugal, Rio de Janeiro, Brazil.

ESOPHAGUS

P685. The Prevalence of Barrett's Esophagus in Patient with or without GERD Symptoms

Xinqing Fan, MD, Ned Snyder, MD, Gastroenterology and Hepatology, University of Texas Medical Branch, Galveston, TX.

P686. Barrett's Esophagus under Antisecretory Therapy: The Higher the Severity of Dysplasia, the Higher the Likelihood of Regression

Adewale B. Ajumobi, MD, Khaled Bahjri, MD, Sharma Rajiv, MD, Ronald A. Griffin, MD, Internal Medicine and Public Health, Loma Linda University, and Gastroenterology, Jerry L. Pettis VA Medical Center, Loma Linda, CA.

P687. Intra-gastric Acid Control in Patients Who Have Barrett's Esophagus: Comparison of Once- and Twice-Daily Regimens of Esomeprazole and Lansoprazole

Stuart J. Spechler, MD, FACP, Peter N. Barker, PhD, Debra G. Silberg, MD, FACP, University of Texas Southwestern Medical Center, Dallas, TX and AstraZeneca LP, Wilmington, DE.

P688. Changes in Quality of Life over Time in Patients Registered on the Mayo Clinic Esophageal Adenocarcinoma and Barrett's Esophagus Registry

Pamela J. Atherton, MS, Brian F. Kabat, BS, Robert C. Miller, MD, Yvonne Romero, MD, Mary Fredericksen, Jeff A. Sloan, PhD, Mayo Clinic Cancer Center Statistics, Radiology, and Digestive Diseases and Cancer Clinics, Mayo Clinic, Rochester, MN.

P689. Are Patients with Barrett's Esophagus Likely To Develop Cancer or High Grade Dysplasia If They Miss Their Surveillance Endoscopy?

Adewale B. Ajumobi, MD, Khaled Bahjri, MD, Ronald A. Griffin, MD, Internal Medicine and Public Health, Loma Linda University, and Gastroenterology, Jerry L. Pettis VA Medical Center, Loma Linda, CA.

P690. Presentation and Prognosis of Esophageal Adenocarcinoma in Patients Below Age 50

Nikroo Hashemi, MD, Sidney Cohen, MD, Terry Hyslop, PhD, Anthony J. DiMarino, MD, David E. Loren, MD, Gastroenterology and Hepatology, and Biostatistics, Thomas Jefferson University Hospital, Philadelphia, PA.

P691. Coexistence of Barrett's Esophagus and Eosinophilic Esophagitis

Cristina Almansa, MD, Herbert Wolfsen, MD, Kenneth Devault, MD, Sami R. Achem, MD, Gastroenterology, Mayo Clinic, Jacksonville, FL.

P692. Decreased GLIPR1 Expression in Esophageal Adenocarcinoma

Keith Brown, MD, Timothy C. Thompson, PhD, Chengzhen Ren, PhD, Mahdis Rahmani, MS, Mamoun Younes, MD, Pathology and Scott Department of Urology, Baylor College of Medicine, Houston, TX.

P693. Use of Narrow Band Imaging (NBI) To Detect Esophagitis in Non Erosive Reflux Disease (NERD)

Daniel A. Ringold, MD, Sanjay Sikka, MD, Bhaskar Banerjee, MD, Division of Gastroenterology, Washington University School of Medicine, Saint Louis, MO.

P694. Barrett's Esophagus and *Helicobacter pylori* Infection

Xiangwen Meng, PhD, Marc Scheer, MD, Tat-Kin Tsang, MD, Medicine, Evanston Northwestern Healthcare, and Medicine, Northwestern University, Feinberg School of Medicine, Evanston, IL.

P695. EGFR, p-Erk and p-AKT Expression in Barrett's Esophagus (BE): A Prospective Pilot Study

Abha Rani, MD, Milind M. Javle, MD, Charles M. LeVea, MD, PhD, Jihnehee Yu, PhD, Michael Brattain, PhD, Jennifer D. Black, PhD, Michael Sitrin, MD, Department of Gastroenterology, State University of New York at Buffalo, and Roswell Park Cancer Institute, Buffalo, NY.

P696. The Evaluation of Definitive Radiation Therapy for Patients with Stage II-III Squamous Cell Carcinoma of the Esophagus

Tetsuo Nonaka, MD, PhD, Hideyuki Sakurai, MD, PhD, Hitoshi Ishikawa, MD, PhD, Mariko Shioya, MD, Masumi Murata, MD, Katsuyuki Shirai, MD, Koichi Harashima, MD, PhD, Takeshi Ebara, MD, PhD, Takashi Nakano, MD, PhD, Hiroyuki Kato, MD, PhD, Hiroyuki Kuwano, MD, PhD, Radiation Oncology, Gunma University, Graduate School of Medicine, Maebashi, Gunma, Japan and General Surgical Science (Surgery I), Gunma University, Graduate School of Medicine, Maebashi, Gunma, Japan.

P697. Trends of Heller Myotomy Hospitalizations for Achalasia in the United States, 1993-2004

Yize Wang, MD, PhD, Joel E. Richter, MD, MACG, Gastrointestinal Section, Department of Medicine, Temple University School of Medicine, Philadelphia, PA.

P698. Adenocarcinoma of Esophagus and Cardioesophageal Junction (CEJ): 10 Year Experience

Edward S. Friedman, MD, Anu K. Mathew, MD, Camron Kiafar, DO, Richard Gerkin, MD, Kathleen M. Rogers, CTR, Francisco C. Ramirez, MD, Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ and Medicine, Banner Health Good Samaritan Hospital, Phoenix, AZ.

P699. Is There a Difference in the Prevalence of *Helicobacter pylori* Infection between Short-Segment and Long-Segment Barrett's Esophagus?

Changcheng Wang, MD, Yuhong Yuan, PhD, Richard H. Hunt, MD, FRCP, FRCPC, Division of Gastroenterology, McMaster University Health Science Centre, Hamilton, ON, Canada.

P700. Endoscopic Full-Thickness Plication for the Treatment of GERD: 12 Month Follow-Up in the Sham-Controlled Trial

Richard I. Rothstein, MD, Charles Filipi, MD, Karol Caca, MD, Ronald Pruitt, MD, Klaus Mergener, MD, Alfonso Torquati, MD, Gregory Haber, MD, Kenneth Chang, MD, David Wong, MD, Jacques Deviere, MD, Douglas Pleskow, MD, Charles Lightdale, MD, Alain Ades, MD, Richard Kozarek, MD, William Richards, MD, Anthony Lembo, MD, Dartmouth Medical School, Lebanon, NH; Creighton University Medical Center, Omaha, NE; Klinikum Ludwigsburg University Heidelberg, Ludwigsburg, Germany; Saint Thomas Hospital, Nashville, TN; Digestive Health Specialists, Tacoma, WA; Vanderbilt University Medical Center, Nashville, TN; Lenox Hill Hospital, New York, NY; University of California Irvine, Orange, CA; Tri Valley Gastroenterology, San Ramon, CA; Erasme Hospital, Brussels, Belgium; Beth Israel Deaconess Medical Center, Boston, MA; Columbia University Medical Center, New York, NY; Seacoast Gastroenterology, Exeter, NH and Virginia Mason Medical Center, Seattle, WA.

P701. Photodynamic Therapy Decreases DNA Content Abnormalities in Residual Non-Dysplastic Barrett's Esophagus

Weitian Liu, MD, Jason L. Hornick, MD, Robert D. Odze, MD, Mari Mino-Kenudson, MD, Gregory Y. Lauwers, MD, Raj K. Goyal, MD, Gastroenterology, Hepatology and Endoscopy; Pathology, Brigham and Women's Hospital, Harvard Medical School (HMS), Boston, MA; Pathology, Massachusetts General Hospital, HMS, Boston, MA and Medicine, Veterans Affairs Medical Center, HMS, West Roxbury, MA.

P702. Utility of Endoscopic Ultrasound Prior to Esophagectomy for High Grade Dysplasia in Barrett's Esophagus

G.A. Prasad, MD, K.K. Wang, MD, R.J. Badreddine, MD, N.S. Buttar, MD, L.M. Wongkeesong, MD, K.T. Dunagan, L.S. Lutzke, L.S. Borkenhagen, Barrett's Esophagus Unit, Gastroenterology and Hepatology, Mayo Clinic College of Medicine, Rochester, MN.

P703. Insulin-Like Growth Factor-1 Pathway Activation in Barrett's Esophagus

Kayode Olowe, MD, Dawn Dawson, MD, Joseph Willis, MD, Larry Miller, MD, Jason Taylor, MD, Jennifer Kimble, MD, Amitabh Chak, MD, Division of Gastroenterology, and Pathology, University Hospitals-Case Medical Center/Case Western Reserve University, Cleveland, OH.

P704. Endoscopic Full-Thickness Plication with Two Serially Placed Implants Improves Esophagitis, GERD Symptoms and Reduces PPI Use and Esophageal Acid Exposure

Daniel von Renteln, MD, Ulrike Brey, MD, Bettina Riecken, MD, Karel Caca, MD, Department of Gastroenterology, Klinikum Ludwigsburg, Ludwigsburg, Germany.

P705. Endoscopic Full-Thickness Plication for the Treatment of GERD: 6 Month Data of the German Multi-Center Serial Implant Trial

Karel Caca, MD, Ingolf Schiefke, MD, Karl-Herrmann Fuchs, MD, Daniel von Renteln, MD, Susanne Radczynski, MD, Michael Philipper, MD, Wolfram Breithaupt, MD, Horst Neuhaus, MD, Department of Gastroenterology, Klinikum Ludwigsburg, Germany; Department of Gastroenterology, University of Leipzig, Germany; Department of Surgery, Markus-Krankenhaus Frankfurt, Germany and Department of Internal Medicine, EVK Duesseldorf, Germany.

P706. POSTER WITHDRAWN

P707. Long Term Follow up of Patients Treated with Stretta

★ 2007 ACG Presidential Poster Award Recipient

Robert P. Yatto, MD, Geneva Russell, CGRN, Deborah Hargis, CGRN, Nancie Gunter, CGRN, Endoscopy Department, Cumberland Medical Center, Crossville, TN.

P708. Cryotherapy Ablation for Barrett's Esophagus (BE) with High-Grade Dysplasia (HGD) and Intramucosal Carcinoma (IMCA), and Early Esophageal Cancer (EEC)

★ 2007 ACG Presidential Poster Award Recipient

Bruce D. Greenwald, MD, Division of Gastroenterology and Hepatology, University of Maryland School of Medicine, Baltimore, MD.

P709. 5-ALA Photodynamic Therapy Eliminates Resistant Barrett's Cells

Kenneth K. Wang, MD, Ganapathy Prasad, MD, Michel WongKeeSong, MD, Navtej S. Buttar, MD, Wiste Westra, MD, Rami Badreddine, MD, Marlys Anderson, Lori Lutzke, Kelly Dungan, Lynn Borkenhagen, Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

STOMACH

P710. The Role of Flow Cytometry in the Diagnosis and Surveillance of Gastrointestinal Lymphomas

Minhhuyen T. Nguyen, MD, Heba Durra, MD, David S. Weinberg, MD, Harry S. Cooper, MD, Tahseen I. Al-Saleem, MD, Fox Chase Cancer Center, and Temple University Hospital, Philadelphia, PA.

P711. Effect of *Helicobacter pylori* Infection on Gastric Cancer Development

Marcelo L. Ribeiro, PhD, Waldemar Bartchewsky, Jr., MS, Mariana R. Martini, MS, Marisa C. Alvarez, MS, Daisy M. Salvadori, PhD, Marcelo S. Ladeira, PhD, José Pedrazzoli, Jr., PhD, Unidade Integrada de Farmacologia e Gastroenterologia, Universidade São Francisco, Bragança Paulista, SP, Brazil and Departamento de Clínica Médica, UNESP, Botucatu, SP, Brazil.

P712. Do Minorities Have a Worse Outcome from Primary Gastric Cancer Than Whites?

Thomas Birris, MD, Andrew Albert, MD, MPH, Sherri Yong, MD, Stephen Sontag, MD, Gastroenterology, Hepatology, and Nutrition, Loyola University Medical Center, Maywood, IL.

P713. Usefulness of Microvascular Diagnoses of Early Gastric Cancer Using Magnifying Endoscopy

Tomofumi Tanaka, Yasushi Oda, Makoto Yasunaga, Eisuke Kaku, Kiwamu Hasuda, Seiji Ito, Hideyo Goto, Masahiro Hattori, Gastroenterology, Hattori G.I. Endoscopy and Oncology Clinic, Kumamoto, Japan.

P714. *Helicobacter pylori* Virulence Marker from an Area of High Prevalence with Low Incidence of Gastric Carcinoma

Javed Yakoob, PhD, Shahab Abid, FCPS, Zaigham Abbas, FACG, Jafri Wasim, FACG, Muhammad Islam, MSc, Rustam Khan, FCPS, Zubair Ahmad, FCPS, Medicine and Pathology, Aga Khan University, Karachi, Sindh, Pakistan.

P715. Expression of MUC5AC and TFF1 in Intestinal Metaplasia Subtypes

Byung Wook Kim, MD, Lee-So Maeng, MD, Kyoung-Mee Kim, MD, In-Sik Chung, MD, Internal Medicine, and Pathology, The Catholic University of Korea, Seoul, Republic of Korea.

P716. Survival in Gastric Cancer Patients: Univariate and Multivariate Analysis

Bijan Moghimi Dehkordi, MSc of Epidemiology, Azadeh Safaee, MSc of Epidemiology, Babak Noori Nayer, MD, Mohammad Reza Zali, MD, FACG, Cancer, Research Center of Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran.

P717. Can Polaprezinc Be Attributed To Reduce the Risk of Gastric Carcinogenesis in *Helicobacter pylori*-Positive Young People?

Toshifumi Mitani, MD, Daisuke Shirasaka, MD, Hideyuki Miyachi, MD, Toshio Tanaka, MD, Naohisa Yahagi, MD, Department of Gastroenterology, Toranomon Hospital, Tokyo, Japan and Department of Gastroenterology, Kobe University Graduate School of Medicine, Kobe, Hyogo, Japan.

P718. A Patient with Gastric Hodgkin's Lymphoma

Kaleem M. Rizvon, MD, Omer K. Masood, MD, Nausheer Khan-Bitni, MD, Paul J. Mustacchia, MD, Gastroenterology, Nassau University Medical Center, East Meadow, NY.

P719. Multiplex PCR To Detect *H. pylori* in MALToma and Its Role in Treatment and Prognosis: A Case Series

Xiangwen Meng, PhD, Veerpal Singh, MD, Tat-Kin Tsang, MD, ENH Research Institute, Evanston Northwestern Healthcare, Evanston, IL and Department of Medicine, Northwestern University, Feinberg School of Medicine, Evanston, IL.

P720. *Helicobacter pylori* (Hp) Seropositivity in Patients with Both Negative Rapid Urease Test (CLO) and No Histopathological Evidence of Hp

Kishore Maganty, MD, Adarsh Varma, MD, Swetha Kandula, MD, Larry F. Hughes, PhD, Jatinder P. Ahluwalia, MD, Division of Gastroenterology, Internal Medicine, and Surgery, Southern Illinois University School of Medicine, Springfield, IL.

P721. POSTER WITHDRAWN

PANCREATIC/BILIARY

P722. Longitudinal Study of Endoscopic Ultrasound-Guided Celiac Plexus Blockade (EUS-CPB) for Treatment of Painful Chronic Pancreatitis (CP)

Tyler Stevens, MD, Gregory Zuccaro, MD, John A. Dumot, DO, John J. Vargo, MD, MPH, Gastroenterology and Hepatology, Cleveland Clinic Foundation, Cleveland, OH.

P723. Clinicopathologic Features of Surgically Resected Pancreatic Cystic Lesions

Michelle K. Kim, MD, Thomas Curran, BA, Daniel Labow, MD, Myron Schwartz, MD, Gabriel Levi, MD, Noam Harpaz, MD, PhD, Steven Itzkowitz, MD, Medicine, Surgery, and Pathology, Mount Sinai School of Medicine, New York, NY.

P724. Two Simple Vital Sign Measurements Plus Serum Albumin Are Strong Predictors of Disease Severity in Acute Pancreatitis?

Amit B. Sohagia, MD, Raja Masood, MD, Rafiq Rehan, MD, Hilary Hertan, MD, Nejat Kiyici, MD, Edward Norkus, PhD, Department of Gastroenterology & Medicine, Our Lady of Mercy Medical Center, Bronx, NY.

P725. Predictors of Morbidity from Local Complications in Severe Acute Pancreatitis

Hazem Hammad, MD, David Hough, MD, Santhi Swaroop Vege, MD, Bret T. Petersen, MD, Division of Gastroenterology and Hepatology, and Department of Radiology, Mayo Clinic College of Medicine, Rochester, MN and Department of Internal Medicine, Wayne State University, Detroit, MI.

P726. A Comparison of Ranson's Criteria Versus Sequential Organ Failure Assessment Score (SOFA) in Predicting Intensive Care Unit Admission, Morbidity and Mortality in Acute Pancreatitis in the Emergency Room

Mirela Meca, MD, Ari J. Wiesen, MD, Arkady Broder, MD, Brian Schwender, MD, Jonathan Wiesen, MS, Kostas Siderdis, DO, Prasun Jalal, MD, Steven Helft, MD, Simmy Bank, MD, Gastroenterology, Long Island Jewish Medical Center, New Hyde Park, NY.

P727. Retrospective Comparison of Magnetic Resonance Cholangiopancreatography (MRCP) with Endoscopic Retrograde Cholangiopancreatography (ERCP) in the Diagnosis of Pancreaticobiliary Diseases

Emad Qayed, MD, Qiang Cai, MD, FACG, Department of Medicine Division of Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P728. Cluster of Cases of Gallstone Complications in Patients Less Than 31 Years of Age at UMC, Fresno, CA

Kandarp K. Shah, MD, Kalyani K. Shah, MD, Mandeep Singh, MD, Grace W. Huang, DO, Jasjit Singh, MBBS, Muhammad Y. Sheikh, MD, Gastroenterology, UCSF-Fresno, Fresno, CA.

P729. A Retrospective Comparison of ERCP Complications with Conventional ERCP vs. Wire Guided ERCP

Gregory J. Ward, MD, Leila Keyvani, MD, Donald R. Duerksen, MD, Internal Medicine, Section of Gastroenterology, University of Manitoba, Winnipeg, MB, Canada.

P730. Multiple Biliary Stent Placement Using Conventional Long Wire (OASIS) and Short Wire (Fusion OASIS with IDR) Stenting Systems for Benign Bile Duct Strictures (BBDS)—A Retrospective Study

Chhaya Hasyagar, MD, Brian S. Lim, MD, Kanat Ransibrahmanakul, MD, Erina Foster, MD, Joseph W. Leung, MD, Gastroenterology, UC Davis Medical Center, Sacramento, CA and Sacramento VA Medical Center/VANCHCS, Mather, CA.

P731. Wire Controlled Cannulation Reduces the Risk of Post-ERCP Pancreatitis in Children by Initially Accessing the Bile Duct with a Soft-Tipped Guidewire, without Contrast Injection

R. Martin Bashir, MD, Bryan Fine, MD, Parvathi Mohan, MD, Ali Bader, MD, Sona Sehgal, MD, Bernard Kerzner, MD, Gastro-enterology, Children's National Medical Center, Washington, DC.

P732. POSTER WITHDRAWN

P733. Recurrent Acute Pancreatitis Leads to Chronic Pancreatitis: A Prospective Case Series

Elie Aoun, MD, David C. Whitcomb, MD, Ferga C. Gleeson, MD, Dionysios J. Papachristou, MD, Adam Slivka, MD, Georgios I. Papachristou, MD, Medicine, University of Pittsburgh Medical Center, Pittsburgh, PA; Medicine, Mayo Clinic, Rochester, MN and Medicine, Pittsburgh VA Health Care System, Pittsburgh, PA.

P734. Acute Experimental Pancreatitis in Rats Is Ameliorated by Treatment with Pramlintide, a Synthetic Analogue of the β -Cell Hormone Amylin

Bronislava Gedulin, MD, Pamela Smith, BS, Ginger Toschiaddi, Clara Polizzi, Andrew Young, MD, In Vivo Pharmacology, Amylin Pharmaceuticals, Inc., San Diego, CA.

P735. Painless Jaundice and an Extremely Elevated CA 19-9 Secondary to Cholelithiasis, Not Malignancy

David L. Ulrich, MD, Saad Jazrawi, MD, Francis Lu, MD, James Robiloti, MD, Prim Chattoo, MD, Gastroenterology, Saint Vincents Medical Center, New York, NY.

P736. Adenocarcinoma of the Pancreas Presenting as Diabetic Ketoacidosis

Aly Lakhani, MB, BS, Michael Cannon, MD, Department of Internal Medicine, Gastroenterology Division, William Beaumont Hospital, Royal Oak, MI.

P737. Hepatic Resection Is a Safe and Effective Treatment for Bilateral Hepatolithiasis

Satoshi Nozawa, MD, Fumio Kimura, MD, Hiroaki Shimizu, MD, Hiroyuki Yoshidome, MD, Masayuki Ohtsuka, MD, Atsushi Kato, MD, Hideyuki Yoshitomi, MD, Katsunori Furukawa, MD, Noboru Mitsuhashi, MD, Dan Takeuchi, MD, Kousuke Suda, MD, Shigetsugu Takano, MD, Masaru Miyazaki, MD, Department of General Surgery, Graduate School of Medicine, Chiba University, Chiba, Japan.

P738. Prevalence of Gall Bladder Dyskinesia in Gastroparesis

Savio Reddymasu, MD, Harshal Patil, MD, Richard McCallum, MD, Medicine, Kansas University Medical Center, Kansas City, KS.

P739. Prevalence of the Calcium Sensing Receptor (*CaSR*) Gene Polymorphisms in Patients with Recurrent Acute and Chronic Pancreatitis with or without *SPINK1* N34S

Venkata Muddana, MD, Michael M. Barmada, PhD, Janette Lamb, PhD, Beth Elinoff, MPH, Robert H. Hawes, MD, Peter B. Cotton, MD, Michelle Anderson, MD, Randall E. Brand, MD, Adam Slivka, MD, David C. Whitcomb, MD, Department of Medicine, UPMC Shadyside, Pittsburgh, PA; Department of Human Genetics, University of Pittsburgh School of Medicine, Pittsburgh, PA; Department of Medicine, UPMC Presbyterian, Pittsburgh, PA; Digestive Disorder Center, Medical University of South Carolina, Charleston, SC; Department of Medicine, University of Michigan Medical Center, Ann Arbor, MI and Department of Medicine, Evanston Northwestern Healthcare, Evanston, IL.

SMALL INTESTINE/UNCLASSIFIED

P740. The Yield of Routine Endoscopy with Duodenal Biopsies To Exclude Celiac Disease

★ *2007 ACG Presidential Poster Award Recipient*

Ramu P. Raju, MD, Daniel Moore, MD, Tolga Erim, DO, Fernando Castro, MD, Gastroenterology, Cleveland Clinic Florida, Weston, FL.

P741. Psychological Correlates of Gluten-Free Diet Adherence in Adults with Celiac Disease

Jessica B. Edwards George, PhD, Daniel A. Leffler, MD, Melinda D. Dennis, RD, Ciaran P. Kelly, MD, Debra L. Franko, PhD, Jessica Blom-Hoffman, PhD, The Celiac Center, Beth Israel Deaconess Medical Center, and Applied Psychology, Northeastern University, Boston, MA.

P742. Histopathology Predicts Abnormal Liver Function Tests and Autoimmune Disorders in Celiac Disease

Kavita Singh, MD, Ece A. Mutlu, MD, Mark T. DeMeo, MD, Medicine, Rush University Medical Center, Chicago, IL.

P743. A Prospective Study of Five Measures of Gluten Free Diet Adherence in Adults with Celiac Disease

Daniel A. Leffler, MD, Jessica B. Edwards-George, PhD, Melinda Dennis, RD, Detlef Schuppan, MD, Ciaran P. Kelly, MD, Gastroenterology, Beth Israel Deaconess Medical Center, Boston, MA.

P744. Positive Predictive Value of Tissue Transglutaminase: A Retrospective Review at Our Institution

Thomas Park, MD, Ibilola Fashoyin, MD, Marilyn A. Menegus, PhD, Arthur J. DeCross, MD, Division of Gastroenterology and Hepatology, and Division of Microbiology, University of Rochester, Rochester, NY.

P745. Clinical Characteristics and Prevalence of Celiac Disease and Non-Celiac Gluten Sensitivity Presenting to a Community Based Private Gastroenterology Clinic

Scot M. Lewey, DO, Gastroenterology Associates of Colorado Springs, Colorado Springs, CO.

P746. Celiac Disease in the Adult Community; Still a Rare Occurrence

Douglas J. Sprung, MD, Gregory M. Sprung, Maitland, FL.

P747. Genetic Testing Prior to Serologic Screening in Family Members of Patients with Celiac Disease as a Cost Containment Method

Matthew Chang, MD, Peter H. Green, MD, Department of Medicine, Columbia University College of Physicians and Surgeons, New York, NY.

P748. Can Colorectal Cancer Screening Consultations Assist in Evaluating Physician Adherence to Management of Obese African American Patients?

Anita Mittal, MD, Rebecca Fausel, Marie L. Borum, MD, MPH, EdH, Internal Medicine, University of Hawaii, Honolulu, HI and Gastroenterology, The George Washington University School of Medicine, Washington, DC.

P749. Liver and Gastrointestinal Manifestations of Dengue Hemorrhagic Fever. An Analysis from a Cohort of 263 Hospitalized Patients

Antonio Ramos-De la Medina, MD, Tadeo Ceron, MD, Aurora Diaz-Vega, MD, Angelica Hernandez, MD, Jose M. Remes-Troche, MD, Gastroenterology and Gastrointestinal Surgery, Veracruz Regional Hospital, and Medical-Biological Research Institute, Universidad Veracruzana, Veracruz, Mexico.

LIVER

P750. Severe Pulmonary Sarcoidosis Complicating Hepatitis C Therapy and Resolving after Treatment Withdrawal

Nalini K. Sharma, MD, Averell H. Sherker, MD, Gastroenterology, Washington Hospital Center, Washington, DC.

P751. Liver Histological Features of Randomly Selected Population with Abnormal Liver Sonography in Iran

Leila Pasharavesh, MD, Ziba Khorram, MD, Roshanak Roshanfekar, MD, Kamran Shateri, MD, Ramin Tavafzadeh, MD, Reza Mashayekhi, MD, Maryam Firoozi, BS, Amir Houshang Mohammad Alizadeh, MD, Farahnaz Fallahian, MD, Seyed Mohsen Mousavi, MD, Farzaneh Khadem Sameni, MD, Bahman Talebipoor, MD, Behnaz Mohabbatian, MD, Mohammad Reza Zali, MD, FACG, Research Center of Gastroenterology and Liver Diseases, Shaid Beheshtee University of Medical Sciences, Tehran, Islamic Republic of Iran.

P752. Hepatic Splenosis Mimicking Hepatocellular Carcinoma

Advitya Malhotra, MD, Gagan K. Sood, Department of Internal Medicine and Department of Gastroenterology and Hepatology, University of Texas Medical Branch, Galveston, TX.

P753. The Value of Serum Aminotransferases after Cardio-Pulmonary Resuscitation

Kavitha Kumbum, MD, David Widjaja, MD, Kalyan C. Kanneganti, MD, Pradeep R. Atla, MD, Prospere Remy, MD, Sridhar S. Chilimuri, MD, Gastroenterology/Medicine, Bronx Lebanon Hospital Center, Bronx, NY.

P754. Hepatic Fibrosis and Steatosis in Treatment Naive Chronic Hepatitis C Patients of Central California Valley

Muhammad Y. Sheikh, MD, Muhammad H. Bashir, MD, Humaira Sadiq, MD, Jasjit Singh, MBBS, Farheen A. Khan, William C. Pitts, MD, Kandarp K. Shah, MD, Division of Gastroenterology and Hepatology, University of California, San Francisco-Fresno Education Program, Fresno, CA.

P755. HBV Genotype in Northern Portugal

Susana Lopes, MD, Carla Rolanda, MD, Pedro Pereira, MD, Fernando Branca, MD, Mota Garcia, MD, Guilherme Macedo, MD, Gastroenterology Unit and Clinical Pathology, H.S. Marcos, Braga, Portugal.

P756. Retrospective Analysis of Treatment Outcome for Hepatitis C Genotype 4 in a Community Hospital

Abdullah M. Mallisho, MD, Omar A. Al-Subee, MD, Iyad A. Subei, MD, FACP, FACG FASGE, Gastroenterology, ErfanBagedo Hospital, Jeddah, Saudi Arabia.

P757. Clinical and Histological Differences between Obese and Non-Obese Cryptogenic Cirrhosis

Shivangi Khara, MD, Arun Samanta, MD, Kenneth M. Klein, MD, Baburao Koneru, MD, Dorian Wilson, MD, Adrian Fisher, MD, Andrew De La Torre, MD, Milie Debroy, MD, Medicine, Pathology and Laboratory Medicine, and Surgery, University of Medicine and Dentistry of New Jersey, Newark, NJ.

P758. Iron Reduction by Phlebotomy Reduces alpha Fetoprotein in Patients with Advanced Chronic Hepatitis C: A Long Term Follow-Up Study

Steven R. Fox, MD, Navakanth Gorrepati, MD, MPH, Mamtha Balasubramaniam, MS, Tusar K. Desai, MD.

P759. Role of Vitamin E & Vitamin C in the Treatment of Nonalcoholic Steatohepatitis

Kaushikkumar K. Patel, MD, Michael Babich, MD, Rad Agrawal, MD, Department of Gastroenterology, Allegheny General Hospital, Pittsburgh, PA.

P760. POSTER WITHDRAWN

P761. Long Term Sustained Virological Response among Hispanic Veterans Successfully Treated for Hepatitis C Virus

Paul J. Nieves, MD, Joel De Jesus, MD, Federico Rodriguez-Perez, MD, Doris H. Toro, MD, Gastroenterology, VA Caribbean Healthcare System, San Juan, Puerto Rico.

P762. Prevalence and Predictors of Steatosis in Patients with Chronic Hepatitis C (HCV) Infection

Jagdish S. Nachnani, MD, Alexandra Laya, MD, Esmat Sadeddin, MD, Owen J. Smith, MD, Laura M. Alba, MD, Wendell K. Clarkston, MD, Internal Medicine, and Gastroenterology, University of Missouri Kansas City, Kansas City, MO.

P763. The Effect of Statins on Viral Load in Patients with Chronic Hepatitis C

Roy D. Yen, MD, Anoop Prabhu, MD, Thomas Mahl, MD, Internal Medicine/Gastroenterology, VA Western New York Healthcare System, Buffalo, NY.

P764. Are Ethnicity and Gender Associated with Outcomes in Patients with Primary Sclerosing Cholangitis (PSC)?

Toyia James-Stevenson, MD, Shaikat Aasma, MD, Fuad Azrak, MD, Kristina Chacko, MD, Kamil Obideen, MD, Medicine/Digestive Diseases, Emory University SOM, Atlanta, GA; Medicine, GI, University of Minnesota, Minneapolis, MN and Medicine, William Beaumont Hospital, Royal Oak, MI.

P765. Autoimmune Hepatitis: A Risk Factor for Cryptogenic Cirrhosis

Maliha Ahmad, MD, Arun Samanta, MD, Kenneth M. Klein, MD, Baburao Koneru, MD, Dorian Wilson, MD, Fisher Adrian, MD, Andrew De La Torre, MD, Milie Debroy, MD, Medicine, Pathology and Laboratory Medicine, and Surgery, University of Medicine and Dentistry of New Jersey, Newark, NJ.

P766. Transmission of Hepatitis B Virus (HBV) Infection Is Predominantly Perinatal in the Indian Subcontinent: A Large Prospective Study

Hissar Syed, MD, Manoj Kumar, MD, DM, Kazim N. Syed, PhD, Sanjay Satpathy, MD, DM, Tharun G. Kumar, MSc, Ranjeet Chauhan, MSc, Didar Singh, MBBS, Puja Sakhuja, MD, Shiv K. Sarin, MD, DM, Gastroenterology and Pathology, G. B. Pant Hospital, New Delhi, India.

P767. Prediction of Histology in Nonalcoholic Fatty Liver Disease: Do Medications Matter?

Sri Naveen Surapaneni, MD, Charles Katopes, MD, James Wallace, MD, Peter Nuttleman, MD, Deborah Andris, NP, Behmaran Behnaz, MD, Richard Komorowski, MD, Franco Jose, MD, Rajiv Varma, MD, Omar Massoud, MD, Kia Saeian, MD, Samer Gawrieh, MD, Medical College of Wisconsin (MCW), and Zablocki VA Medical Center, Milwaukee, WI.

P768. 13C Breath Tests as Tools for the Assessment of Liver Diseases

Yoshihisa Urita, Toshiyasu Watanabe, Tadashi Maeda, Kaoru Domon, Susumu Ishihara, Tomohiro Arita, Asuka Nakayama, Makie Nanami, Tatsuhiro Yamamoto, Akiro Kugahara, Takamasa Ishii, Hirohito Kato, Kazuo Hike, Shuji Watanabe, Kazushige Nakanishi, Nagato Shimada, Motonobu Sugimoto, Kazumasa Miki, Department of General Medicine and Emergency Care, Division of Gastroenterology and Hepatology, and Department of Hematology, Toho University, Tokyo, Japan.

P769. Results of 5 Years Experience of Liver Secondaries Treated by Radiofrequency Ablation

Rashmi Jaiswal, MBBS, Ajit Sewkani, MS, Swarna Vyas, MSc, Sandesh Sharma, MS, Saleem Naik, MS, Dipak Purohit, MS, Vikrant Singh, MS, K.K. Maudar, MS, PhD, Subodh Varshney, Harkirat Bains, PhD, GI Surgery, Bhopal Memorial Hospital and Research Centre, Bhopal, MP, India.

P770. Study of Serum Adiponectin in Chronic Liver Disease and Cholestasis

Tary A. Salman, MD, Naglaa A.A. Allam, MD, Gasser I. Azab, MD, Ahmed Shaarawy, MD, Mona Hassouna, MD, Omkolsoum M. El-haddad, MD, Hepatology, National Liver Institute, Shebeen Al-koam, Menofeya, Egypt and Clinical Pathology, National Liver Institute, Shebeen Al-koam, Menofeya, Egypt.

P771. A Single Center Experience of the Use of Mycophenolate Mofetil (MMF) in the Maintenance Treatment of Autoimmune Hepatitis (AIH)

Jonathan T. Hlivko, MD, Mitchell L. Shiffman, MD, R. Todd Stravitz, MD, Velimir A. Luketic, MD, Arun J. Sanyal, MD, Michael Fuchs, MD, Richard K. Sterling, MD, Gastroenterology, Hepatology, and Nutrition, Virginia Commonwealth University Health System, Richmond, VA.

P772. Treatment Rates in Patients with Chronic Hepatitis B after Liver Biopsy

Denis V. Kapkov, MD, Trinh B. Meyer, MD, Douglas Meyer, MD, David J. Clain, MD, Neil D. Theise, MD, Henry C. Bodenheimer, Jr., MD, Albert D. Min, MD, Digestive Diseases, Beth Israel Medical Center, New York, NY.

P773. Serum Adipokine Profile in Indian Men with Nonalcoholic Steatohepatitis: Serum Adiponectin Is Paradoxically Decreased in Lean Versus Obese

M.G. Sanal, Shiv K. Sarin, DM, Ajay K. Chowdhary, MD, Special Center for Molecular Medicine, and Gastroenterology, GB Pant Hospital, New Delhi, Delhi, India.

P774. Zeaxanthin Reduces Fibrosis in a Gerbil Model of Non-Alcoholic Steatohepatitis

★ 2007 ACG Presidential Poster Award Recipient

Sherman M. Chamberlain, MD, Manuela Bartoli, PhD, Nancy Rodriguez, DVM, Jeffrey R. Lee, MD, Jigneshkumar Patel, MBBS, Subbaramiah Sridhar, MBBS, Dennis M. Marcus, MD, Section of Gastroenterology, Section of Vascular Medicine, Laboratory Animal Services, Department of Pathology, and Department of Medicine, Medical College of Georgia, Augusta, GA, and Southeast Retina Center, Augusta, GA.

COLON

P775. Antibacterial and Sporocidal Activity of Silver Against *Clostridium difficile* and Impact on Gut Colonization and Disease

★ 2007 ACG Presidential Poster Award Recipient

Jeffrey B. Lyczak, PhD, Wen Chen, PhD, Nicole Bellefeuille, BS, Katherine V. Thompson, MPH, Katherine J. Turner, PhD, Research & Development, Nucryst Pharmaceuticals, Inc., Wakefield, MA.

P776. Post-Surgical *Clostridium difficile* Infection

Rabin Rahmani, MD, William Southern, MD, Igal Khorshidi, MD, Andy Thanjan, MD, Christopher B. Ibrahim, MD, Lawrence J. Brandt, MD, MACG, Gastroenterology, Montefiore Medical Center, Bronx, NY.

P777. *Clostridium difficile* Colitis: A Shift from a Traditionally Hospital Acquired Infection to a Community and Nursing Home-Based Disease

Vivek Kumar, MD, Sam Yoselevitz, MD, Sudhir K. Dutta, MD, Gastroenterology, Sinai Hospital, and Gastroenterology, Johns Hopkins University School of Medicine, Baltimore, MD.

P778. Outcomes and Risk Factors for Development of Post-Polypectomy Hemorrhage Requiring Hospitalization

Essam R. Quraishi, MD, Omar Sharif, MD, Kim Brown, MD, Gastroenterology and Internal Medicine, Henry Ford Hospital, Detroit, MI.

P779. In-Patient Colonoscopy Preparation—Is Splitting the Dose the Solution?

Flor Mizrahi, MD, Ramesh Koka, MD, Jorge Uribe, MD, Stacey Zavala, MD, Girish Anand, MD, Philip Katz, MD, Gastroenterology, Albert Einstein Medical Center, Philadelphia, PA.

P780. Poor Prep Rate for Inpatient Colonoscopies Is Unacceptably High—Needs Attention

Krishna S. Kasturi, MD, MPH, Rajasekhara R. Mummadi, MD, Gottumukkala S. Raju, MD, Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P781. Excellent Cecal Cleansing with Split Dose of Phosphosoda and 30 mg of Bisacodyl—A Retrospective Study Using Cecal Photograph as a Reflector of the Quality of Colon Cleansing

Sahil Mittal, MD, Rajasekhara R. Mummadi, MD, T. Trang, G.S. Raju, MD, Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P782. Is Body Mass Index an Important Marker of Complicated Diverticulitis? A 10 Year Retrospective Review

Serge A. Sorser, MD, Tal B. Hazan, MD, Michael Piper, MD, Luis C. Maas, MD, Gastroenterology, Providence Hospital and Medical Center, Southfield, MI.

P783. The Impact of BMI and Ethnicity on the Course of Colonic Diverticulitis

Igal Khorshidi, MD, George Chernis, MD, Rabin Rahmani, MD, Lawrence J. Brandt, MD, Gastroenterology, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY.

P784. Trainees' Influence on Polyp Detection (TRIPOD). Does Trainee Participation Affect Polyp Detection Rates?

Colin T. Swales, MD, Alexander J. Eckardt, MD, Neil P. Phelan, MD, Sharif Zubair, MD, Nadeem Anwar, MD, Noel Martins, MD, Sunil Patel, MD, Brian Moquin, MD, Katherine Leung, MPH, Wahid Y. Wassef, MD, Kanishka Bhattacharya, MD, John M. Levey, MD, Division of Gastroenterology, University of Massachusetts, Worcester, MA.

P785. 5-ASA Treatment Practices among Physician Subspecialties in HIV-Associated Diarrhea

Maribel Rodriguez-Torres, MD, Joel Scales, MA, Simon Magowan, MD, Fundacion De Investigacion De Diego, San Juan, Puerto Rico and Procter & Gamble Pharmaceuticals, Mason, OH.

P786. Environmental and Dietary Risk Factors in Microscopic Colitis: Preliminary Data from a Case-Control Study

Cyrus P. Tamboli, MD, FRCPC, Laura Aker, BSc, Jamison J. Engle, MD, Robert J. Caldwell, PA, M. Bridget Zimmerman, PhD, Frank A. Mitros, MD, Internal Medicine, Gastroenterology, and Pathology, University of Iowa Carver College of Medicine, and Biostatistics, College of Public Health, University of Iowa, Iowa City, IA

P787. Views and Practice of Gastroenterologists Regarding High Fiber Diet and Fiber Supplementation in Patients with Colonic Diverticulosis

Nirmal S. Mann, MD, FACG, Suk Seo, MD, Dept. of Gastroenterology, University of California Davis, School of Medicine, Sacramento, CA.

P788. Effect of Exercise and Obesity on Difficulty of Performing Colonoscopy

Syed T. Bin-Sagheer, MD, Asma Dajani, MD, Stephen Lanspa, MD, Gleb Haynatzki, PhD, Division of Gastroenterology, Creighton University Medical Center, Omaha, NE.

P789. Colonoscopy with Withdrawal Times (WT) > 6 Minutes Detects More Polyps That Are Mostly Small and Hyperplastic (H) but Also a Few That Are Larger and Neoplastic (A)

John M. Haydek, MD, John P. Haydek, Chris M. Haydek, Gastrointestinal Associates, Knoxville, TN.

CLINICAL VIGNETTES

P790. Rectal Perforation Caused by a Holistic Colonic Cleansing

Jennifer Lee, MD, Hiral N. Shah, MD, Mario Golocovsky, MD, Timothy R. Koch, MD, Medicine, Washington Hospital Center, Washington, DC; Surgery, Washington Hospital Center, Washington, DC and Gastroenterology, Washington Hospital Center and Georgetown University School of Medicine, Washington, DC.

P791. Intestinal Tuberculosis Masquerading as Crohn's Disease

Jae Geun Hyun, MD, Eric S. Goldstein, MD, Patricia Sylla, MD, David Bub, MD, Gastroenterology, The Mount Sinai Medical Center, New York, NY and General Surgery, The Mount Sinai Medical Center, New York, NY.

P792. A Rare Case of Intussusception in a Patient with Typhlitis Managed Successfully by Barium Enema Reduction

Simon C. Chan, MD, Ashok Shah, MD, Department of Gastroenterology, University of Rochester Medical Center, Rochester, NY.

P793. Colonic Co-Infection of Histoplasma and CMV in an HIV/AIDS Patient Mimicking Carcinoma

Xinqing Fan, MD, Larry Scott, MD, Qiu Suimin, MD, Gastroenterology and Hepatology, and Department of Pathology, University of Texas Medical Branch, Galveston, TX.

P794. Methylnaltrexone (MNTX) for Constipation in a Patient on Opioids with Malignant Spinal Cord Compression

Neal E. Slatkin, MD, Michelle Rhiner, RN, NP, Robert J. Israel, MD, Palliative Care, City of Hope, Duarte, CA and Medical Affairs, Progenics Pharmaceuticals, Inc., Tarrytown, NY.

P795. An Unusual Case of Hematochezia in a Healthy 28 Year Old Female

Steven R. Fox, MD, Michael C. Duffy, MD, Gastroenterology, William Beaumont Hospital, Royal Oak, MI.

P796. Hemorrhagic Mantle Cell Lymphoma Diagnosed with Colonoscopic Cold Biopsy

Jigneshkumar Patel, MBBS, Subbarmiah Sridhar, MBBS, Sherman M. Chamberlain, MD, Medicine and Section of Gastroenterology, Medical College of Georgia, Augusta, GA.

P797. Spontaneous Multiperforation in Lymphomatous Colitis Masquerading as Crohn's Disease: Two Cases

A. Mohammed, MD, R. Stein, MD, G. Zalzhaleh, MD, J. Grela, MD, C. Berkelhammer, MD, Gastroenterology-Internal Medicine, University of Illinois, Oak Lawn, IL.

P798. An Interesting Cecal Mass in a Patient with AIDS

Ashutosh Naniwadekar, MD, Advitya Malhotra, MD, Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P799. Watermelon Colon: Can This Be an SLE Flare-Up?

Heather Sheets, MD, Krishna S. Kasturi, MD, Rajasekhara R. Mummadi, MD, Internal Medicine, and Gastroenterology and Hepatology, University of Texas Medical Branch, Galveston, TX.

P800. Intestinal Spirochetosis: A Cause of Symptoms Resembling Irritable Bowel Syndrome

Meghashyam J. Koti, MD, Jawaid Shaw, MD, Jeffrey A. Goldstein, MD, FACG, Department of Internal Medicine and Department of Gastroenterology, Rochester General Hospital, Rochester, NY.

P801. Neutropenic Enterocolitis: An Unusual Complication of Hepatitis C Virus Combination Therapy

Krishna S. Kasturi, MD, Rajasekhara R. Mummadi, MD, Gagan K. Sood, MD, Internal Medicine, and Gastroenterology and Hepatology, University of Texas Medical Branch, Galveston, TX.

P802. Diffuse Hemangiomatosis of Colon, Liver and Skin

Krishdeep S. Chadha, MD, Shahid Mehboob, MD, Department of Gastroenterology, State University of New York, Buffalo, NY.

P803. A Rare Case of Intraluminal Ureter Metastasis from Rectal Cancer

Vishal Gupta, MD, PhD, Rishi Pawa, MD, Jonathan Sanial, MD, Vaughan Whitaker, MD, Bryan Donaldson, MD, Jay Cowan, MD, Raja Sabbagh, MD, Division of Gastroenterology, Department of Pathology, and Section of Colorectal Surgery, Harlem Hospital Center/Columbia College of Physicians and Surgeons, New York, NY.

P804. Refractory Rectal Ulcer Secondary to Infrared Coagulation Treated with Canasa Suppository

Yaman Suleiman, MD, Samah Bassas, MD, Mohammad Alsolaiman, MD, Gastroenterology Dept, Central Utah Clinic, Provo, UT.

P805. Rare Case of Lung Cancer Metastatic to the Colon Incidentally Discovered at Screening Colonoscopy

Gennadiy Bakis, MD, Matthew M. Baichi, MD, Department of Gastroenterology, Division of Gastroenterology, Hepatology, and Nutrition, State University of New York, Buffalo, NY.

P806. Rectal Bleeding: A Case Report of Localized AL Amyloidosis of the Colon

Stephanie L. Hansel, MD, Arthur D. Shiff, MD, Gastroenterology, Mayo Clinic Arizona, Scottsdale, AZ.

P807. Addition of Rifaximin Enema Resolves Colitis Associated with *Clostridium difficile* Infection

Donald S. David, MD, FACG, City of Hope Cancer Center, Duarte, CA.

P808. A Rare Cause of Rectal Bleeding!

Mitesh B. Patel, MD, Shilpa R. Gowdanapulya, MD, Rosena Custodio, MD, Jyothi A. Reddy, MD, FACG, Gastroenterology and Pathology, University of Illinois College of Medicine Urbana Champaign, Danville, IL.

P809. Gastric Antral Vascular Ectasia Associated with Systemic Sclerosis: A Case Report and Review of the Literature

Sindu Stephen, MD, Marie L. Borum, MD, Department of Gastroenterology, George Washington University, Washington, DC.

P810. Hereditary Gastric Carcinoma: At Management Cross Roads

★ 2007 ACG Presidential Poster Award Recipient

★ 2007 ACG/AstraZeneca Clinical Vignette Award Recipient

Jawaid Ahmed Shaw, MD, Motaz Al Hafnawi, MD, Tarun Kothari, MD, Kevin Casey, MD, Gastroenterology, Rochester General Hospital, and Gastroenterology, Unity Hospital, Rochester, NY.

P811. An Unusual Case of Heterotopic Gastric Mucosa Followed for 5 Years

Deepthi Bollineni, MD, Prem Misra, MD, FACG, Division of Gastroenterology, Wyckoff Heights Medical Center, Brooklyn, NY.

P812. Recurrent Gastric Telangiectasias Despite Argon Plasma Coagulation in a Patient with Osler-Weber-Rendu Syndrome

Simon C. Chan, MD, Ashok Shah, MD, Gastroenterology, University of Rochester Medical Center, Rochester, NY.

P813. UGI Bleeding Secondary to Pseudoxanthoma Elasticum

Jae Geun Hyun, MD, Lauren K. Schwartz, MD, Aaron Walfish, MD, Gastroenterology, The Mount Sinai Medical Center, New York, NY.

P814. Gastric Adenocarcinoma in MEN-1

Jessica L. Widmer, DO, Jay P. Babich, MD, Biju Abraham, DO, Phillip Cassar, MD, Kavita R. Kongara, MD, James H. Grendell, MD, Gastroenterology, Winthrop University Hospital, Mineola, NY.

P815. Isolated Gastric Varices in Lymphoma

Mohamad Sankari, MD, Mark Duff, DO, James Pollack, MD, Angel Cinco, MD, Thomas Memorial Hospital, South Charleston, WV.

P816. Hiccups: A Subtle Sign of Gastric Volvulus?

David P. McElreath, DO, Farshad Aduli, MD, Kevin W. Olden, MD, Gastroenterology, University of Arkansas for Medical Sciences, Little Rock, AR.

P817. Preventing Recurrent Gastro-Gastric Stricture as a Complication of Roux-en-Y Gastric Bypass Surgery

Bikram S. Bal, MD, Shilen V. Lakhani, MD, Hiral N. Shah, MD, Frederick C. Finelli, MD, JD, Timothy R. Koch, MD, Medicine/Gastroenterology, Surgery, and Gastroenterology, Washington Hospital Center, and Georgetown University School of Medicine, Washington, DC.

P818. Gastric Polyps Causing Intermittent Gastric Outlet Obstruction

Jan C. Prazak, MD, Ann Silverman, MD, Division of Gastroenterology, Henry Ford Hospital, Detroit, MI.

P819. Cola Dissolution Therapy in Gastric Bezoar

Falgun M. Modhia, MD, Camille F. Torbey, MD, Internal Medicine and Gastroenterology, Marshfield Clinic, Marshfield, WI.

P820. Gastric Perforation Due to a Trichobezoar in a Normal Healthy Woman

Amanpal Singh, MD, Tina Kochar, MD, Advitya Malhotra, MD, Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P821. Steroid Injection for Benign Refractory Pyloric Stenosis

Yaman Suleiman, MD, Samah Bassas, MD, Mohammad Alsolaiman, MD, Gastroenterology Dept., Central Utah Clinic, Provo, UT.

P822. Rare Extra-Intestinal Manifestation of Ulcerative Colitis

Jeanette Smith, Eric Newton, Petr Protiva, Gastroenterology, University of Connecticut, Farmington, CT.

P823. The Use of Infliximab To Treat a Patient with Both Familial Mediterranean Fever and Crohn's Disease

Alana P. Bunnag, AB, David T. Rubin, MD, University of Chicago, Chicago, IL.

P824. Bariatric Surgery in Patients with Crohn's Disease and Extreme Obesity

Kerry Wright, MBBS, Donald D. Hensrud, MD, William J. Tremaine, MD, Internal Medicine, Preventive Medicine, and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P825. Steroid Unresponsive Sweet's Syndrome in a Patient with Crohn's Disease

Christopher D. Gamble, MD, Prema R. Menon, MD, Internal Medicine, Ball Memorial Hospital, Muncie, IN.

P826. Development of Lymphomatoid Papulosis in a Patient with Crohn's Disease Treated with Infliximab—A Case Report

William Outlaw, MD, Alan Fleischer, MD, Richard Bloomfeld, MD, Gastroenterology and Dermatology, Wake Forest University, Winston-Salem, NC.

P827. An Unusual Path to the Diagnosis of Crohn's Disease; from Gastric Outlet Obstruction to Fat Wrapping of the Terminal Ileum

Michael J. Viksjo, MD, Grace Noh, MD, Clara Yook, MD, Judy Lin, MD, Gastroenterology, UMDNJ New Jersey Medical School, Newark, NJ; Pathology and Gastroenterology, VA Medical Center, East Orange, NJ.

P828. An Unusual Case of Headache in a Patient with Ulcerative Colitis

★ 2007 ACG Presidential Poster Award Recipient

Wanda Blanton, MD, Paul Schroy, MD, Francis A. Farraye, MD, Section of Gastroenterology, Boston Medical Center, Boston, MA.

P829. Acute Noncholestatic Azathioprine Induced Hepatotoxicity in a Female with Crohn's Disease

Charles P. Koczka, MD, Juan Diego Baltodano, MD, Robert Levine, MD, Medicine, SUNY Upstate Medical College, Syracuse, NY.

P830. POSTER WITHDRAWN

P831. Refractory and Coexistent Crohn's Disease with ITP: A Clinical Dilemma

Joseph C. Yarze, MD, FACP, FACP, FASGE, GI Division, Gastroenterology Associates of Northern New York, Glens Falls, NY.

P832. Patent Stent 10 Years Post Transjugular Intrahepatic Portosystemic Shunt (TIPS)

Gurpreet Singh, MD, Ragu Kottam, MD, Suresh Jayatilaka, MD, Joseph DePasquale, MD, Gastroenterology, Saint Michael's Medical Center, Newark, NJ and Seton Hall University School of GME, South Orange, NJ.

P833. Extensive Nonalcoholic Fatty Liver Disease and Cirrhosis in a Single Family: A Case Report

Stacy K. Tong, MD, Joseph Ahn, MD, Stanley M. Cohen, MD, Hepatology and Gastroenterology, Rush University Medical Center, Chicago, IL.

P834. Loratidine-Induced Hepatitis with Autoimmune Features Associated with Small Fiber Peripheral Neuropathy

Muaiaad Kittaneh, MD, Sara Hanif, MD, Albert J. Czaja, MD, FACP, Arthur Itkin, MD, Charles Berkelhammer, MD, FACP, Internal Medicine, University of Illinois at Chicago, Oak Lawn, IL and Internal Medicine, Division of Gastroenterology, Mayo Clinic, Rochester, MN.

P835. "Downhill" Esophageal Varices Treated with Azygos Vein Embolization

Garth Swanson, MD, Joseph Ahn, MD, MS, Stanley Martin Cohen, MD, Hector Ferral, MD, Forrest Dodson, MD, David Van Thiel, MD, Hepatology, Interventional Radiology, and Abdominal Transplant Surgery, Rush University Medical Center, Chicago, IL.

P836. MRI Differentiates Anoxic Brain Injury from Liver Failure Associated Cerebral Edema in Ecstasy (MDMA) Toxicity

Joshua E. Melson, MD, Joseph Ahn, MD, MS, Shyam Prabhakaran, MD, MS, Stanley Martin Cohen, MD, Hepatology, and Neurology, Rush University Medical Center, Chicago, IL.

P837. Consequences of a "Dropped Pass": Liver Abscess Due to *Eikenella corrodens*

Joanna M. Peloquin, MD, Gautam Kumar, MBBS, Stephen C. Hauser, MD, Medicine, Johns Hopkins Hospital, Baltimore, MD; Cardiology, and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P838. Prurigo Nodularis in a Patient with Hepatic Sarcoidosis

Suresh Jayatilaka, MD, Habib ElGhoul, MD, Theodore Dacosta, MD, Robert Spira, MD, Gastroenterology, St. Michael's Medical Center, Newark, NJ.

P839. Fatal Lactic Acidosis Associated with Combination Oral Antiviral Therapy for Hepatitis B Reactivation Following Chemotherapy

Ronald M. Levy, MD, Stanley M. Cohen, MD, David H. Van Thiel, MD, Joseph Ahn, MD, Hepatology and Gastroenterology, Rush University Medical Center, Chicago, IL.

P840. Life-Threatening Hepatic Failure Associated with Entecavir Resistance Mutations I269I/T and T184L Two Years after Discontinuation of Lamivudine

Maureen E. Morgan, MD, Walid Ayoub, MD, Aijaz Ahmed, MD, Emmet B. Keefe, MD, Mindie H. Nguyen, MD, Division of Gastroenterology and Hepatology, Stanford University Medical Center, Palo Alto, CA.

P841. Inflammatory Pseudotumor of the Liver Mimicking Malignancy

Joseph Ahn, MD, MS, Joshua E. Melson, MD, Mariano S. Dy-Liacco, MD, Shiriam Jakate, MD, Stanley Martin Cohen, MD, Hepatology, Abdominal Transplant Surgery, and Pathology, Rush University Medical Center, Chicago, IL.

P842. Interferon-Alpha Induced Thyroid Disease in Patients Being Treated for Hepatitis C

Erika Grigg, MD, Edward Chin, MD, Robert Schade, MD, Medicine, Endocrinology, and Gastroenterology/Hepatology, Medical College of Georgia, Augusta, GA.

P843. Cytomegalovirus Infection Associated with Esophagitis and Esophageal Stricture after Liver Transplantation

Joseph Ahn, MD, MS, Hirano Ikuo, MD, Steven Flamm, MD, Hepatology, Rush University Medical Center, Gastroenterology and Hepatology, Northwestern University, Chicago, IL.

P844. Abernethy Malformation—A Rare Case and Method of Detection

Todd W. Kilgore, MD, Jason S. Ogden, MD, Ajitinder Grewal, MD, Matthew L. Bechtold, MD, Srinivas R. Puli, MD, Mainor R. Antillon, MD, Jamal A. Ibdah, MD, Division of Gastroenterology, University of Missouri, Columbia, MO.

P845. A Rare Cause of Granulomatous Hepatitis Presenting as Fever of Unknown Origin

Ryan M. O'Connor, MD, Adam L. Palance, MD, Gregory Haber, MD, Dennis K. Miller, MD, Department of Medicine, Lenox Hill Hospital, New York, NY.

P846. Duodenal Variceal Hemorrhage Treated with TIPS

Kevin S. Jo, MD, William Shaheen, MD, Asad Ullah, MD, Gastroenterology and Hepatology, University of Rochester, Rochester, NY.

P847. Acute Liver Dysfunction after Addition of Natalizumab to Interferon in Two Patients with MS

Michael E. Kader, MD, Thalia Mayes, MD, Philip Katzman, MD, Lawrence J. Saubermann, MD, Bushra Fazili, MD, Benedict Maliakkal, MD, Department of Gastroenterology and Hepatology, and Department of Pathology, University of Rochester, Rochester, NY.

P848. Experience Using Nitazoxanide in a U.S. Genotype 1 Hepatitis C Patient

William Kolozsi, MD, Department of Gastroenterology, Salem Community Hospital, Salem, OH.

P849. Rectus Sheath Hematoma Following Large Volume Paracentesis

Muhammad M. Amin, MD, Osama A. Yousef, MD, Patricia A. Sanchez, MD, Wendell K. Clarkston, MD, Gastroenterology, University of Missouri Kansas City, Kansas City, MO.

P850. Diarrhea: A Presenting Symptom of HCC

Paul S. Panzarella, MD, Jay P. Babich, MD, Robert Bonasera, MD, Kavita R. Kongara, MD, James H. Grendell, MD, Gastroenterology, Winthrop University Hospital, Mineola, NY.

P851. Pyogenic Liver Abscess Secondary to Staphylococcus aureus Infection without Primary Source of Infection

Lokesh K. Jha, MD, Rahaman Mujibur, MD, Samer Alshaeba, MD, Internal Medicine, St. Barnabas Hospital, Bronx, NY.

P852. Concomitant Hemobilia and Hepatic Abscess after Radiofrequency Ablation

Cristina S. Marin, MD, Toyia N. James-Stevenson, MD, James R. Spivey, MD, Internal Medicine and Digestive Diseases, Emory University, Atlanta, GA.

P853. Primary Sclerosing Cholangitis in Association with Multiple Myeloma

Matthew Downey, MD, Christopher O'Brien, MD, Elizabeth Fraenhoffer, MD, Nasrollah Ahmadpour, MD, Thomas Riley, MD, Ian Schreiber, MD, Gastroenterology and Hepatology, Penn State Milton S. Hershey Medical Center, Hershey, PA and Division of Hepatology, University of Miami School of Medicine, Miami, FL.

P854. Combined Hepatocellular Cholangiocarcinoma

Sam M. Nourani, MD, Emma Du, MD, Paul J. Pockros, MD, Gastroenterology and Pathology, Scripps Clinic, La Jolla, CA.

P855. Severe Systemic Lupus Erythematosus Induced by Antiviral Treatment for Hepatitis C

Vincent Ho, MBBS, Bsc(Med), Anna Mclean, MBBS, Shaughan Terry, MBChB, FRCPE, FACP, School of Medicine, James Cook University, and Gastroenterology, Cairns Base Hospital, Cairns, Queensland, Australia.

P856. Anidulafungin Induced Cholestasis Following Liver Transplant

Christopher C. Canale, MD, William R. Hutson, MD, Department of Gastroenterology, University of Utah, Salt Lake City, UT.

P857. An Atypical Presentation of Hepatocellular Carcinoma

Christopher C. Canale, MD, William R. Hutson, MD, Department of Gastroenterology, University of Utah, Salt Lake City, UT.

P858. Cholestatic Jaundice as a Paraneoplastic Presentation of Hodgkin's Lymphoma

Julia Massaad, MD, Mohammad Wehbi, MD, Digestive Diseases, Emory University School of Medicine, Atlanta, GA.

P859. Carcinosarcoma: An Unusual Hepatic Metastasis

Anastasia C. Waechter, MD, Gastroenterology and Hepatology, Stanford University Medical Center, Stanford, CA.

P860. Systemic Mastocytosis: A Rare Cause of Portal Hypertension

Seth Sweetser, MD, Patrick S. Kamath, MD, Division of Gastroenterology and Hepatology, Mayo Clinic College of Medicine, Rochester, MN.

P861. "Delayed" Sustained Virologic Response after Treatment of Hepatitis C with Pegylated Interferon and Ribavirin

Joseph C. Yarze, MD, FACP, FACP, FASGE, GI Division, Gastroenterology Associates of Northern New York, Glens Falls, NY.

P862. Massive Bilateral Hepatic Hydrothoraces with Minimal Ascites

Joseph C. Yarze, MD, FACP, FACP, FASGE, David M. Markowitz, MD, GI Division, Gastroenterology Associates of Northern New York, and Department of Radiology, Glens Falls Hospital, Glens Falls, NY.

P863. Fleeting Hepatomegaly Due to Glycogenic Hepatopathy in Uncontrolled Type I Diabetes Mellitus

Rahul K. Chhablani, MD, Maria McIntire, MD, Shriram Jakate, MD, Stanley M. Cohen, MD, Joseph Ahn, MD, Hepatology, and Pathology, Rush University Medical Center, Chicago, IL.

P864. A Rare Case of Metastasis-Induced Acute Pancreatitis in a Patient with Small Cell Carcinoma of the Lung

Matthew M. Tsushima, MD, Wichit Srikureja, MD, Gastroenterology, Loma Linda University Medical Center, Loma Linda, CA.

P865. Autoimmune Pancreatitis Masquerading as Pancreatic Cancer

Rada Shakov, MD, Kiran Jagarlamudi, MD, Hossam Elfarra, MD, Walid Baddoura, MD, Gastroenterology, St. Joseph's Regional Medical Center, Paterson, NJ and Seton Hall University School of GME, South Orange, NJ.

P866. Transient Pancreatic Hiatal Herniation Causing Acute Pancreatitis

Gupreet Singh, MD, Charbel Maksoud, MD, Suresh Jayatilaka, MD, George Pavlou, MD, Walid Baddoura, MD, Gastroenterology, St. Joseph's Regional Medical Center, Paterson, NJ.

P867. Cystic Duct Remnant as a Cause of Post-Cholecystectomy Syndrome Diagnosed by Endoscopic Ultrasound

Anthony N. Schore, MD, Seth A. Gross, MD, Timothy Woodward, MD, Ernest Bouras, MD, David S. Loeb, MD, Massimo Raimondo, MD, Barry Rosser, MD, Department of Gastroenterology and Hepatology, Mayo Clinic, Jacksonville, FL.

P868. Pancreatic Sarcoidosis Diagnosed by EUS with FNA

Kevin S. Jo, MD, William Shaheen, MD, Asad Ullah, MD, Ashok Shah, MD, Gastroenterology and Hepatology, University of Rochester, Rochester, NY.

P869. Type III Choledochal Cyst Variant: First Description of a "Closed Choledochoceles" with Biliary and Pancreatic Drainage Via the Accessory Duct

John M. Levenick, MD, Timothy B. Gardner, MD, Daniel L. Rath, MD, Stuart R. Gordon, MD, Gastroenterology, Dartmouth-Hitchcock Medical Center, Lebanon, NH and Gastroenterology, Cheshire Medical Center, Keene, NH.

P870. Metastatic Cholangiocarcinoma Presenting as Left Shoulder Pain

Harshinie Amaratunge, MD, Thomas Tran, MD, Lee Lu, MD, Waqar A. Qureshi, MD, Medicine, Baylor College of Medicine and VA Medical Ctr, Houston, TX.

P871. Successful Multi-Modality Endoscopic Treatment of Bouveret's Syndrome without Surgery

Jason N. Rogart, MD, Melissa Perkal, MD, Anil Nagar, MD, Section of Digestive Diseases, Department of Internal Medicine, and Department of Surgery, Yale University School of Medicine, New Haven, CT.

P872. Primary Pancreatic Non-Hodgkin's Lymphoma

Pedro R. Abanto, MD, Asif Zamir, MD, FACG, Muhammed G. Nathani, MD, FACG, Internal Medicine, UTHSCSA, Regional Academic Health Center, Harlingen, TX.

P873. A Case of Delayed-Onset Cholestasis Due to Lisinopril Use

Cristina Capanescu, MD, Christopher Deitch, MD, Cynthia McCleery, MD, William Rafferty, MD, Gastroenterology, Cooper University Hospital, Camden, NJ.

P874. Gallbladder Remnant: Rare Cause of Abdominal Pain Post Cholecystectomy

Ganesh R. Veerappan, MD, Matthew C. Wakefield, MD, Gilbert Aidnian, MD, Eric M. Osgard, MD, Gastroenterology and General Surgery, Walter Reed Army Medical Center, Washington, DC.

P875. Abdominal Wall Biloma Following Laparoscopic Cholecystectomy (LC)

Yaser Al-Solaiman, MD, Yaman Suleiman, MD, Mohammad Alsolaiman, MD, Gastroenterology Dept, Central Utah Clinic, Provo, UT and Internal Medicine, Rosalind Franklin University, North Chicago, IL.

P876. EUS in the Diagnosis of Pancreatic Duct Stone Presenting as Pancreas Divisum and Pancreatic Stricture

Kenneth Belitsis, MD, Rajiv Uppal, MD, Steven Gorcey, MD, Dawn Loveland, ANP, Monmouth Gastroenterology, Eatontown, NJ and Monmouth Medical Center, Long Branch, NJ.

P877. Hemobilia Post Intrabiliary Photodynamic Therapy (PDT) for Cholangiocarcinoma

Rami J. Badreddine, MD, Lewis R. Roberts, MBCB, Joseph J. McBride, MD, Ganapathy A. Prasad, MD, Lynn S. Borkenhagen, CNP, Lori S. Lutzke, Todd H. Baron, MD, Kenneth K. Wang, MD, Gastroenterology and Hepatology, and Interventional Radiology, Mayo Clinic, Rochester, MN.

P878. Microscopic Papillary Adenoma as a Cause of Recurrent Acute Pancreatitis

Ana Ignjatovic, BMBCh, Anthony S. Mee, MD, Gastroenterology, Royal Berkshire Hospital, Reading, United Kingdom.

P879. A Broken Heart from Pancreatitis

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Joseph Y. Chang, MD, MPH, Gautam Kumar, MBBS, Mayo Clinic College of Medicine, Rochester, MN.

P880. Meckel's Diverticulum Active Bleeding Detected by Capsule Endoscopy

Guilherme Macedo, MD, PhD, Artur Machado, MD, Susana Lopes, MD, Raquel Goncalves, MD, Carla Rolanda, MD, Pedro Pereira, MD, Mesquita Rodrigues, MD, Mario Marcelino, MD, Gastroenterology Unit and Surgery Department, H.S. Marcos, Braga, Portugal.

P881. Pseudomelanosis Duodeni: An Unusual Rare Finding

Laura H. Yun, MD, Gastroenterology, University of California San Diego, La Jolla, CA.

P882. Ischemic Necrosis of the Terminal Ileum and Cecum with Oral Kayexalate

Srinivas R. Mummadi, MD, Ashutosh S. Naniwadekar, MD, Phong Tang, MD, Department of Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P883. A Case of 300 Pound Weight Loss, Malabsorption, Malnutrition and Protein Losing Enteropathy Due to Systemic Lupus Erythematosus of the Small Intestine

Cindy Huang, MD, Richard MacDermott, MD, Jennifer Lindstrom, MD, Seth Richter, MD, Gastroenterology and Nutrition, Albany Medical College, Albany, NY.

P884. An Unusual Case of Three Synchronous Primary Gastrointestinal Carcinomas

Nan Sandar, MD, SriKrishna Nagri, MD, Zeyar Thet, MD, Richard Hwang, MD, Khalid Zaalook, MD, Sury Anand, MD, Carl Guillaume, MD, Gastroenterology, The Brooklyn Hospital Center, Brooklyn, NY; Medicine, Long Island College Hospital, and Gastroenterology, St. Barnabas Hospital, Bronx, NY.

P885. Strongyloides: A Worm with Lethal Potential

Jawaid Ahmed Shaw, MD, Motaz Al Hafnawi, MD, Meghashyam Koti, MD, Kevin Casey, MD, Gastroenterology/Internal Medicine, Rochester General Hospital, Rochester, NY.

P886. Wireless Capsule Endoscopy To Assess Extent of Small Bowel Involvement in Metastatic Melanoma

Sonia S. Kupfer, MD, David T. Rubin, MD, Section of Gastroenterology, University of Chicago Hospital, Chicago, IL.

P887. A Case of Obscure Gastrointestinal Bleeding

Neal J. Schamberg, MD, Brian Landzberg, MD, Felice H. Schnoll-Sussman, MD, Division of Gastroenterology and Hepatology, New York Presbyterian Hospital/Weill Cornell Medical Center, New York, NY.

P888. Early Detection of Diaphragm's Disease of the Small Bowel and Impact on Management

Houssam Al Kharrat, MD, Sammy Deeb, MD, Omar Shoukfeh, Department of Medicine, Covenant Medical Center, and Health Science Center, Texas Tech University, Medical School, Lubbock, TX.

P889. Systemic (AL) Amyloidosis Diagnosed on Duodenal Biopsies in a Patient Presenting with Mucosal Friability, Hepatomegaly and Weight Loss

Toya N. James-Stevenson, MD, Robert A. Cohen, MD, Marina Mosunjac, MD, Department of Medicine/Digestive Diseases, and Pathology, Emory University School of Medicine, Atlanta, GA.

P890. Pneumatosis Cystoides Intestinalis in a Patient with Scleroderma and Idiopathic Pancreatic Exocrine Insufficiency

Karthik Ravi, MD, Dawn D.F. Ferguson, MD, Internal Medicine and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P891. Gastrointestinal CMV Disease in an Immunocompetent Host

Christopher Fyock, MD, Melissa Gaitanis, MD, John Gao, MD, PhD, Murray Resnick, MD, PhD, Samir A. Shah, MD, Medicine and Pathology, Brown Medical School, Providence, RI.

P892. Domperidone for the Treatment of Severe Hyperemesis Gravidarum

Sumona Saha, MD, Rosanna Moura, MD, Division of Women's Digestive Disorders, Women & Infants' Hospital, Providence, RI.

P893. A Case of Multiple Gastrointestinal Stromal Tumors of the Small Bowel in a Patient with Neurofibromatosis Type 1

Cindy Huang, MD, Jesse Green, MD, Kevin Mercure, MD, David Kuehler, MD, David Jones, MD, Gastroenterology, Surgery, and Pathology, Albany Medical College, Albany, NY.

P894. MALT Lymphoma of the Duodenum: A Rare Cause for Upper Gastrointestinal Bleeding and Pancreatitis

Michael Selden, MD, Patricia Sanchez, MD, Esmat Sadeddin, MD, Sandra Laya, MD, Wendell Clarkston, MD, Gastroenterology Department, Saint Luke's Hospital/University of Missouri, Kansas City, Kansas City, MO.

P895. Efficacy Alendronate for Improving Bone Mineral Density in Celiac Disease

David Widjaja, MD, Kalyan C. Kanneganti, MD, Sridhar S. Chilimuri, MD, Gastroenterology, Bronx Lebanon Hospital Center, Bronx, NY.

P896. Spontaneous Large Intramural Hematoma in Roux Limb of Gastric Bypass

Weitian Liu, MD, PhD, John R. Saltzman, MD, FACG, Gastroenterology, Hepatology and Endoscopy, Brigham and Women's Hospital, Harvard Medical School, Boston, MA.

P897. Pandisaccharidase and IgA Deficiency Diagnosed in Adulthood

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Vincent Ho, MBBS, Bsc(Med), John Ombiga, MBBS, FRACP, Peter Boyd, MBBS, FRACP, School of Medicine, James Cook University, and Gastroenterology, Cairns Base Hospital, Cairns, Queensland, Australia.

P898. Twist of Fate: Intestinal Non-Rotation and Intermittent Volvulus in an Adult Treated with Laparoscopic Lysis of Ladd's Bands

Sara Hanif, MD, Eric Dozois, MD, Charles Berkelhammer, MD, Gastroenterology, University of Illinois, Oak Lawn, IL and Surgery, Mayo Clinic, Rochester, MN.

P899. A Case of Ileocecal Tuberculosis Found on Screening Colonoscopy

Christopher Fyock, MD, Alyn Adrain, MD, Internal Medicine, Brown Medical School/Rhode Island Hospital, and Gastroenterology Associates, Providence, RI.

P900. Severe Pulmonary Hypertension in Whipple's Disease

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Patricia A. Sanchez, MD, Joel Camilo, MD, Wendell K. Clarkston, MD, Gastroenterology, University of Missouri at Kansas City School of Medicine, Kansas City, MO.

P901. EWS-CREB 1: A Novel Variant Gene Fusion Transcript in Clear Cell Sarcoma of the Ileum

Venkata Yalamanchili, MD, Melham Solh, MD, Doina David, MD, Geetha Krishnamoorthy, MD, Department of Medicine, Sinai Grace Hospital, Wayne State University, Detroit, MI.

P902. Inferior Pancreaticoduodenal Artery Pseudoaneurysm: A Rare Cause of Massive GI Hemorrhage

Krishna S. Kasturi, MD, Rajasekhara R. Mummadi, MD, Aravind Sugumar, MD, Internal Medicine, and Gastroenterology and Hepatology, University of Texas Medical Branch, Galveston, TX.

P903. Superior Mesenteric Artery Syndrome

Angela M. Mills, MD, Dusan Stanojevic, Medical Student, Andrew D. Mills, MD, Syed T. Bin-Sagheer, MD, Internal Medicine, Division of Gastroenterology, Creighton University Medical Center, Omaha, NE.

P904. Human Small Intestinal Anisakiasis Due to Consumption of Raw Sardines

Masahiro Matsushita, MD, Kensuke Kobayashi, MD, Koji Oba, MD, Raisuke Nishiyama, MD, Akihiko Seki, MD, Yoichiro Kawata, MD, Hidenori Sakai, MD, Yoshimasa Kobayashi, MD, Gastroenterology, Haibara General Hospital, Makinohara, Shizuoka, Japan; Surgery, Haibara General Hospital, Makinohara, Shizuoka, Japan; Radiology, Haibara General Hospital, Makinohara, Shizuoka, Japan; Medicine, Kawata Clinic, Yoshida, Shizuoka, Japan; Medicine, Sakai Clinic, Makinohara, Shizuoka, Japan and 2nd Division, Department of Internal Medicine, Hamamatsu University School of Medicine, Hamamatsu, Shizuoka, Japan.

P905. Gastrointestinal Histoplasmosis

Navin Paul, MD, Subramanian Swaminathan, MD, Alka Ganesh, MD, George Abdelsayeed, MD, Bridgeport Hospital [Yale New Haven Health], Bridgeport, CT and Christian Medical College, Vellore, India.

P906. A Patient with Diarrhea and an Abnormal CT Enterography

Rami J. Badreddine, MD, Conor G. Loftus, MD, Santhi S. Vege, MD, Gastroenterology and Hepatology, Mayo Clinic Rochester, Rochester, MN.

P907. Band of Cacophony

Gautam Dutta, MD, Aparna S. Chowdhury, MD, Mukta Panda, MD, FACP, Internal Medicine, University of Tennessee, Chattanooga, TN.

Outcomes Research

P908. Characteristics and Outcomes of Gastroparesis-Related Hospitalizations in the United States, 2004

Yize Wang, MD, PhD, Robert S. Fisher, MD, FACG, Henry P. Parkman, MD, FACG, Gastrointestinal Section, Department of Medicine, Temple University School of Medicine, Philadelphia, PA.

P909. Impact of Adalimumab (HUMIRA®) on Patient-Reported Outcomes

E.V. Loftus, MD, B.G. Feagan, MD, J.F. Colombel, MD, E.Q. Wu, PhD, A. Yu, PhD, P.F. Pollack, MD, J. Chao, PhD, P. Mulani, PhD, Mayo Clinic College of Medicine, Rochester, MN; Roberts Research Institute, London, ON, Canada; CHU Lille, Lille, France; Analysis Group, Inc., Boston, MA and Abbott, Abbott Park, IL.

P910. Impact of Adalimumab (HUMIRA®) on Patient-Reported Outcomes among Patients with Fistulizing Crohn's Disease in the CHARM Trial

J.F. Colombel, MD, E.V. Loftus, MD, B.G. Feagan, MD, D.A. Schwartz, MD, E.Q. Wu, PhD, A. Yu, PhD, P.F. Pollack, MD, J. Chao, PhD, P. Mulani, PhD, CHU Lille, Lille, France; Mayo Clinic College of Medicine, Rochester, MN; Roberts Research Institute, London, ON, Canada; Vanderbilt University Medical Center, Nashville, TN; Analysis Group, Inc., Boston, MA and Abbott, Abbott Park, IL.

P911. Continuous vs. Induction Only/Reinitiated Adalimumab Maintenance Therapy Yields Optimal Results for Moderate to Severe Crohn's Disease: Subanalysis of CHARM

J.F. Colombel, W.J. Sandborn, P. Rutgeerts, A. Yu, E. Wu, P.F. Pollack, J. Chao, P. Mulani, CHU Lille, Lille, France; Mayo Clinic, Rochester, MA; Univ. Hospital of Gasthuisberg, Leuven, Belgium; Analysis Group, Inc., Boston, MA and Abbott, Abbott Park, IL.

P912. Economic and Humanistic Outcomes Associated with Timing of GERD/Heartburn Symptoms

Reema Mody, PhD, Hema Kannan, MPH, Susan Bolge, PhD, TAP Pharmaceutical Products Inc., Lake Forest, IL and Consumer Health Sciences, Princeton, NJ.

P913. Effect of a Liver Psychology Team on Mental Health Related Treatment Discontinuation Rates

Yasemin S. Aytaman, Edmond Bouassaf, MD, JoAnn Comas, NP, Shalini Sehgal, PsyD, Daniel Feld, PsyD, Gul Bahtiyar, MD, Samy I. McFarlane, MD, Ayse Aytaman, MD, FACG, Gastroenterology, VA New York Harbor HCS Brooklyn Campus, Brooklyn, NY; Division of Endocrinology, Diabetes and Metabolism, SUNY Health Science Center in Brooklyn, Brooklyn, NY; Division of Endocrinology, Diabetes and Metabolism, Woodhull Medical and Mental Health Center, Brooklyn, NY and Gastroenterology, SUNY Health Science Center in Brooklyn, Brooklyn, NY.

P914. Infliximab Therapy for Patients with Crohn's Disease: Analysis of Health Care Utilization

Patrick D. Meek, PharmD, Nilay D. Shah, PhD, Holly K. Van Houten, BA, Bora Gumustop, MD, Marjorie Rosenberg, PhD, Department of Pharmacy Practice, and the Research Institute for Health Outcomes, Albany College of Pharmacy, Albany, NY; Division of Health Care Policy and Research, Mayo Clinic, Rochester, MN; Albany Gastroenterology Consultants, PC, Albany, NY and Biostatistics and Medical Informatics, School of Business, University of Wisconsin at Madison, Madison, WI.

P915. Medical, Pharmacy, and Sick Leave Costs for Constipation and for Irritable Bowel Syndrome with Constipation in the 6 Months before and after Diagnosis: An Employer Perspective

N. Kleinman, PhD, R. Brook, MS, A. Melkonian, MD, R. Baran, PharmD, N. Talley, MD, HCMS, WY; JeSTARx, NJ; Takeda R D, IL and Mayo Clinic, MN.

P916. The Economics of Gastrointestinal Bleeding in US Managed Care Setting: 12-Month Costs and Outcomes

Byron L. Cryer, MD, Charles M. Wilcox, MD, Henry J. Henk, PhD, Gergana Zlateva, PhD, UT Southwestern Medical School, Dallas, TX; i3 Innovus, Eden Prairie, MN; Pfizer, Inc, New York, NY and UAB, Birmingham, AL.

P917. Differences in Health Care Visits Coded for Potential Proxy Conditions/Symptoms of Gastroesophageal Reflux Disease (GERD) before and after a GERD Diagnosis: A Pediatric Database Study

Suzanne P. Nelson, MD, Susan R. Orenstein, MD, Hashem El-Serag, Eric Q. Wu, PhD, Smita Kothari, PhD, Bjorn Persson, PhD, Nicolas Beaulieu, MA, Mateo Arana, MA, The Feinberg School of Medicine, Northwestern University, Chicago, IL; School of Medicine, University of Pittsburgh, Pittsburgh, PA; Baylor College of Medicine, Houston, TX; Analysis Group, Inc., Boston, MA and Health Economics & Outcomes Research, TAP Pharmaceutical Products, Inc., Lake Forest, IL.

P918. Cost-Effectiveness of Lubiprostone in a Managed Care Population with Chronic Idiopathic Constipation

S.R. Earnshaw, PhD, C.L. McDade, A.W. Mangel, MD, R.W. Baran, PhD, RTI Health Solutions, RTP, NC and Takeda Global Research & Development, Deerfield, IL.

P919. Infliximab Persistence: Treatment of Crohn's Disease from a Payor Perspective

O. Dabbous, MD, M. Lee, MBA, H.C. Thompson, MBA, R. Delise, AB, B. Tang, MD, M.I. Rahman, MD, HECOR, Centocor, Inc., Horsham, PA; Market Research, Centocor, Inc., Horsham, PA and Trinity Partners, LLC, Waltham, MA.

P920. Impact of Steroid Discontinuation on Health Care Resource Utilization in Crohn's Disease

B.G. Feagan, MD, E.V. Loftus, MD, M.A. Kamm, MD, J. Chao, P. Mulani, London Health Sciences Centre, University of Western Ontario, London, ON, Canada; Mayo Clinic College of Medicine, Rochester, MN; St. Mark's Hospital, Harrow, United Kingdom and Abbott, Abbott Park, IL.

P921. Impact of Post-Operative Ileus (POI) on Hospital Length of Stay in Colectomy Surgery Patients

Shrividya Iyer, PhD, William Saunders, PhD, Global Health Outcomes Assessment, Wyeth Research, Collegeville, PA and Premier Research Services, Premier, Inc, Charlotte, NC.

P922. An Exploratory Analysis of Healthcare Utilization and Costs in Pediatric Crohn's Disease

H.C. Thompson, MBA, E. Teng, PharmD, M.I. Rahman, MD, R. Ferrer, BS, B. Tang, MD, O. Dabbous, MD, J. Pulicharam, MD, HECOR, Centocor, Inc., 800 Ridgeview Drive, Horsham and Clinical Research & Outcomes, Healthcare Partners, Inc., Torrance, CA.

P923. Maintenance Therapy with Infliximab Reduces Hospitalization and Surgery in Crohn's Disease

H.C. Thompson, MBA, J.A. Pesa, PhD, N. Zhao, PhD, C. Han, PhD, M.I. Rahman, MD, B. Tang, MD, O. Dabbous, MD, Health Economics & Clinical Outcomes Research, Centocor, Inc., Horsham, PA; Medical Affairs, Ortho-McNeil Janssen Scientific Affairs, LLC, Superior, CO and R D, Centocor, Inc., Malvern, PA.

P924. Patient Reported Quality of Life Following Surgery in Ulcerative Colitis

H.C. Thompson, MBA, D. Eisenberg, PhD, M. Bala, PhD, M.I. Rahman, MD, Health Economics Clinical Outcomes Research, Centocor, Inc., Horsham, PA and Worldwide Health Economics Pricing, JJ Pharmaceutical Services, Malvern, PA.

P925. The Direct and Indirect Cost Burden of Crohn's Disease

Eliza Ng, MD, Teresa B. Gibson, PhD, Ronald J. Ozminkowski, PhD, Ron Z. Goetzel, PhD, Wayne Burton, MD, Sara Wang, PhD, Ross MacLean, MD, Global Outcomes Research Strategy, Bristol-Myers Squibb, Princeton, NJ; Health and Productivity Research, Thomson Healthcare, Ann Arbor, MI; Institute for Health and Productivity Studies, Cornell University, Washington, DC and Division of General Internal Medicine, Northwestern University, Chicago, IL.

P926. Increased Healthcare Utilization Following Colectomy in Ulcerative Colitis

Heidi C. Thompson, MBA, Brian Meissner, PhD, Mirza I. Rahman, MD, Omar Dabbous, MD, Boxiong Tang, MD, Health Economics & Clinical Outcomes Research, Centocor, Inc., Horsham, PA and Applied Health Outcomes, Xcenda, LLC, Palm Harbor, FL.

P927. Increased Inpatient Utilization Following Colectomy in Ulcerative Colitis in the Medicare Population

H.C. Thompson, MBA, M.R. Kugel, MS, M.I. Rahman, MD, G.J. Watson, MS, O. Dabbous, MD, B. Tang, MD, Health Economics Clinical Outcomes Research, Centocor, Inc., Horsham, PA and Health Outcomes, The Moran Company, Arlington, VA.

P928. Persistence with Infliximab Therapy Reduces Crohn's Disease Related Medical Costs

H.C. Thompson, MBA, M.I. Rahman, MD, B. Meissner, PhD, B. Tang, MD, O. Dabbous, MD, Health Economics & Clinical Outcomes Research, Centocor, Inc., Horsham, PA and Applied Health Outcomes, Xcenda, LLC, Palm Harbor, FL.

P929. Healthcare Costs and Clinical Sequelae Associated with Constipation in a Managed Care Population

Debanjali Mitra, MA, Keith L. Davis, MA, Robert W. Baran, PharmD, RTI Health Solutions, RTP, NC and Medical Outcomes Research, Takeda Global Research Development, Deerfield, IL.

P930. Patient Phone Calls: Activity-Based Cost Analysis Related to Outpatient GI Practice

Raj T. Majithia, MD, David A. Johnson, MD, FACP, FACG, Internal Medicine/Gastroenterology Division, Eastern Virginia Medical School, Norfolk, VA.

P931. Timely Confirmation of Gastroesophageal Reflux Disease Via pH Monitoring: Budget Impact on Managed Care Organizations

Yu-Chen Yeh, MS, Won Chan Lee, PhD, Brian E. Lacy, PhD, MD, John E. Pandolfino, MD, Joel V. Brill, MD, Michael L. Weinstein, MD, Angeline M. Carlson, PhD, Mary Jo Williams, BS, Michael R. Wittek, MSW, Chris L. Pashos, PhD, HERQuLES, Abt Associates Inc., Lexington, MA; HERQuLES, Abt Associates Inc., Bethesda, MD; Section of Gastroenterology, Dartmouth Hitchcock Medical Center, Lebanon, NH; Department of Gastroenterology, Northwestern University Medical School, Chicago, IL; Predictive Health, LLC., Phoenix, AZ; Metropolitan Gastroenterology Group, P.C., Chevy Chase, MD; Data Intelligence Consultants, LLC., Eden Prairie, MN and Medtronic, Inc., Minneapolis, MN.

P932. Prospective Assessment of Electronic Health Record (EHR) Implementation on Community Based GI Practice

Steve Carpenter, MD, Soha Taheri, MD, Lynn Marini, RN, MBA, Naresh Gunurathnam, MD, Andrew Cantanzaro, MD, Internal Medicine, Mercer University School of Medicine, Savannah, GA and Internal Medicine, St. Joseph Mercy Hospital, Ann Arbor, MI.

INFLAMMATORY BOWEL DISEASE

P933. Prevalence and Predictors of Sexual Dysfunction in Patients with Inflammatory Bowel Disease

★ *2007 ACG Presidential Poster Award Recipient*

Viral Patel, Houssam Mardini, MD, Willem de Villiers, MD, Division of Digestive Diseases and Nutrition, University of Kentucky, Lexington, KY.

P934. Item Content Validation for Two New Measures To Assess Crohn's Disease Patients' Interest in Medication Change

M. Atkinson, R. Panaccione, S. Plevy, S. Kane, D. Wolf, S. Hass, S. Panjabi, PRO-Spectrus, Encinitas, CA; Univ. of Calgary, Calgary, Canada; Univ. of Pittsburgh, Pittsburgh, PA; Univ. of Chicago, Chicago, IL; Atlanta Gastroenterology Assoc., Atlanta, GA, and Elan Pharmaceuticals, San Diego, CA.

P935. Experience with Wireless Capsule Endoscopy in the Evaluation of Patients with Crohn's Disease

Adnan Muhammad, MD, Kiron M. Das, MD, PhD, C.S. Pitchumoni, MD, MACG, Gastroenterology, Hepatology and Clinical Nutrition, Saint Peter's University Hospital, and Gastroenterology, Robert Wood Johnson University Hospital, New Brunswick, NJ.

P936. An Audit of Tolerability and Adverse Effects of Azathioprine and 6-Mercaptopurine in Patients with IBD

Mohammad A. Saeed, MBBS, Elmuhtady M. Said, MBBS, Jitendra N. Singh, MRCP, Anand V. Reddy, MRCP, Athar A. Saeed, FRCP, Gastroenterology, Queen Elizabeth Hospital, Gateshead, United Kingdom.

P937. Hospitalization Rates for Crohn's Disease Patients in Olmsted County, Minnesota, in the Pre-Biologic Era

Steven B. Ingle, MD, Edward V. Loftus, MD, W. Scott Harmsen, MS, Alan R. Zinsmeister, PhD, William J. Tremaine, MD, Brian G. Feagan, MD, William J. Sandborn, MD, Mayo Clinic College of Medicine, Rochester, MN and University of Western Ontario, London, ON, Canada.

P938. Gastroenterologists' Practices and Attitudes Regarding Inflammatory Bowel Disease

Andrea Altschuler, PhD, Fernando Velayos, MD, James E. Allison, MD, Liyan Liu, MD, Lisa J. Herrinton, PhD, Division of Research, Kaiser Permanente Northern California, Oakland, CA and Internal Medicine; Division of Gastroenterology, University of California, San Francisco, CA.

P939. Rifaximin Improves Symptoms in Patients with Crohn's Disease or Ulcerative Colitis

Paul L. Berenbaum, MD, FACG, Hahnemann University Hospital, Philadelphia, PA and Drexel University College of Medicine, Philadelphia, PA.

P940. Treatment of Inflammatory Bowel Disease with 6-Thioguanine (6-TG): Retrospective Case Series from a Tertiary Care Center

Chhaya P. Hasyagar, MD, Erina N. Foster, MD, Mark Gerich, MD, Thomas P. Prindiville, MD, Gastroenterology and Hepatology, UC Davis Medical Center, Sacramento, CA.

P941. MR Enterography in Crohn's Disease: A Preliminary Experience

Samir A. Shah, MD, David J. Grand, MD, Medicine, Division of Gastroenterology and Department of Radiology, Brown Medical School, Providence, RI.

P942. Inflammatory Bowel Disease in the Setting of Autoimmune Pancreatitis

Karthik Ravi, MD, Edward V. Loftus, MD, Suresh T. Chari, MD, Santhi S. Vege, MD, William J. Sandborn, MD, Thomas C. Smyrk, MD, Internal Medicine, Gastroenterology and Hepatology, and Pathology, Mayo Clinic, Rochester, MN.

P943. The Apparent Increase in Apoptosis Reported for Adalimumab, Etanercept, and Infliximab Is Actually a Reduction in Cell Proliferation

Andrew M. Nesbitt, PhD, Gianluca Fossati, PhD, Derek T. Brown, PhD, Celltech Antibody Biology Division, UCB, Slough, United Kingdom.

P944. The Influence of Immune Modifier Therapy on the Development of Non-Melanoma Skin Cancer in Patients with Crohn's Disease Under Age Fifty

Garfield Grandison, MBBS, William J. Tremaine, MD, Clark C. Otley, MD, Internal Medicine, Dermatology, and Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN.

P945. A Pilot Study of the Efficacy and Tolerability of AST-120 in the Treatment of Active Pouchitis

Bo Shen, Darrell Pardi, Ana Bennett, Kerry Sherman, Gastroenterology, Cleveland Clinic, Cleveland, OH and Gastroenterology, Mayo Clinic, Rochester, MN.

P946. Biopsy Practices Following the Diagnosis of Neoplasia in Patients Undergoing Surveillance Colonoscopy in Ulcerative Colitis (UC)

Thomas Ullman, MD, Deepthi Deconda, MD, Yevgenia Pashinsky, MD, Noam Harpaz, MD, Steven Itzkowitz, MD, Medicine and Pathology, The Mount Sinai School of Medicine.

P947. Prevalence of Epstein-Barr Virus in Patients with Inflammatory Bowel Disease

Kanat Ransibrahmanakul, MD, Pouria Kashkouli, MD, Erina Foster, MD, Thomas Prindiville, MD, Sumathi Sankaran, PhD, Irina Grishina, Satya Dandekar, PhD, Gastroenterology, University of California, Davis, Medical Center, Sacramento, CA and Medical Microbiology and Immunology, University of California, Davis, Davis, CA.

P948. Rapid Symptom Resolution with Delayed Release Mesalamine in Mildly and Moderately Active UC

William J. Sandborn, MD, Seymour Katz, MD, David Ramsey, MS, Daniel H. Present, MD, Mayo Clinic, Rochester, MN; Nassau Gastroenterology Associates, Great Neck, NY; P G Pharmaceuticals, Mason, OH and Mount Sinai School of Medicine, New York, NY.

P949. MMX™ Mesalamine Is Effective for the Maintenance of Ulcerative Colitis Remission in Both Left-Sided and Extensive Disease

Gary R. Lichtenstein, MD, Michael A. Kamm, MD, Robyn Karlstadt, MD, Ron Diebold, PhD, Karen Barrett, MSc, Raymond E. Joseph, MD, Division of Gastroenterology, University of Pennsylvania, Philadelphia, PA; Department of Gastroenterology, St. Mark's Hospital, London, United Kingdom; Shire Pharmaceuticals Inc., Wayne, PA and Shire Pharmaceuticals Inc., Basingstoke, Hampshire, United Kingdom.

P950. Once- or Twice-Daily MMX™ Mesalamine for the Maintenance of Remission of Mild or Moderate Ulcerative Colitis

Remo Panaccione, MD, Michael A. Kamm, MD, Robyn Karlstadt, MD, Ron Diebold, PhD, Karen Barrett, MSc, Raymond E. Joseph, MD, Inflammatory Bowel Disease Clinic, University of Calgary, Calgary, AB, Canada; Department of Gastroenterology, St. Mark's Hospital, London, United Kingdom; Shire Pharmaceuticals Inc., Wayne, PA and Shire Pharmaceuticals Inc., Basingstoke, Hampshire, United Kingdom.

P951. Compassionate Use of Certolizumab Pegol in Patients with Crohn's Disease for Whom Treatment with One or Two Anti-TNFs Failed

Severine Vermeire, MD, Benoît Collin, Krassimir Mitchev, MD, Stefanie Howaldt, MD, Daniel W. Hommes, MD, Paul J. Rutgeerts, MD, Department of Gastroenterology, University Hospital Gasthuisberg, Leuven, Belgium; Global Medical Care, UCB, Braine L'Alleud, Belgium; Private Practice, Hamburg, Germany and Dept of Gastroenterology and Hepatology, Leiden University Medical Centre, Leiden, Netherlands.

P952. Risk Factors for Pouchitis after Ileal Pouch-Anal Anastomosis for Ulcerative Colitis or Indeterminate Colitis: A Population-Based Study

Paul E. Evans, MD, Darrell S. Pardi, MD, William J. Sandborn, MD, William J. Tremaine, MD, Eric J. Dozois, MD, Robert R. Cima, MD, David W. Larson, MD, John H. Pemberton, MD, Bruce G. Wolff, MD, William S. Harmsen, Alan R. Zinsmeister, PhD, Shamina Dhillon, MD, Patricia P. Kammer, Edward V. Loftus, MD, Division of Gastroenterology and Hepatology, Division of Colon and Rectal Surgery, and Divisions of Biostatistics and Epidemiology, Mayo Clinic, Rochester, MN.

P953. The Effect of Prolonged Therapy with MMX™ Mesalamine in Patients with Acute, Mild-to-Moderate Ulcerative Colitis

Gary R. Lichtenstein, MD, Michael A. Kamm, MD, Remo Panaccione, MD, Karen Barrett, MSc, Kirstin Lees, MA, Raymond E. Joseph, MD, Division of Gastroenterology, University of Pennsylvania, Philadelphia, PA; Department of Gastroenterology, St. Mark's Hospital, London, United Kingdom; Division of Gastroenterology, University of Calgary, Calgary, AB, Canada; Shire Pharmaceuticals Inc., Basingstoke, Hampshire, United Kingdom and Shire Pharmaceuticals Inc., Wayne, PA.

P954. Predictors of Short and Long Term Response to Azathioprine in Crohn's Disease

Alla Grigorian, MD, Houssam Mardini, MD, Razvan Arsenescu, MD, Trevor Winter, MD, Willem de Villiers, MD, Division of Digestive Diseases and Nutrition, University of Kentucky, Lexington, KY.

P955. Predictors of 5-ASA Prescription Persistence during the Chronic Phase in Patients with Ulcerative Colitis (UC)

Sunanda Kane, MD, Simon Magowan, MD, Neil Accortt, PhD, Diana Brixner, PhD, University of Chicago, Chicago, IL; P G Pharmaceuticals, Mason, OH and University of Utah, Salt Lake City, UT.

P956. Efficacy and Safety of Certolizumab Pegol Do Not Appear To Be Affected by Neutralizing Antibodies in Patients with Crohn's Disease

Sue Stephens, PhD, Ralph Bloomfield, MSc, Donna M. Devine, MSc, Andrew M. Nesbitt, PhD, Clinical Assay Department, Biometrics, and Antibody Biology Division, UCB Celltech, Slough, United Kingdom.

P957. Adalimumab Safety in Crohn's Disease Patients: Open-Label Maintenance Following the Gain and CHARM Trials

J.F. Colombel, MD, P. Rutgeerts, MD, W.J. Sandborn, MD, R. Panaccione, MD, W. Lau, PhD, K.G. Lomax, MD, P.F. Pollack, MD, CHU Lille, Lille, France; University Hospital of Gasthuisberg, Leuven, Belgium; Mayo Clinic, Rochester, MN; Health Science Centre, Calgary, AB, Canada and Abbott, Parsippany, NJ.

P958. Participation in Colonoscopic Cancer Surveillance among Patients with Ulcerative Colitis: Meeting Expectations?

Fernando S. Velayos, MD, MPH, Liyan Liu, PhD, Jonathan P. Terdiman, MD, Bernie Collins, PhD, James A. Allison, MD, Lisa J. Herrinton, PhD, Gastroenterology and Hepatology, Center for Crohn's and Colitis, University of California San Francisco, San Francisco, CA and Division of Research, Northern California Kaiser Permanente, Oakland, CA.

P959. Non-Adherence to Surveillance Colonoscopy in Patients with Inflammatory Bowel Disease: Assessing the Risk

Sonia Friedman, MD, Adam Cheifetz, MD, Francis Farraye, MD, Medicine, Brigham and Women's Hospital, Medicine, Beth Israel Medical Center, and Medicine, Boston Medical Center, Boston, MA.

FUNCTIONAL BOWEL DISORDERS

P960. Expression of P2X Receptor in a Rat Model of Chronic Visceral Hyperalgesia

★ *2007 ACG Presidential Poster Award Recipient*

Sahil Mittal, MD, Guang Yin Xu, PhD, John Winston, PhD, Mohan Shenoy, PhD, Pankaj J. Pasricha, MD, Division of Gastroenterology & Hepatology, Department of Internal Medicine, University of Texas Medical Branch, Galveston, TX.

P961. From Mouse Knockout to Investigational Drug: LX1031, a Novel Potential Treatment for Irritable Bowel Syndrome

Phil Brown, MD, Jessica Jackson, Kenny Frazier, Alex Turner, PhD, Jim Liu, PhD, Lexicon Pharmaceuticals, Inc., The Woodlands, TX.

P962. Effectiveness of a Behavioral Medicine Program on Adolescent Irritable Bowel Symptoms and Resource Utilization

Sripriya Balasubramanian, MD, Rhonda Gage, RN, Monica Randel, RD, Andre Shaw, Robert Randel, Alisa Lene, Shawn Visger, Michael Lawson, MD, Gastroenterology, Kaiser Permanente, Sacramento, CA.

P963. Effects of Mesalazine Alone or Associated with Lactobacillus bouardii on Diarrhea-Predominant Irritable Bowel Syndrome

Mauro Bafutto, Prof, Jose R. Almeida, Prof, Nayle V. Leite, MD, Maria C.F. Passos, Prof, Joffre R. Filho, Prof, Instituto Goiano de Gastroenterologia, Gastroenterology Division-Faculdade de Medicina UFGO, Goiania, Goias, Brazil; Gastroenterology Division, Faculdade de Medicina-UFPE, Recife, Pernambuco, Brazil and Gastroenterology Division, Faculdade de Medicina, Belo Horizonte, Minas Gerais, Brazil.

P964. A Randomized, Controlled, Double-Blind Trial of s-Pindolol in Irritable Bowel Syndrome (IBS)

Eamonn M. Quigley, MD, John Devane, PhD, David Young, PhD, Jackie Butler, PhD, Alimentary Pharmabiotic Centre, University College Cork, Cork, Ireland; AGI Therapeutics Research Ltd, Athlone, Westmeath, Ireland and AGI Therapeutics Inc, Columbia, MD.

P965. Do Autonomic Function and α_2 Adrenergic Genotypes Predict IBS Phenotype?

Seth Sweetser, MD, Michael Camilleri, MD, Alan R. Zinsmeister, PhD, Phillip A. Low, MD, Sanna McKinzie, MS, Clinical Enteric Neuroscience Translational and Epidemiological Research, Department of Health Sciences Research, Division of Biostatistics, and Department of Neurology, Mayo Clinic, Rochester, MN.

P966. Prevalence of Functional GI Disorders in Women with History of Domestic Violence. Does the Type of Abuse Matter?

Jose M. Remes-Troche, MD, Silvia Cid-Juarez, MD, Antonio Ramos-de-la-Medina, MD, Angelica Galmiche, MS, Max Schmulson, MD, Federico Roesch, MD, Digestive Physiology and Motility Laboratory, Medical-Biological Research Instituto, Universidad Veracruzana, Medical Education, Hospital Regional de Veracruz, and La Casa de la Mujer, Veracruz, Mexico, and Department of Experimental Medicine, UNAM, Mexico City, Mexico.

P967. Does Maternal Predominance Exist in the Cyclic Vomiting Pattern in Gastroparesis?

Jane C. Williams, MD, Bradley Creel, MD, Thomas L. Abell, MD, Department of Digestive Diseases, University of Mississippi Medical Center, Jackson, MS.

P968. Colonic Diverticular Disease and Diarrhea-Predominant Irritable Bowel Syndrome: An Etiological Link?

Hye-kyung Jung, MD, PhD, G. Richard Locke, III, MD, Cathy D. Schleck, Alan R. Zinsmeister, PhD, Nicholas J. Talley, MD, PhD, Dyspepsia Center, Division of Gastroenterology and Hepatology, Mayo Clinic College of Medicine, Rochester, MN; School of Medicine, Ewha Womans University, Seoul, Korea and Department of Health Sciences Research and Division of Biostatistics, Mayo Clinic College of Medicine, Rochester, MN.

P969. Test of Brain-Gut Axis in Humans Using Cortical Evoked Potentials and Trans-Cranial, Trans-Lumbar, and Trans-Sacral Magnetic Stimulation and Its Reproducibility

Jose Remes-Troche, MD, Ashok Attaluri, MD, Jessica Paulson, Satish Rao, MD, Gastroenterology and Neurology, University of Iowa, Iowa City, IA.

P970. Prevalence and Predictors of Non-Consulting for Chronic Constipation

Olafur S. Palsson, PsyD, Marsha J. Turner, MS, Rona L. Levy, PhD, Andrew D. Feld, MD, Michael von Korff, ScD, William E. Whitehead, PhD, University of North Carolina at Chapel Hill, NC; University of Washington and Group Health Cooperative of Puget Sound, Seattle, WA.

P971. Development and Validation of the Bloating Symptom Impact Scale (B-SIS)

Sarah B. Wessinger, MD, Michael P. Jones, MD, Lucinda A. Harris, MD, John K. DiBaise, MD, Michael Crowell, PhD, Department of Gastroenterology and Hepatology, Mayo Clinic Scottsdale, Scottsdale, AZ and Department of Gastroenterology and Hepatology, Northwestern University Medical School, Chicago, IL.

P972. Self-Perceived Stigma in IBS: Relationship to Quality of Life, Self-Efficacy, Self-Esteem, and Psychiatric Distress

Michael P. Jones, MD, Jason Bratten, BS, Laurie Keefer, PhD, Greg Sayuk, MD, Sarah Wessinger, MD, Michael D. Crowell, PhD, Rona L. Levy, PhD, Olafur Palsson, PsyD, Northwestern University; Washington University; Mayo Clinic College of Medicine; University of Washington, and University of North Carolina.

P973. Quality of Life (QOL) but Not Symptom Reporting Is Significantly Determined by Psychosocial Factors: Implications for Outcomes Endpoints

Michael P. Jones, MD, Jason Bratten, BS, Laurie Keefer, PhD, Michael D. Crowell, PhD, Gastroenterology, Northwestern University, Chicago, IL and Gastroenterology, Mayo Clinic, Scottsdale, AZ.

ENDOSCOPY

P974. Lack of Education and Training in Video Capsule Endoscopy among Pediatric Gastroenterology Fellows

Neville D. Bamji, MD, Brian P. Bosworth, MD, Robbyn E. Sockolow, MD, Aliza Solomon, MD, Melanie K. Greifer, MD, Felice H. Schnoll-Sussman, MD, Division of Gastroenterology and Hepatology, New York Presbyterian Hospital-Weill/Cornell Medical Center, New York, NY.

P975. A Retrospective Study of Capsule Endoscopy at a Tertiary Care Center: Inpatient Versus Outpatient Populations

Matthew A. Nikoloff, MD, Tri H. Le, MD, Department of Medicine, Division of Gastroenterology and Hepatology, Penn State Milton S. Hershey Medical Center, Hershey, PA.

P976. Capsule Endoscopy Performed for Small Bowel Obstruction: A Tertiary-Referral Center Experience

Mark H. Flasar, MD, Douglas R. Morgan, MD, Kim L. Isaacs, MD, Internal Medicine, Division of Gastroenterology and Hepatology, University of Maryland School of Medicine, Baltimore, MD and Internal Medicine, Division of Gastroenterology and Hepatology, University of North Carolina School of Medicine, Chapel Hill, NC.

P977. CES E-Score for Esophageal Capsule Endoscopy Image Quality Assessment

Disaya Chavalitthamrong, MD, Oren Goltzer, Capsule Endoscopy Services, Los Angeles, CA.

P978. Endosonographic Diagnosis of Gastric Variceal Bleeding

Sathya Jaganmohan, MD, Manoop Bhutani, MD, FACP, Gagan Sood, MD, Gastroenterology, UTMB, Galveston, TX and Gastroenterology, M.D. Anderson Cancer Center, Houston, TX.

P979. Prokinetics Infusion Prior to Endoscopy for Acute Upper Gastrointestinal Bleeding: A Randomized, Controlled, Double-Blind & Placebo-Controlled Trial

Samir L. Habashi, MD, Louis R. Lambiase, MD, Ravi Kottoor, MD, Gastroenterology, University of Florida Health Science Center/Jacksonville, Jacksonville, FL.

P980. Endoscopic Mucosal Ablation for the Treatment of Gastric Antral Vascular Ectasia (GAVE) Using the HALO⁹⁰ System: A Pilot Study

Seth A. Gross, MD, Mohammad Al-Haddad, MD, Kanwar R.S. Gill, MD, Anthony N. Schore, MD, Michael B. Wallace, MD, Gastroenterology and Hepatology, Mayo Clinic, Jacksonville, FL and Gastroenterology and Hepatology, Indiana University, Indianapolis, IN.

P981. Endoscopy after Myocardial Infarction: A Retrospective Evaluation of Safety from a Tertiary-Care Center

Todd W. Kilgore, MD, Matthew L. Bechtold, MD, Kimberly S. Delcour, DO, Michelle L. Matteson, APN, Srinivas R. Puli, MD, Jack D. Bragg, DO, Division of Gastroenterology, University of Missouri, Columbia, MO.

P982. High-Definition White Light and High-Contrast Narrow-Band Imaging at Standard Magnification To Predict Polyp Histology: An In-Vivo Study

★ *2007 ACG Presidential Poster Award Recipient*

Daniel A. Ringold, MD, Sanjay K. Sikka, MD, Greg S. Sayuk, MD, Jonnalagadda Sreenivasa, MD, Chandra Prakash, MD, Bhaskar Banerjee, MD, Internal Medicine/Gastroenterology, Washington University, St. Louis, MO.

P983. Efficacy of Digital High Contrast Imaging Coupled with Standard Colonoscopes in Predicting Colon Polyp Histology

Sanjay Sikka, MD, Daniel Ringold, MD, Abdul Aadam, MD, Rajesh Shah, MD, Sreeni Jonnalagadda, MD, Bhaskar Banerjee, MD, Department of Medicine, Division of Gastroenterology, Washington University School of Medicine, St. Louis, MO.

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Jihui Hao, PhD, Xiao Cang Cao, PhD, Qiang Liu, Wei Ting Du, Dept. of Abdominal Surgery, Tianjin Medical University Cancer Institute and Hospital, Dept. of Gastroenterology, Tianjin Medical University General Hospital, Institute of Radiation Medicine, CAMS PUMC, and State Key Lab. of Experimental Hematology, Institute of Haematology, CAMS PUMC, Tianjin, China.

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Richard I. Rothstein, MD, C. Alexander Mosse, PhD, C. Paul Swain, MD, Gastroenterology and Hepatology, Dartmouth Medical School, Lebanon, NH; University College London, London, United Kingdom and Surgical Oncology and Technology, Imperial College of Science Technology and Medicine, London, United Kingdom.

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Jermaine C. Ralph, MD, Matthew J. McKinley, MD, FACP, Lisa Lih-Brody, MD, Paul S. Berg, MD, Robert Gal, MD, Gary S. Weissman, MD, Medicine, North Shore University Hospital, Manhasset, NY and Gastroenterology, ProHealthcare Associates, Lake Success, NY.

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Rajasekhara R. Mummadi, MD, Sahil Mittal, MD, Modar Shiban, MD, Krishna S. Kasturi, MD, Division of Gastroenterology, The University of Texas Medical Branch, Galveston, TX; and Tishreen University, Lattakia, Syrian Arab Republic.

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Javier A. Pou, MD, Maria I. Dueno, MD, Manuel Salcedo, MD, Jaime Martinez-Souss, MD, Betty Chineia, MD, Doris Toro, MD, Gastroenterology, Veterans Affairs Caribbean Healthcare System, San Juan, Puerto Rico.

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Omar Sharif, MD, Essam R. Quraishi, MD, Kim Brown, MD, Department of Internal Medicine and Department of Gastroenterology, Henry Ford Hospital, Detroit, MI.

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Kavitha Kumbum, MD, Myrta Daniel, MD, Prospere Remy, MD, Gastroenterology, Bronx Lebanon Hospital Center, Bronx, NY.

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Elmuhtady M. Said, MBBS, Rangarajan Kasturi, MRCP, Muhammad Ayub, MRCP, Muthirulandi Kasimanickam, MBBS, Anand Reddy, MRCP, Singh Jitendra, MRCP, Athar Saeed, FRCP, Gastroenterology, Queen Elizabeth Hospital, Gateshead, Tyne and Wear, United Kingdom and Gastroenterology, St. Luke's Hospital, Middlesbrough, Cleveland, United Kingdom.

P992. Critical Evaluation of the Efficacy of 4 Different Colon Preparations

Manish Arora, MD, Patrick I. Okolo, III, MD, Ethan Dubin, MD, Sudhir K. Dutta, MD, Division of Gastroenterology, Department of Internal Medicine, Sinai Hospital of Baltimore, Division of Gastroenterology, Johns Hopkins School of Medicine, and Division of Gastroenterology, University of Maryland School of Medicine, Baltimore, MD.

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Andrew B. Gentry, MD, Patrick E. Young, MD, Cecilia H. Kim, PMH, Brooks D. Cash, MD, Gastroenterology, National Naval Medical Center, Bethesda, MD.

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Piet C. de Groen, MD, Sean Stanek, Wallapak Tavanapong, PhD, JungHwan Oh, PhD, Johnny Wong, PhD, Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN; Computer Science, Iowa State University, Ames, IA and Computer Science, University of North Texas, Denton, TX.

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Yogesh J. Patel, DO, Akshay Trivedi, DO, Peter Sargon, MD, Dean Silas, MD, Department of Medicine, Lutheran General Hospital, Park Ridge, IL.

COLORECTAL CANCER PREVENTION

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★ *2007 ACG Presidential Poster Award Recipient*

Mazer R. Ally, MD, Ganesh R. Veerappan, MD, Jennifer S. Pak, Corinne L. Maydonovitch, Jong-Ho R. Choi, MD, Roy K.H. Wong, MD, Gastroenterology and Radiology, Walter Reed Army Medical Center, Washington, DC.

P997. Access to Colonoscopy for Positive FOBT or Blood Per Rectum: Gender Effect at a Veteran's Hospital

Andrew D. Rhim, MD, Mary A. Rambus, Michael Lawson, MD, Martin Tobin, MB, Gastroenterology Division, Univ of PA School of Medicine and Philadelphia VAMC, Philadelphia, PA; Detroit VAMC Wayne State School of Medicine, Detroit, MI and Kaiser Permanente, Sacramento, CA.

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Heather E. McDougall, MD, Mandeep S. Sawhney, MBBS, Douglas B. Nelson, MD, John H. Bond, MD, Internal Medicine, Minneapolis VA Medical Center, Minneapolis, MN; Gastroenterology, Beth Israel Deaconess Medical Center, Boston, MA and Gastroenterology, Minneapolis VA Medical Center, Minneapolis, MN.

P999. Reasons for Delay in the Diagnosis of Colon Cancer under Colonoscopic Watch—Pilot Study

Amanpal Singh, MD, G.S. Raju, MD, Internal Medicine, UTMB, Galveston, TX.

P1000. Screening Colonoscopy in Patients Older Than 80 Years

Roy D. Yen, MD, Ognian Pomakov, MD, Michael Sitrin, MD, Matthew Baichi, MD, Gastroenterology, University at Buffalo/VA Western New York, Buffalo, NY.

P1001. Screening Colonoscopy in the Elderly, Is It Worthwhile?

Emily G. Singh, MD, Catherine T. Frenette, MD, Williamson B. Strum, MD, GI, Scripps Clinic, La Jolla, CA.

P1002. Comparing Adenoma Detection Rates among Colonoscopies Prepped by Bowel Lavage with Sodium Phosphate Solution vs Pegylated Electrolyte Lavage Solution

Michael J. Gilbert, MD, Arthur J. DeCross, MD, Division of Gastroenterology and Hepatology, University of Rochester, Rochester, NY.

P1003. Adenomas Are Detected More Often on Morning Than Afternoon Screening Colonoscopy

Madhusudhan R. Sanaka, MD, Fnu Deepinder, MD, Carol A. Burke, MD, Rocio Lopez, Gastroenterology, Cleveland Clinic, Cleveland, OH.

P1004. Location of Adenoma, Not Removal Method, Is Associated with Recurrent Neoplasia

Carol A. Burke, MD, Fnu Deepinder, MD, Madhu Sanaka, MD, Rocio Lopez, MS, Department of Gastroenterology, Cleveland Clinic, Cleveland, OH.

P1005. Exploring Fund of Knowledge, Beliefs and Attitudes about Colo-Rectal Cancer Screening. Results of a Patient Survey Undergoing Screening Colonoscopy

Samuel Castillo, MD, Felix W. Leung, MD, Francisco C. Ramirez, MD, Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ and Medicine and Research, Sepulveda ACC, VAGLAHS, UCLA, North Hills, CA.

P1006. Adherence to Screening Colonoscopy in a VA Setting

Samuel F. Castillo, MD, Felix W. Leung, MD, Francisco C. Ramirez, MD, Gastroenterology, Carl T. Hayden VA Medical Center, Phoenix, AZ and Medicine Research, Sepulveda ACC, VAGLAHS, UCLA, North Hills, CA.

P1007. Physician Workforce, Socioeconomic Factors, and Colorectal Cancer Outcomes

Thad Wilkins, MD, Andria Thomas, PhD, Robert Schade, MD, D. Stephen Goggans, MD, Peggy Wagner, PhD, Denise Hodo, MPH, D. Douglas Miller, MD, Medical College of Georgia, Augusta, GA.

Paper/Poster Disclosures

Information on the Genesis of Study Concepts and Design: Author Responsibility

This year, the American College of Gastroenterology has supplemented the current conflict of interest disclosure with an additional series of questions completed by the authors of abstracts indicating whether they have been actively and personally involved in developing the study's concept and design and in collecting the data to assure that authors are not reporting data actually collected and developed by others, e.g., a pharmaceutical company or other commercial entity. An abstract not referenced below indicates that the authors reported no industry involvement took place in any aspect or phase of the research.

The research in the following abstracts was reported to be industry-initiated:

Papers: 10

Posters: 23, 70, 136, 286, 348, 368, 411, 415, 424, 437, 438, 467, 484, 678, 679, 680, 681, 682, 684, 698, 706, 709, 722, 730, 733, 735, 784, 796, 819, 928, 1065, 1072, 1073, 1115, 1130, 1132, 1172

The research in the following abstracts was reported to have been initiated and analyzed by industry:

Papers: 16, 36A, 36B, 52, 55

Posters: 24, 28, 276, 283, 284, 297, 304, 315, 326, 361, 413, 414, 436, 479, 704, 715, 716, 741, 761, 886, 1096, 1104, 1105, 1121, 1122

The research in the following abstracts was reported to have been initiated, analyzed and written by industry:

Papers: 8, 54

Posters: 36, 278, 279, 280, 281, 282, 285, 301, 307, 310, 321, 323, 342, 390, 412, 431, 482, 685, 697, 711, 712, 718, 725, 737, 780, 830, 922, 1061, 1068, 1069, 1070, 1071, 1075, 1083, 1086, 1094, 1097, 1101, 1107, 1114, 1144, 1145, 1153, 1171

01

ADENOSINE – A KEY NEUROMEDIATOR IN THE PATHOGENESIS OF FUNCTIONAL CHEST PAIN

2007 ACG/AstraZeneca Senior Fellow Abstract Award

Ashok Attaluri, MD, Jose Remes-Troche, MD, and Satish Rao, MD*. Gastroenterology, Univ of Iowa, Iowa City, IA

Purpose: Adenosine lowers sensory thresholds and decreases distensibility of the esophagus suggesting that it may play a role in the pathogenesis of esophageal hypersensitivity (Neurogastro Mot 2006; 18: A713). However, it is not known whether the adenosine induced alterations in esophageal sensorimotor function of healthy humans are akin to those observed in patients with functional (non-cardiac) chest pain (FCP). Our aim was to compare the sensory and biomechanical properties of esophagus in patients with FCP with those of healthy controls during adenosine infusion.

Methods: In a randomized, double-blind, placebo-controlled study, 14 healthy subjects (M/F = 4/10), received either adenosine or placebo infusion, IV at 100 µg/kg/min. During infusion, subjects underwent stepwise graded balloon distensions of the esophagus (EBDT) using impedance planimetry. Sensory responses and biomechanical properties were assessed. One hour before infusion, impedance planimetry was performed to assess baseline sensorimotor properties. EBDT was also performed in 14 matched patients with FCP (Rome II). Data were analyzed for 7 controls who received adenosine with 14 FCP patients using ANOVA and paired t test.

Results: (Table, mean ± SEM). When compared to controls at baseline, FCP patients had lower thresholds for sensory perception ($p < 0.05$), larger ($p < 0.05$) Cross Sectional Area (CSA) and decreased ($p < 0.05$) esophageal wall strain. Also, in controls, during adenosine infusion, sensory thresholds decreased significantly ($p < 0.05$). The CSA and reactivity of the esophagus increased, whereas wall strain decreased ($p < 0.05$), when compared to baseline. Sensorimotor properties were similar between controls (after adenosine infusion) and FCP ($p > 0.05$).

Conclusion: In healthy controls, the adenosine-induced changes in esophageal sensorimotor function, notably hypersensitivity and decreased distensibility, were identical to those observed in native patients with FCP. Thus, adenosine may be a key mediator in esophageal hyperalgesia and sensorimotor dysfunction of patients with functional chest pain.

Sensory & biomechanical properties	Controls		FCP
	Baseline	Adenosine	
Threshold-first perception (cm H ₂ O)	33 ± 7*	12.5 ± 6	14.4 ± 5
Threshold-discomfort (cm H ₂ O)	55.5 ± 5*	31 ± 11	38.4 ± 6
Threshold-pain (cm H ₂ O)	68.5 ± 8*	52.5 ± 9	51.2 ± 8
CSA at 40 cm H ₂ O (mm ²)	440 ± 54*	520.7 ± 179	558 ± 144
Reactivity at 40 cm H ₂ O	145 ± 86	249.2 ± 152	171 ± 86
Strain at 40 cm H ₂ O	1.3 ± 0.1*	0.8 ± 0.3	0.9 ± 0.1

* $p < 0.05$ compared to FCP patients and Adenosine

02

FUNCTIONAL DYSPEPSIA: THE ECONOMIC IMPACT TO PATIENTS

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: Functional dyspepsia (FD) is a highly prevalent disorder that results in significant financial burden to the health care system. Little is known about the economic impact of FD to patients. The aims of this study were to use a validated questionnaire to quantify FD patients' health care utilization patterns and to estimate direct and indirect costs of FD to patients.

Methods: ICD-9 codes identified patients (≥18 years) with dyspepsia. Charts were individually reviewed to confirm patients met Rome III criteria for FD, and to document a normal upper endoscopy. A validated questionnaire was mailed to patients meeting these criteria. Responses were anonymous. Data was analyzed using SPSS statistical software.

Results: 297 patients met inclusion criteria, and 178/297 (60%) responded. The respondents' mean age was 51 (±14) years; 75% were women, 87% were Caucasian, and 16% earned more than \$50,000 (US) per year. Respondents had a mean of 8 (±8) years of FD symptoms, which were self-rated as moderate (52%) or severe (20%). Patients reported a mean of 3 visits to the primary care clinic over the last 12 months. To further evaluate their FD symptoms, 95% reported having had blood work, 92% an EGD, 59% an ultrasound, and 40% a CT scan. In this patient subset, the direct cost of testing based upon the national Medicare reimbursement rate per patient is \$621. To improve their FD symptoms, 92% made dietary changes, 89% used over-the-counter (OTC) medications, 88% used prescription medications, 25% tried alternative therapies, and 10% had seen a counselor. 18% of respondents reported having been hospitalized at least once in their lifetime for FD and 23% reported having had a surgery. Mean patient expenditure over the last year was \$246 for OTC medications (range \$0-12,000), \$290 for co-payments (range \$0-9,000), \$110 for alternative treatments (range \$0-3741), and \$52 for counseling (range \$0-3000). Total mean direct cost per respondent per year was \$698. In the 7 days prior to completing the questionnaire, respondents reported a mean of 1.4 hours (of 36 hours) absent from work due to FD symptoms.

Conclusion: This is the first study to estimate direct and indirect costs of FD to patients. This study suggests that FD patients incur significant direct costs related to evaluating, testing and treating FD as well as indirect cost related to absenteeism and decreased productivity.

03

ENDOMYSIAL ANTIBODY TESTING IMPROVES SENSITIVITY IN SCREENING FOR CELIAC DISEASE IN YOUNG CHILDREN; A FIVE YEAR SINGLE CENTER EXPERIENCE

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: Screening for celiac disease (CD) is facilitated by sensitive (tissue transglutaminase {TTG}) and specific (endomysial antibody {EMA}) testing. At our institution, screening involves TTG and EMA testing. Our aim was to analyze the use of serologic testing for CD at our children's hospital over the past five years to characterize use patterns and to determine the utility of EMA testing.

Methods: Retrospective review of celiac panels performed at CHOP between 1/02 and 3/07 was performed to identify all TTG and EMA IgA testing. Electronic medical records were reviewed and clinical information and results of statistical analyses are summarized in tables below.

Results: Overall, 9746 celiac panels were performed in 5890 patients, with 5.7% of patients displaying TTG positivity and 3.8% displaying EMA positivity. Data is analyzed by year and displayed in table below. The mean TTG value in TTG+/EMA- discordant patients (30 ± 17) was significantly lower than TTG+/EMA+ patients (214 ± 252) $p < 0.001$. TTG+/EMA+ patients were significantly younger (8.8 ± 4.8 yrs) than TTG+/EMA- (11.5 ± 4.0) and TTG-/EMA- patients (11.4 ± 3.6) $p < 0.01$. Further analysis revealed a higher rate of TTG-/EMA+ results in 0-4 year old children versus 5-20 year old children.

Seropositivity by year

	2002	2003	2004	2005	2006	2007 (3 mos)
Celiac panels	380	728	1141	1549	1635	451
TTG Positive %	6.58	5.91	4.38	4.91	6.61	5.54
EMA Positive %	3.42	3.02	3.24	4.26	3.97	4.00

TTG-/EMA+ Results by Age Group

	0-4 Years Age	5-20 Years Age	p value
TTG-/EMA+ in All Patients	3.10%	0.40%	0.013
TTG-/EMA+ in TTG- Patients	3.20%	1.00%	0.047

Conclusion: No major change in positivity rate was observed in the past five years. Not surprisingly, EMA displayed a low sensitivity of 68%, with greater sensitivity seen in higher TTG values. However, in 3.2% of patients, EMA testing was positive in the face of negative TTG testing, particularly in younger children. Despite the extra cost and subjectivity associated with EMA testing, it may improve sensitivity when screening a young child.

04

PRIMARY SCLEROSING CHOLANGITIS IS A MORE COMMON INDICATION FOR ORTHOTOPIC LIVER TRANSPLANTATION AMONG AFRICAN AMERICAN THAN NON-AFRICAN AMERICAN PATIENTS

2007 ACG Governors Award Recipient for Excellence in Clinical Research
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Purpose: Primary sclerosing cholangitis (PSC) is a progressive, incurable condition of unknown etiology, characterized by inflammation, fibrosis, destruction and loss of interlobular-sized bile ducts, leading to biliary cirrhosis and liver failure. Orthotopic liver transplantation (OLT) is the only life-extending intervention for patients with end-stage PSC. Recent US Scientific Registry of Transplant Recipients (SRTR) data indicate that among patients with PSC being added to the United Network for Organ Sharing (UNOS) waiting list the proportion of African Americans (AA) was greater than non-AAs, compared to other disease indications. This suggests that PSC may run a more aggressive clinical course. It was our aim to determine whether the proportion of AA patients with PSC undergoing OLT per unit time was different from the proportion of non-AA patients undergoing OLT for PSC.

Methods: The SRTR was reviewed between 1998 and 2002 inclusive for all adults (18 – 80 years) who were added to the UNOS waiting list for OLT. The proportions of AA and non-AA patients undergoing OLT for PSC within 1 year, 1-2 years, 2-3 years, and > 3 years of being added to the waiting list were calculated, and compared using the Chi-square test.

Results: From 1998 to 2002 inclusive 39,878 patients were added to the UNOS waiting list for OLT. 2173 (5.45%) had PSC. Of these, 262 (12.1%) were AA. The proportions of AA patients with PSC who underwent OLT within 1 year, 1-2 years, 2-3 years, and > 3 years of being added to the waiting list were: 28.2% (74/262), 13.7% (36/262), 8.8% (23/262) and 5.7% (15/262). 114/262 (43.5%) AA patients with PSC did not undergo OLT during the study period. The proportions of non-AA patients with PSC who underwent OLT within 1 year, 1-2 years, 2-3 years, and > 3 years of being added to the waiting list were: 33.5% (640/1911), 11.5% (220/1911), 4.7% (89/1911) and 4.9% (93/1911). 869/1911 (45.5) non-AA patients with PSC did not undergo OLT during this period. Except for the period < 1 year from the time of OLT listing, the proportion of AA patients with PSC undergoing OLT was significantly greater than the proportion of non-AA patients with PSC who underwent OLT ($p = 0.026$).

Conclusion: These outcomes for AA patients with PSC suggest that their disease course may be more aggressive, given that patients underwent OLT sooner from the time of listing than did non-AA patients. An alternative explanation is that AA patients with PSC were simply sicker than non-AA patients at the time of listing for OLT.

05

MESALAMINE PROTECTS AGAINST COLORECTAL CANCER IN INFLAMMATORY BOWEL DISEASE*2007 ACG Centocor/IBD Abstract Award*

Jeffrey Tang, MD, Gena Kucera, PhD, Omar Sharif, MD, Chetan Pai, DO, and Ann L. Silverman, MD*. Internal Medicine, Division of Gastroenterology, Henry Ford Hospital, Detroit, MI

Purpose: Individuals with ulcerative colitis (UC) and Crohn's disease (CD) are at increased risk of developing colorectal cancer (CRC) compared to the general population. CRC risk in inflammatory bowel disease (IBD) is associated with dysplasia, extent of disease, type of therapy, duration of disease, and degree of inflammation. This study evaluates the influence of multiple factors on CRC risk in IBD.**Methods:** We identified all IBD patients who developed CRC at our institution from 1970 to 2005. Cases were matched to controls by type of IBD, age at diagnosis, sex, race, extent of disease and disease duration. We compared BMI, family history of IBD, family history of CRC, smoking, and use of mesalamine, mercaptopurine, folic acid, steroids, and nonsteroidal anti-inflammatory drugs (NSAIDs). Total cumulative dose and average daily dose were calculated for each prescription drug class. Covariates were compared using Chi-square and Student's t-tests. Odds Ratios (OR) and 95% confidence intervals (CI) were estimated using conditional logistic regression models to examine the relationship between drugs and risk of colorectal cancer.**Results:** A total of 30 CRC patients (25 UC [16 male, 9 female; 37.8 mean age] and 5 CD [3 male, 2 female, 42.2 mean age]) were identified. After reviewing 1484 patients (605 UC and 879 CD), 16 patients (13 UC and 3 CD) were matched to 23 controls (19 UC and 4 CD). The CRC cases and controls were similar in BMI (mean, 27.5 vs. 25.0), family history of IBD (18.8 vs. 8.8% positive history), family history of CRC (18.8 vs. 8.8% positive history), and smoking use (66.7 vs. 52.2% nonsmoker). There was no difference in use of mercaptopurine (6.3 vs. 13.0%), NSAIDs (6.7 vs. 21.7%) and steroids (80.0 vs. 82.6%). More controls used folate compared to the CRC cases (56.5 vs. 20.0%, $P=0.025$). Mesalamine use in UC showed a decrease in CRC when comparing the cases and controls (76.9 vs. 100%, $P=0.028$). Conditional logistic regression showed that a mesalamine total dose of ≥ 5068 grams was associated with an 89% reduction in CRC risk (OR 0.11; CI 0.01-0.91). Folate use at cumulative dose of ≥ 2823 mg did not show a significant reduction in CRC risk (OR 0.47, CI 0.09-2.50).**Conclusion:** Our data suggest that mesalamine use among UC patients leads to a significant risk reduction in CRC. In our study we found that patients that did not develop CRC used folate more often than those with CRC but this was not associated with a reduction in risk of CRC.

06

DOES TANDEM COLONOSCOPY AFFECT THE ADENOMA DETECTION RATE DESCRIBED WITH NARROW BAND IMAGING?*2007 ACG/AstraZeneca Senior Fellow Abstract Award*

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Purpose: Narrow band imaging (NBI) is a novel endoscopic optical technique that enhances tissue details by narrowing bandwidth of transmitted light using optical filters. We previously demonstrated that using high definition endoscopes, NBI with magnification allowed for a higher adenoma detection rate compared to white light.**Aim:** To determine whether the tandem nature of colonoscopy alone in our prior study contributed to the improved detection rate seen with NBI.**Methods:** Patients referred for average risk CRC screening from 09/2006 to 06/2007 were studied. Olympus H180 scope series were used. All procedures were performed by 2 experienced gastroenterologists and a third year fellow. Patients underwent tandem colonoscopy following cecal intubation. Initial evaluation utilized the NBI mode and was then followed by re-evaluation using white light, performed segmentally every 15cm. Cecal and withdrawal times were recorded. Detection of polyps by either WL or NBI as well as their histology, size and anatomical location were recorded and compared. Students t test and Fishers exact test were used for statistical purposes.**Results:** A total of 146 patients were evaluated, 100 patients in the NBI/HDM group and 46 patients in the WL/tandem group. All were men with mean ages of 62.2 and 60.4 respectively ($p=NS$). A total of 22/74 (29.7%) additional polyps were detected by WL/tandem compared with 31/214 (14%) in the NBI/HDM group ($p=0.005$). Of the polyps "gained", 13/22 (59.1%) were confirmed tubular adenomas in the WL/tandem group versus 11/31 (35%) in the NBI/HDM group ($p=NS$). The majority of TAs detected in the WL/tandem group were 1-3mm in size (8/13, 62%) and 4-6mm in size (4/13, 31%). 69% were located more proximally. The WL/tandem group was associated with shorter withdrawal times (15.8 min vs 18.9 min, $p=0.003$), longer cecal intubation times (6.9 min vs 4.9 min, $p=0.005$) with similar total times (22.7 min vs 23.8 min, $p=NS$). These differences may be explained by the addition of a fellow in the initial part of the procedures, with the tandem portions completed by the same 2 experienced gastroenterologists.**Conclusion:** 1) The WL/tandem group detected significantly more polyps than the NBI/HDM group. 2) Although the tubular adenoma detection rate was also higher in the WL/tandem group, the difference was not statistically different. 3) This suggests that the tandem nature of the procedure by itself, may be a significant contributing factor for the increased polyp detection rate (irrespective of using WL or NBI).

07

ELEVATED HbA1c IS AN INDEPENDENT PREDICTOR OF AGGRESSIVE CLINICAL BEHAVIOR IN PATIENTS WITH ADENOMATOUS COLONIC POLYPS*2007 ACG/Olympus Colorectal Cancer Prevention Award*

Ali A. Siddiqui*, Haripriya Maddur, Suraj Naik, MD, and Byron Cryer. Gastroenterology, Dallas VA Medical Center, Dallas, TX and University of Texas Southwestern Medical Center, Dallas, TX

Purpose: To determine if poor control of DM is associated with increased prevalence of colonic adenomatous polyps (AP), especially advanced AP.**Methods:** We performed a retrospective review of 652 patients with DM-2 and AP. HbA1c levels were evaluated as in index of glycemic control over the year that preceded diagnosis of AP. 40 factors were assessed in patients grouped into well controlled (HbA1c<7.5%) & poorly controlled DM (HbA1c \geq 7.5%). Factors in each group were examined by univariate analysis and logistic regression analysis to determine independent predictors of aggressive AP behavior.**Results:** Our results are summarized in table 1. Logistic regression showed that patients with HbA1c \geq 7.5 presented with more advanced AP, greater right sided AP and a greater number of AP. Patients using NSAIDs had a lesser incidence of advanced AP ($P<0.01$). Concurrent use of insulin and NSAIDs appeared to negate any protective effect of NSAIDs.**Conclusion:** Poor glycemic control in patients with DM-2 independently predicts a clinical aggressive course for patients with AP. Small differences in HbA1c elevation may lead to variations in the behavior of AP.

Table 1

Univariate Analysis				
	Normal HbA1c (n=339)	Elevated HbA1c (n=313)	O.R. (95% CI)	P
Present with Advanced Adenomatous Polyp. (%)	13.2	31.2	6.2 (2.4-15.5)	> 0.005 *
Right Sided Adenomatous Polyp. (%)	15.4	32.9	5.6 (2.2-13.7)	0.001 *
Mean Age at Diagnosis of Adenomatous Polyp	67.8 (52-81)	64.1 (51-76)	-	0.001 *
Mean Polyp size, (mm)	6.7 (3-20)	10 (4-30)	-	0.001 *
Mean Polyp Number	2.5 (1-7)	5.5 (2-20)	-	> 0.005
Smoker, (%)	42.6	60.5	2.1 (0.89-4.79)	0.05 *
Multivariate Logistic Regression Analysis				
DEPENDENT VARIABLES	95% CI		P	
AP site (Right side = 1)	0.04 - 0.07		0.69	
Polyp Number	0.01 - 0.15		0.03 *	
Age at Diagnosis	-0.06 - 0.01		0.21	
Smoker	-0.14 - 0.84		0.16	
Right Sided Polyps	0.06 - 1.04		0.03 *	
Advanced Polyps	0.21 - 1.36		0.007 *	

* = statistically significant

08

GASTRIC ELECTRICAL STIMULATION FOR GASTROPARESIS – THE TEMPLE EXPERIENCE*2007 Lawlor Resident Award*

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Purpose: Gastric electric stimulation (GES) is used to treat patients with medically refractory gastroparesis. The aims of this study were: 1) to review our experience with GES for the treatment of refractory gastroparesis; and 2) to determine if there are factors that might favorably impact clinical outcome.**Methods:** 100 patients with refractory gastroparesis have been treated with Enterra GES (Medtronic, Inc) at our institution over the last 6 years. At follow-up visits, patients were given the Patient Assessment of GI Symptoms (PAGI-SYM) questionnaire and asked to rank their symptoms using a Clinical Global Patient Assessment scale (CGPA) ranging from -7 (a very great deal worse) to +7 (a very great deal better).**Results:** Of 100 patients implanted, 75 patients still had an active stimulator at the time of this analysis. 8 patients have died; 14 patients had stimulators explanted due to infection (4), gastrectomy (2), lead/pacer erosion (3), MRI (4), shocks (1); and 3 patients had no follow-up. Average follow-up was 318 days (range 34-1473 days). 63 out of 75 patients (84% per protocol; 63% intention to treat) currently receiving GES reported symptomatic improvement, 6 remained the same, and 6 worsened. Average CGPA score of the 75 patients was 3.2 ± 0.4 (SEM), falling in the "somewhat better" category. The 33 patients with diabetic gastroparesis had a higher average CGPA score than the 42 patients in the idiopathic group (4.2 ± 0.5 vs 2.4 ± 0.5 ; $p=0.005$). The 61 patients with nausea/vomiting as the primary symptom had a higher CGPA score than the 14 patients with abdominal pain (3.4 ± 0.4 vs 2.3 ± 0.8 ; $p=0.020$). The 32 patients using narcotic analgesics regularly had a lower CGPA score than the 43 patients in the non-narcotic group (2.3 ± 0.6 vs 3.9 ± 0.5 ; $p=0.014$). Among the diabetics, those with nausea/vomiting as their primary symptom felt more improvement than patients with abdominal pain (4.5 ± 0.5 vs 3.3 ± 0.8 ; $p=0.027$). The same trend was present among the idiopathic population (2.4 ± 0.6 vs 0.7 ± 1.2 ; $p=0.034$).**Conclusion:** The majority of patients undergoing gastric electric stimulation stated their symptoms were better than prior to stimulation. Patients with nausea/vomiting as primary presenting symptom responded better than patients with abdominal pain. Diabetic gastroparesis responded better than patients with idiopathic gastroparesis. Importantly, this study has delineated three factors that appear to impact on a favorable clinical response – etiology, predominant symptom, and narcotic use.

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WHICH ADENOMA CHARACTERISTIC HAS THE STRONGEST EFFECT ON PREDICTING ADVANCED NEOPLASIA OR NUMEROUS ADENOMAS ON FOLLOW UP COLONOSCOPY?

2007 ACG/Olympus Colorectal Cancer Prevention Award

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Purpose: Adenoma size, number and pathology are independently associated with recurrence of advanced neoplasia (AN). The Multi-Society Task Force (MSTF) recommends different surveillance intervals based on adenoma features: 5-10 yrs for individuals with low recurrence risk [LR] (<3, <10 mm, TA) and 3 yrs for those with high recurrence risk [HR] (>2, ≥10 mm, or advanced neoplasia). Our aim was to determine the magnitude of the effect of each factor in predicting recurrent AN or being classified as HR at FU colonoscopy.

Methods: Data from subjects in the placebo arm of 3 postpolypectomy chemoprevention trials were used. Subjects were divided into LR or HR based on MSTF criteria. AN was defined as adenoma >9mm or with any villous component/SD. Multivariate regression analysis was used to obtain risk ratios for baseline adenoma factors, looking first at baseline risk status (HR vs LR) and then size, histology and number of adenomas in a second model. All models included age, sex, study, and follow-up time as covariates.

Results: 800 subjects with a baseline adenoma(s) and who underwent complete polypectomy were included. The mean time to FU colonoscopy was 37 months. HR status at baseline was significantly associated with recurrent AN, RR 1.9 (1.2-3.0, p=0.01) and HR status on FU, RR 2.1 (1.5-3.1, p<0.0001). When individual adenoma features were studied, adenoma multiplicity was associated with both outcomes, pathology was not associated with either outcome and large size was only associated with AN (Table).

Conclusion: The number of adenomas (≥2) is the strongest predictor of risk of recurrent AN and being classified as HR at FU. Colonoscopists should be diligent in efforts to detect synchronous neoplasia regardless of size in order to recommend the proper postpolypectomy interval.

Effect of Adenoma features on Recurrence

Baseline Adenoma Factor	Advanced Adenoma		HR status	
	*RR (95% CI)	p value	*RR (95% CI)	p value
Size (mm)				
6-9 vs >9	0.98 (0.51-1.89)	0.96	1.05 (0.64-1.72)	0.85
>9 vs <6	1.73 (1.03-2.90)	0.04	1.47 (0.96-2.26)	0.08
Pathology				
VA vs TA	1.11 (0.67-1.85)	0.68	1.31 (0.87-1.98)	0.20
Number				
≥2 vs <3	1.69 (1.06-2.69)	0.03	2.25 (1.55-3.27)	<0.001

*Adjusted

010

EARLY ORAL FEEDING IN MILD ACUTE PANCREATITIS: A RANDOMIZED PROSPECTIVE TRIAL

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: One of the pillars of managing patients with acute pancreatitis has been the concept of "placing the pancreas at rest". At admission, patients are typically not allowed to take any food or fluids orally (NPO) while provided intravenous hydration. Several prospective trials have shown that early nasogastric, and more recently, nasogastric feeding is safe and beneficial. When compared to parenteral nutrition, there is a consensus among the trials demonstrating that enteral nutrition results in decreased infectious complications, decreased length of stay (LOS) and significant cost savings. Unfortunately, nasogastric feeding often requires endoscopic or radiologic placement of tubes. Nasogastric feeding is uncomfortable and may pose an increased risk for aspiration.

Methods: In order to determine the safety of early oral feeding in patients with acute pancreatitis, a randomized prospective study was performed. A consecutive series of patients with mild acute pancreatitis were invited to participate (Ranson Score of less than 3, and an APACHE Score less than 6, and with no evidence of organ dysfunction or pancreatic necrosis). After informed consent was obtained, patients were randomized to one of three groups. Group 1 was placed NPO, standard of care, until pain resolved and amylase fell below 3 times normal. Group 2 was placed on a semi-elemental formula as tolerated starting within 12 hours of admission. Group 3 was allowed to consume a regular diet as desired starting within 12 hours of admission. Patients were followed for pain medication requirements, complications, length of stay, and recurrence of disease.

Results: To date, 33 patients have been enrolled in the study. Mean age 52+/-13, 12 male, 11 female. The three groups of patients did not differ regarding age, gender and etiology of acute pancreatitis. There were no differences in narcotic usage, complications and LOS among the three groups of patients. Morphine use was 6.1 mg +/- 2.8 mg per day for the first 3 days in Group 1, 5.5 +/- 3.1 mg day in Group 2 and 6.5 +/- 2.8 mg per day in Group 3. The mean length of stay was 4.2 +/- 1.1 days, 3.8 +/- 2.5 days and 4.1 +/- 1.7 days, respectively.

Conclusion: We conclude that patients with mild acute pancreatitis can safely be fed a regular diet as tolerated. This study provides further evidence that "placing the pancreas at rest" is not necessary in the management of patients with acute pancreatitis.

011

A PROSPECTIVE STUDY OF FACTORS ASSOCIATED WITH INCREASED GLUTEN-FREE DIET ADHERENCE IN ADULTS WITH CELIAC DISEASE

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: In recent years increasing number of individuals have been diagnosed with celiac disease (CD). The only treatment for CD is lifelong adherence to a strict gluten-free diet (GFD). Despite its efficacy, adherence to the GFD is poor and factors which influence this are poorly understood. We sought to determine which factors influence GFD adherence in adults with CD.

Methods: A survey of items determined to be important in GFD adherence was developed by an expert committee and focus groups of patients with CD. The survey was administered to 154 adults with biopsy proven celiac disease who then underwent blood testing for IgA tissue transglutaminase (tTG) levels and a standardized GFD evaluation by a nutritionist skilled in CD. Univariate and multivariate analysis were conducted to determine factors associated with adherence level.

Results: In the study population, GFD adherence was high with 44.2% following a strict gluten free diet. Gender, Age at participation, age at diagnosis of CD, length of time on GFD, marital status, educational achievement, and employment status were not correlated with level of adherence. Factors associated with GFD adherence are listed in the table below.

Conclusion: A number of factors were found to be correlated with GFD adherence, including cost, ability to follow the diet outside the home, membership in a celiac disease advocacy group, belief in the importance of following the GFD, and the ability to follow the GFD despite changes in mood and stress. These results provide a foundation for the design of educational interventions that may be used to target individuals at high risk for non-adherence to the GFD.

Factors Associated with GFD adherence

Factor	P Multivariate*
Cost makes GFD adherence difficult	0.011
Concern with purposeful gluten exposure	0.001
Concern with accidental gluten exposure	<0.001
Understanding of GFD	0.002
Ability to follow GFD when traveling	0.012
Ability to follow GFD when dining out	<0.001
Ability to follow GFD during social events	0.007
Membership in CD advocacy group	0.008
Comfort following GFD at work	0.003
Belief that avoiding gluten is important for health	0.027
Mood/stress do not affect GFD adherence	0.008
Presence of other food intolerances	0.023

*Controlling for age, gender, education, age of diagnosis and marital status

012

CYTOKERATIN 18 LEVELS AS A NONINVASIVE BIOMARKER FOR NONALCOHOLIC STEATOHEPATITIS IN BARIATRIC SURGERY PATIENTS

2007 ACG Governors Award Recipient for Excellence in Clinical Research

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Purpose: Nonalcoholic fatty liver disease (NAFLD) is extremely common among patients undergoing bariatric surgery. Liver disease may progress in these patients despite surgical weight loss. Previously, we demonstrated that plasma concentration of cytokeratin 18 (CK-18) fragments accurately differentiated NASH from simple steatosis and was predictive of stage of fibrosis in patients with NAFLD. The aim of this study was to assess the usefulness of this biomarker in determining NASH in the bariatric surgery population.

Methods: Our cohort consisted of 99 consecutive patients who underwent liver biopsy at the time of bariatric surgery. Of these, CK-18 levels were measured in 86 patients who had plasma available within one week prior to surgery using a sandwich immunoELISA specific for CK-18 fragments. Histology was scored by experienced hepatopathologists according to the NAFLD NIDDK activity score.

Results: Plasma levels of CK-18 fragments ranged from 103 to 1000 U/L (Median (Q25, Q75): 226 U/L (177, 298)). Compared to either subjects with no NAFLD, simple steatosis or borderline diagnosis, CK-18 levels were significantly higher in subjects with NASH (median (Q25, Q75): 196 (158, 245) vs. 217 (154, 228) vs. 200 (176, 274) vs. 389 (275, 839), respectively; P<0.0001). CK-18 levels were significantly higher in subjects with moderate to severe fibrosis than in those with mild fibrosis (median (Q25, Q75): 334.5 (240.5, 896) vs. 207 (175, 275), respectively; P=0.007). For every 50 U/L increase in the plasma level of CK-18, the likelihood of having NASH as opposed to simple steatosis increased 2.45 times (OR (95% CI): 2.45 (1.20, 5.00)). The area under the ROC curve was estimated to be 0.88 (95% CI: 0.77, 0.99). The values with the best combination of sensitivity and specificity were 252 U/L (sensitivity=82% and specificity=77%) and 275 U/L (sensitivity=77% and specificity=100%).

Conclusion: These results demonstrate that determination of CK-18 fragments in the blood accurately differentiates NASH from simple steatosis and predicts stage of fibrosis in bariatric surgery patients, supporting the potential usefulness of this test in clinical practice as a noninvasive NASH biomarker.

013

ROLE OF RESISTANT STARCH IN COLORECTAL CANCER PREVENTION: A PROSPECTIVE RANDOMISED CONTROLLED TRIAL

2007 ACG/Olympus Colorectal Cancer Prevention Award

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Purpose: Colorectal cancer (CRC) is the second most common cause of cancer related death in the western world. Resistant starch (RS), defined as starch that resists digestion in the small intestine of a healthy individual, gets converted to butyrate following bacterial fermentation in the colon. Butyrate is shown to have potent anti-neoplastic effects on colon cancer cells *in vitro*. This study investigated the anti-neoplastic effects of RS in patients with CRC and its potential role of as a chemo-preventive agent.

Methods: A total of 65 (36 male) sporadic CRC patients were randomised to treatment (40gm/ day) with RS or ordinary starch (OS) for 2-4 weeks. Pre-treatment and post-treatment biopsies were obtained from tumour and normal mucosa and the effects of the intervention on cell proliferation and expression of cell cycle regulatory genes *CDK4* and *GADD45A* (using real time RT-PCR) were investigated.

Results: The proportion of mitotic cells in the top half of the crypt (which is a valid pre-malignant marker used to assess response to chemo-preventive trials) was markedly reduced following RS treatment as compared with OS treatment ($p=0.028$) (Figure 1). There was no effect of RS treatment on crypt dimensions or tumour proliferation index.

The expression of key cell cycle regulatory gene *CDK4* was upregulated ($p<0.01$) while that of *GADD45A* was down regulated ($p<0.001$) in the tumour tissue compared with normal flat mucosa. RS treatment for up to 4 weeks in CRC patients tended to increase *CDK4* expression ($p=0.07$) in tumour tissue. Expression of *GADD45A*, which was suppressed in cancer, was significantly upregulated ($p=0.048$) following RS treatment (Figure 2).

Conclusion: RS modulates the colonic crypt cell kinetics and has potential as a chemo-preventive agent against CRC. The differential expression of key cell cycle regulatory genes may play a role in these cellular effects of RS.

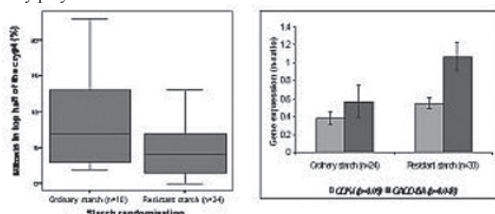


Figure 1: Mitoses in the top half of the crypt (%) following starch treatment. The middle line represents the mean, the edges of the boxes represent the 25th and 75th percentile and the whiskers represent the maximum and minimum values.

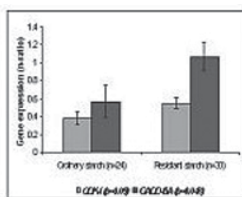


Figure 2: Expression of *CDK4* and *GADD45A* in tumours following starch treatment. The values on the Y-axis are the normalized ratio of expression of each gene compared with expression of the housekeeping gene *18S* and the number on the X-axis are the number of patients in each treatment group. (Error bars represent the standard error of the mean)

014

EFFECT OF INITIAL POLYPECTOMY VERSUS SURVEILLANCE POLYPECTOMY ON COLORECTAL CANCER MORTALITY REDUCTION: MICRO-SIMULATION MODELING OF THE NATIONAL POLYP STUDY

2007 ACG/Olympus Colorectal Cancer Prevention Award

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Purpose: Colorectal polypectomy with surveillance reduced colorectal cancer (CRC) incidence by 76-90% (Winawer, 1993) and colorectal cancer mortality by 69% to 92% (Zauber, DDW 2007) with 20 years of follow-up in the National Polyp Study (NPS). The relative effect of the initial polypectomy versus the surveillance colonoscopy on mortality reduction has implications for follow-up intervals, screening colonoscopy studies, and understanding the adenoma-carcinoma progression.

Methods: A Micro-Simulation Screening Analysis (MISCAN) model, developed at ErasmusMC Rotterdam in conjunction with the National Cancer Institute, used the NPS data to predict CRC mortality: 1) with no initial polypectomy or surveillance colonoscopy; 2) with initial polypectomy only; and 3) with both initial polypectomy and surveillance colonoscopy. The model predicted CRC mortality for up to thirty years after initial polypectomy.

Results: The model demonstrated a dramatic reduction in expected CRC mortality with initial polypectomy with or without surveillance and suggests that the initial polypectomy accounts for the major component of the mortality reduction (see Figure). The model predicts a modest benefit from surveillance after 10 years.

Conclusion: The major effect on colorectal cancer mortality reduction produced by the initial polypectomy rather than surveillance colonoscopies is consistent with the low incidence of advanced adenomas (≥ 1 cm, villous component, high grade dysplasia, or invasive CRC) observed during NPS follow-up. This supports the recommendation for lengthening the surveillance intervals to 6 or more years for most patients post-polypectomy.

015

THE EFFICACY OF THE GLP-1 AGONIST EXENATIDE IN THE TREATMENT OF SHORT BOWEL SYNDROME

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Purpose: Short bowel syndrome (SBS) is a serious medical problem resulting in severe diarrhea and nutritional deprivation. The symptoms result from lack of absorptive surface and loss of the braking mechanisms controlling the proximal gut. One of the missing, distally produced, peptides that control the proximal gut is glucagon-like peptide-1 (GLP-1). In this study we test the effect of the GLP-1 receptor agonist, exenatide, on short bowel syndrome.

Methods: SBS subjects were selected based on clinical symptoms and greater than 50% distal small bowel resection. Before beginning exenatide treatment, each patient completed a questionnaire documenting stool frequency and consistency. In addition, SBS symptoms, CBC, chemistries and BMI were also obtained. An antroduodenal manometry study was performed during fasting, after exenatide, and after a subsequent test meal. Each patient was then started on exenatide 5 to 10 mcg subcutaneously twice a day. Over the following month the baseline parameters measured were repeated.

Results: The subjects consisted of 4 males and 1 female, ages 46 to 69 (mean: 57.2). At baseline, all patients had severe diarrhea that ranged from 7 to 15 bowel movements per day, often occurring within 15 minutes of eating. After exenatide, all 5 patients had an immediate improvement in bowel frequency and form. In the most severely affected patient, the bowel movements reduced from 15 watery bowel movements per day to 2-3 formed stool. In all subjects, bowel movements were no longer meal related and often occurred hours after any meal. At baseline nutritional parameters were stable due to total parenteral nutrition (TPN) in most cases ($n=3$). However, after exenatide, all 3 patients no longer needed TPN. Despite the lack of TPN, no weight loss or biochemical nutritional deterioration was observed in any case. Previous attempts at ceasing TPN had resulted in immediate and life-threatening dehydration and malnutrition. Using normal bowel function as a goal, subjects described their improvement with exenatide as 65-100% improved. Antroduodenal manometry in 2 out of 5 subjects demonstrated continuous low amplitude gastric contractions during fasting which completely normalized after exenatide.

Conclusion: Exenatide is a novel and safe treatment option for SBS. It normalizes bowel function and maintains nutritional status. Successful treatment with exenatide may significantly reduce the need for parenteral nutrition.

016

RISK FACTORS FOR SMALL INTESTINAL BACTERIAL OVERGROWTH

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Purpose: Small intestinal bacterial overgrowth (SIBO) has been associated with various gastrointestinal disorders. Enteric bacterial flora are thought to play an important role in the pathogenesis of some gastrointestinal diseases. We aim to determine which patient characteristics, symptoms, and laboratory values are predictive of SIBO as defined by a positive glucose breath test.

Methods: The records of all patients who were referred for a glucose breath test between January 1, 2003, and December 31, 2006, were analyzed retrospectively. Breath samples were analyzed for hydrogen and methane using a Model DP Microlyzer (Quintron Instrument, Milwaukee, WI). A breath test was deemed positive when the baseline hydrogen or methane value increased by greater than 12 ppm after the ingestion of 50 g of glucose. Chi-square tests and Fisher's exact test were used to determine associations between categorical variables. The independent sample t-test was used to compare groups of continuous variables.

Results: Of the 167 eligible patients who were referred for a glucose breath test, 139 patient records were available for analysis (49 male, 90 female; mean age 54 \pm 13 years). There were 40 patients (29%) with positive breath tests. Patient characteristics that were significantly associated with a positive glucose breath test were: age greater than 75 years ($p=0.01$), low serum albumin ($p=0.04$), and a history of cirrhosis ($p=0.02$). The OR for age greater than 75 was 4.7 (95% CI 1.4, 15.4). A history of irritable bowel syndrome significantly lowered the risk of a positive test (OR=0.27, $p=0.02$). There was no association between a positive breath test and the use of proton pump inhibitors, histamine-2 receptor antagonists or antimotility drugs. Diarrhea was significantly associated with a positive breath test by hydrogen criteria (OR 2.9, $p=0.01$), but no similar association was found with constipation, abdominal pain, bloating or gas.

Conclusion: In this patient cohort, advanced age, low albumin and a history of cirrhosis were significantly associated with a positive glucose breath test. Patients with IBS were less likely to have a positive breath test. Knowledge of the predisposing factors for SIBO might lead to earlier testing and treatment in some patients.

017

THE SEVERITY OF PANCREATIC DUCTAL CHANGES ON STANDARD MRCP ACCORDING TO CAMBRIDGE CLASSIFICATION CORRELATE WITH THE MAXIMUM BICARBONATE LEVEL ACHIEVED DURING SECRETIN STIMULATED EXOCRINE PANCREATIC FUNCTIONAL TESTING (ePFT)

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Purpose: MRCP has shown comparable results to ERCP in detecting pancreatic ductal changes of chronic pancreatitis. ePFT is regarded as the gold standard for the detection of exocrine pancreatic insufficiency. The aim of this study is to evaluate the correlation between the severity of pancreatic ductal changes on MRCP according to Cambridge classification and the maximal bicarbonate levels achieved during secretin stimulated ePFT.

Methods: We retrospectively reviewed all the charts of patients who had secretin stimulated ePFT at our institution between January 2005 and March 2007. All patients who had MRCP and ePFT within four weeks time period were included in the study. All secretin stimulated ePFTs were performed in our endoscopy unit. The MRCP images were evaluated by our radiologist, who was blinded to ePFT results. Ductal changes of the pancreatic gland were assessed.

Results: 62 patients had ePFT at our institution between January 2005 and March 2007. 38 patients underwent MRCP and ePFT within four weeks time period. MRCP images revealed abnormal pancreatic ductal changes consistent with chronic pancreatitis (ranging from equivocal to severe according to Cambridge classification) in 16 patients. On ePFT testing 26 patients had maximum bicarbonate level above the cut off value of 80 mmol/L, and 12 patients had maximal bicarbonate level of 80 mmol/L or less. A strong correlation was found between the level of bicarbonate concentration on ePFT and MRCP scores according to Cambridge classification (Spearman 0.639, P value 0.0001), also there was a significant difference between the mean values of the maximum bicarbonate results during ePFT in patients with normal (Cambridge 0) and patients with equivocal/abnormal (Cambridge 1-4) MRCP findings (Mann-Whitney Test, $P=0.0001$).

Conclusion: A high degree of correlation exists between the pancreatic ductal changes as measured on MRCP according to Cambridge classification and maximum bicarbonate level achieved during ePFT testing. Further studies are needed to validate this correlation in a prospective manner.

Difference in maximum HCO_3 concentration according to MRCP findings

MRCP	N	Mean HCO_3 (SD)	P value
Cambridge 0	22	106.27 (26.3)	0.0001
Cambridge 1-4	16	73.25 (19.4)	

018

ETHANOL PANCREATIC INJECTION OF CYSTS: RESULTS OF A PROSPECTIVE MULTICENTER, RANDOMIZED, DOUBLE BLINDED STUDY

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Purpose: Pancreatic cystic lesions (PCL) often represent a form of early malignancy (mucinous cystic lesions). **Purpose:** To determine the safety and effectiveness of Endoscopic Ultrasound (EUS)-guided ethanol lavage of PCLs. **Hypothesis:** The rate of cyst ablation as a result of ethanol (EUS-ETOH lavage with 80% ethanol) will be greater than the rate achieved with saline (EUS-SL lavage).

Methods: This was a prospective, randomized, controlled trial that enrolled patients with a PCL 1-5cm (0-4 septations). After first lavage, all patients were offered a second lavage with ethanol. CT was repeated 3 months after the last EUS. Surgical resection was permitted at any time. The PCLs were assigned a diagnostic category based upon cytology, cyst fluid CEA and/or surgery.

Results: From 10/04-06/07, 54 patients were consented, 12 were excluded prior to initial lavage and 42 (26 F; mean age:69 yrs) with suspected benign mucinous (35) or nonmucinous pancreatic cystic tumors (4) and pseudocysts (3) were randomized to EUS-ETOH (25) or EUS-SL (17). Cyst size: median 19 mm (range: 10-40) and location: head/uncinate (18), body (16) or tail (8). The change in the size (surface area) and rate of ablation are shown in Table 1. **Findings:** EUS-Ethanol resulted in a significant decrease in cyst size as compared to saline lavage. 10/23 (43%) subjects had complete ablation of the PCL as determined by imaging; all as a result of ethanol lavage. Complications from EUS-ETOH: there were two episodes of acute pancreatitis. Results of surgical pathology in 3 subjects who underwent PCL resection after lavage: 1) benign 3.5cm IPMN-50-75% epithelial ablation (ETOH); 2) benign 2.2cm mucinous cyst with histology demonstrating 100% epithelial ablation, (ETOH); 3) 1.5cm benign mucinous cyst with intact epithelium (Saline).

Conclusion: EUS-ETOH decreased pancreatic cyst size and resulted in an ablation rate greater than that achieved with EUS-Saline.

EUS Lavage(s)	Baseline cyst surface area (mean +SEM)	Post procedure cyst surface area (mean + SEM)	Complete cyst ablation rate (EUS or CT scan)	Complications of EUS lavage (pancreatitis)
Saline n=15	1.7 cm2 +0.9	1.4 cm2 +0.6	0/15	0
Ethanol (one) n=36	1.5 cm2 +0.3	1.1 cm2 +0.3*	2/37	1
Ethanol (two) n=23	1.4 cm2 +0.4	1.0 cm2 +0.4**	10/23	1

* $p=.002$ ** $p=.0001$ ETOH vs Saline

019

LONG-TERM FOLLOW-UP OF ENDOSCOPIC PAPILLARY BALLOON DILATION COMPARED TO ENDOSCOPIC SPHINCTEROTOMY FOR THE EXTRACTION OF BILE DUCT STONES

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Purpose: Endoscopic papillary balloon dilation (ED) for the extraction of bile duct stones is proposed to prevent late-occurring complications compared to endoscopic sphincterotomy (ES). In our previous multi-center study, 237 patients were randomized to have ED or ES. 30 day morbidity occurred in 18% (7% severe, 2 deaths) of ED and 3% (0 severe) of ES patients ($p<0.001$) and the study was terminated at the 1st interim analysis. Our purpose is to determine the long-term outcomes of ED vs. ES in the same cohort.

Methods: Standardized telephone interviews and medical records review regarding morbidity beyond 30 days was performed by blinded personnel not involved in clinical management. Complications were stratified by consensus criteria. Patients crossed over from ED to ES were analyzed as ES.

Results: To date, 131 (55 %) participants have been located and 34 (14%) are known dead. With a mean follow up of 9.7 (8.3-11.0) years, 63 (48%) ED and 68 (52%) ES participants have been located. 18 (14%) ED and 16 (12%) ES patients have died, but the causes are known in only 6 and none were pancreatobiliary-related. Reliable data are available on 97 (41%; 70 women, 27 men) with a mean age of 44 (26-95) years and the treatment groups are evenly matched. Results are shown in the table. A multivariate regression analysis was performed on age, gender, cholecystectomy status and periampullary diverticulum, and none of these factors significantly contributed to complications in either treatment group.

Long- Term Complications

	ED N= 63 18 (29%)	ES N= 68 14 (21%)	p
Patients with any complications			$p=0.31$
Events			
Abdominal pain	15 (24%)	13 (19%)	$p=0.53$
Jaundice	2 (3%)	3 (4%)	$p=0.52$
ERCP	3 (5%)	4 (6%)	$p=1.0$
Recurrent stones	0	3 (4%)	$p=0.25$

Conclusion: 1. Long-term complications of ED and ES occur at similar rates. 2. These findings do not support ED as preferential treatment for bile duct stones to prevent long-term complications of ES.

020

HYPERTRIGLYCERIDEMIC ACUTE PANCREATITIS IS DIFFERENT

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Purpose: Although hypertriglyceridemia is a well known cause of acute pancreatitis, there are a limited number of studies characterizing hypertriglyceridemic acute pancreatitis (HAP). The aims of this study were to: a) compare the clinical course and severity of HAP and acute pancreatitis (AP) secondary to other causes, b) determine whether the admitting triglyceride level influences or predicts the course of HAP, c) determine how the severity of HAP in patients with diabetes mellitus (DM) compares to non-diabetics and d) evaluate serum amylase and lipase values in HAP.

Methods: During a 5 year period all inpatients discharged with pancreatitis and hypertriglyceridemia from two tertiary academic hospitals were identified using ICD-9 codes 577.0 and 272.1 respectively.

Results: 2,576 episodes of pancreatitis were identified. A cohort of 27 episodes (1.04%), comprising the fourth largest series of patients with AP attributable to HAP is characterized and described. Patients with HAP were younger (38.15 ± 11.24 years) compared to those with AP (45.78 ± 13.87 years, $p<0.005$) and had longer hospitalizations (10.44 ± 8.23 days vs. 3.96 ± 6.83 days, $p<0.0001$). The mean admission triglyceride level was $4,680 \pm 3,007$ mg/dL (range 728-11,554 mg/dL). There was no correlation between the admission triglyceride level and severity of pancreatitis (determined by APACHE II score, hospital LOS, and ICU LOS) in HAP patients. APACHE II scores of non-diabetics with HAP were lower compared to diabetics with HAP (3.11 ± 2.85 v. 6.06 ± 3.54). However, non-diabetics with HAP had longer hospitalizations (12.67 ± 12.70 days) and required more ICU care (5.33 ± 7.47 days) compared to patients with HAP and DM (9.33 ± 4.87 hospital days and 2.56 ± 3.92 ICU days). The mean admission lipase value in patients presenting with HAP was $2,507 \pm 3,689$ U/L and mean amylase value was 266 ± 267 IU/L. Serum amylase values were normal in 33% of the HAP cohort, 30% of the cohort had normal lipase values, and 11% of the cohort had both normal amylase and lipase values.

Conclusion: Patients with HAP were significantly younger and the length of their hospitalization was significantly longer compared to patients with non-HAP. Although 66% of HAP patients had diabetes mellitus, the longer hospitalizations associated with HAP were not attributable to DM. Up to one-third of HAP patients have a normal admission amylase or lipase value and admission lipase values are generally much higher than amylase values.

021

INFLIXIMAB REDUCES COLECTOMY IN PATIENTS WITH MODERATE-TO-SEVERE ULCERATIVE COLITIS: ANALYSIS FROM ACT 1 AND ACT 2

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Purpose: We assessed the incidence of colectomy through 54 wks, a follow-up to ACT 1 & ACT 2.

Methods: The prespecified primary analysis was time to colectomy in pts treated with infliximab (IFX) compared w/ placebo (PBO) (combined studies & IFX grps). Data were collected in ACT 1 & 2, ACT extension, & RESULTS-UC. Missing data were collected retrospectively. Rates of colectomy, UC-related hospitalizations, and UC-related surgeries and procedures were compared btw combined IFX and PBO. Stratified log-rank test was used for time to colectomy analysis, and Kaplan-Meier (K-M) product-limit estimated cumulative incidence of colectomy.

Results: 630 (86.5%) pts had complete colectomy follow-up; more IFX pts had complete colectomy follow-up (90.1%, 5 mg/kg; 86.8%, 10 mg/kg) than PBO pts (82.8%). 81 pts (36, PBO; 27, 5 mg/kg; 18, 10 mg/kg IFX) had a colectomy thru 54 wks. The proportion of PBO pts who received commercial IFX prior to colectomy was higher than that for combined-IFX pts (15.7% vs 6.6%) in ACT 1, but similar in ACT 2 (6.5% vs 5.0%). Primary endpt: Cumulative incidence of colectomy (K-M) was significant favoring the combined-IFX grp, $p=0.012$. The hazard ratio btw PBO and combined-IFX grps was 0.57 (95% CI: 0.37, 0.89), a 43% risk reduction in colectomy thru 54 wks. Major secondary endpts: A significantly greater proportion of PBO pts (14.8%) had colectomy than combined-IFX pts (9.3%, $p=0.028$) thru 54 weeks. The proportion of UC-related hospitalizations and surgeries were significantly higher in the PBO grp than those in the combined-IFX grp ($p=0.003$ vs $p=0.022$) through 54 wks after first infusion.

Conclusion: IFX significantly reduced the incidence of colectomy and decreased UC-related hospitalizations and UC-related surgeries/procedures compared with PBO in UC. **Disclosure - Dr. Sandborn-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Rutgeerts-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Feagan-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Reinisch-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Olson-employee-J&J, stockholder-Centocor R&D, Inc. Dr. Johanns-employee-J&J, stockholder-Centocor R&D, Inc. Dr. Lu-employee-J&J, stockholder-Centocor R&D, Inc. Dr. Rachmilewitz-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Hanauer-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Lichtenstein-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. de Villiers-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Present-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Sands-research support, consultant, speaker's bureau-Centocor R&D, Inc. Dr. Colombel-research support, consultant, speaker's bureau-Centocor R&D, Inc.**

022

A PROSPECTIVE, CONTROLLED LONGITUDINAL STUDY OF THE EFFECTS OF ORAL STEROIDS AT 3 AND 6 MONTHS ON BONE MINERAL DENSITY (BMD) IN PATIENTS WITH IBD

2007 ACG Centocor/IBD Abstract Award

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Purpose: Patients with IBD are at risk for steroid induced BMD loss. However, the duration of prednisone use required to produce bone loss, and the natural history of BMD after cessation of prednisone is not well described in IBD. The objective of this prospective study is to determine the rate and course of bone loss at 3 and 6 months patients in treated with prednisone (Pred), compared to a control group matched for disease activity, not treated with prednisone (non-P).

Methods: Pred patients (n=22) underwent baseline DEXA to determine BMD at the lumbar sacral spine (LSS), and bilateral hips, and were compared to non-P patients (n=18) with active disease; all patients underwent serial DEXA measurements at 3 and 6 months. All patients were treated empirically with oral calcium 1500 mg/d and vitamin D 600 u/d. Baseline disease activity was assessed using the modified Mayo score for UC, and the Harvey Bradshaw Index for CD.

Results: 21 UC patients and 19 CD patients, 28 males and 12 females were studied. There were no demographic differences or baseline risk factors between groups. The proportion of patients with osteoporosis at baseline were similar in the Pred and non-P groups (11.1% vs. 9.1%). The decline in mean t scores at 3 months, compared to baseline, was greater in the Pred group at the LSS, compared to non-P (-0.23 vs. -0.07), as well as at the hip (-0.23 vs. 0). There was no further decline in mean t scores between 3 and 6 months at either the LSS or hip in either the Pred or non-P group. At 3 months, 7 of 22 (32%) patients in the Pred group had >5% decline in BMD at the LSS; and 3 of 22 (14%) in the Pred group had a >5% decline in BMD at the hip. At 6 months no additional patients in the Pred group developed >5% BMD loss, and 3 of 22 reverted to <5% BMD loss at the LSS. No additional Pred patients had > 5% BMD loss at the hip.

Conclusion: A 3 month course of prednisone led to a greater decline in mean t scores at both the LSS and hip than in control patients by 3 months. However, in this group of patients who had discontinuation of prednisone by 3 months, and maintained on calcium and Vitamin D supplementation, there was no additional loss in BMD at the hip and a small number of patients had improvement at the LSS. A short course of prednisone, therefore did not lead to progressive bone loss beyond the duration of its use.

023

ADENOCARCINOMA IN ILEAL POUCH-ANAL ANASTOMOSIS: THE CLEVELAND CLINIC EXPERIENCE

2007 ACG Centocor/IBD Abstract Award

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Purpose: Total proctocolectomy with ileal pouch-anal anastomosis substantially reduces the risk for dysplasia and cancer associated with ulcerative colitis (UC). Cancer in ileal pouch-anal anastomosis (IPAA) patients with underlying UC is a rare, which has only been reported as single cases. Natural history of IPAA cancer in these patients and its risk factors have not been investigated and there is lack of consensus for endoscopic cancer surveillance for these patients. The aim of the study was to characterize the natural history and clinical features, and histology in a group of patients with cancer of IPAA.

Methods: Pouch database of 2,750 cases was searched. All patients had a preoperative diagnosis of UC or indeterminate colitis. Patients with cancer from the pouch and/or anal transitional zone (ATZ) were identified. Clinical features of these patients were characterized.

Results: Eight patients (0.29%) with adenocarcinoma of the pouch and/or ATZ were identified from the database. Average age at cancer diagnosis was 56.8 ± 12.5 (SD) years. The mean duration from IBD diagnosis to cancer and from ileostomy take-down after IPAA to cancer diagnosis was 22.8 and 8.7 years, respectively. Most [5/8(62.5%)] had regular pouch endoscopic-surveillance after IPAA. Six cases had ATZ cancers and 2 had cancers of the pouch.

Conclusion: The risk for cancer of IPAA is small but real, which can occur in UC patients without pre-colectomy diagnosis of dysplasia or cancer. A disproportional high number of these patients had post-operative Crohn's disease of the pouch. The majority of the patients had histologic poorly-differentiated cancer. Mucosectomy does not necessarily prevent cancers of the ATZ or pouch.

Demographic and Clinical Features of the 8 Patients with Cancer of IPAA

	Cases	%
Proctocolectomy performed for dysplasia or cancer	3	42.8
Pancolitis	6	75.0
Family history of colon cancer	1	12.5
Staged pouch surgery	7	87.5
Hand-sewn anastomosis with mucosectomy	3	42.8
Crohn's disease of the pouch	4	50.0
Poorly differentiated cancer	5	62.5
Tumor metastasis at diagnosis	2	25.0

024A

NATALIZUMAB INDUCES SUSTAINED RESPONSE AND REMISSION IN THE ABSENCE OF CONCOMITANT IMMUNOSUPPRESSANTS IN PATIENTS WITH CROHN'S DISEASE WHO FAILED PRIOR ANTI-TNF α THERAPY

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Purpose: This post-hoc analysis assessed the need for concomitant immunosuppressants (IMM) for induction and maintenance of response and remission with natalizumab (NAT) in patients (pts) who failed prior anti-tumor necrosis factor α (TNF α) therapy.

Methods: In the ENCORE induction trial, 509 pts with CDAI scores ≥ 220 and ≤ 450 and CRP levels > 2.87 mg/L were randomized 1:1 to receive NAT (N=259) or placebo (PBO; N=250) at Mths 0, 1 and 2. In the ENACT2 maintenance trial, NAT-treated pts who had responded in ENACT1 and had a CDAI score < 220 were re-randomized 1:1 to receive monthly NAT (N=168) or PBO (N=171) for up to 12 mths.

Results: In ENCORE, 54 NAT- and 51 PBO-treated pts failed prior anti-TNF α therapy and did not receive IMM at baseline. Within this subgroup a significantly greater proportion of NAT-treated pts were in clinical response at Mths 2 and 3 and at both timepoints combined, compared to PBO (Table 1). A significantly greater proportion of NAT-treated pts were in clinical remission at Mth 3 and sustained remission through Mths 2 and 3 compared to PBO (Table 1). In ENACT2 21 NAT- and 19 PBO-treated pts failed prior anti-TNF α therapy and did not receive IMM at baseline. NAT treatment resulted in more pts in clinical response

and remission throughout the study compared to PBO (Table 2). Significant differences in response and remission were observed, respectively, at Mths 9 through 12 and at Mths 6 through 12 (Table 2).

Conclusion: Analyses of these trials suggest that NAT was effective in inducing response and maintaining remission in CD pts who failed prior anti-TNF α therapy and did not receive concomitant IMM.

Table 1

Month	Response		Remission	
	PBO	NAT	PBO	NAT
1	33	43	10	13
2	22	50*	8	19
3	28	54*	10	22*
2 & 3	14	41*	4	15*

*p<0.05

Table 2

Month	Response		Remission	
	PBO	NAT	PBO	NAT
6	21	48	11	43*
9	11	43*	11	43*
12	11	43*	11	43*

*p<0.05

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024B

NATALIZUMAB DOES NOT REQUIRE THE CONCOMITANT USE OF IMMUNOSUPPRESSANTS OR CORTICOSTEROIDS FOR THE INDUCTION OF SUSTAINED RESPONSE AND REMISSION IN PATIENTS WITH CROHN'S DISEASE

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Purpose: This post-hoc analysis assessed the need for concomitant immunosuppressants (IMM) or corticosteroids (CS) for induction of response and remission with natalizumab (NAT) in the ENCORE and ENACT2 trials.

Methods: In the ENCORE induction trial, 509 patients (pts) with CDAI scores ≥ 220 and ≤ 450 and CRP levels > 2.87 mg/L were randomized 1:1 to receive NAT 300 mg (N=259) or placebo (PBO; N=250) infusions at Mths 0, 1, and 2. In the ENACT2 maintenance trial, NAT-treated pts who responded in ENACT1 and had a CDAI score < 220 were re-randomized 1:1 to receive monthly NAT (300 mg; N=168) or placebo (N=171) infusions for up to 12 mths.

Results: In ENCORE, 188 pts were not receiving IMM or CS at baseline, with 90 and 98 randomized to receive NAT and PBO, respectively. A significantly greater proportion of NAT-treated pts were in clinical response at both Months 2 and 3, and, individually, at Mths 1 through 3, compared to the PBO group (Table 1). NAT treatment also resulted in a significantly greater proportion of pts in clinical remission at both Mths 2 and 3 and, individually, at Mths 1 and 3 compared to PBO (Table 1). In ENACT2, 138 pts were not receiving IMM or CS at baseline, and following randomization, 70 and 68 pts received NAT and PBO, respectively. At Mths 6 through 12, a significantly greater proportion of NAT-treated patients were in clinical response and remission, compared to the PBO group (Table 2).

Conclusion: Analyses of these trials suggest that NAT was effective in inducing response and sustaining remission in CD pts in the absence of concomitant IMM or CS therapy.

Table 1: ENCORE (Induction)

Month	Response		Remission	
	PBO	NAT	PBO	NAT
1	36	54*	8	22*
2	40	56*	19	28
3	40	62*	22	39*
2 and 3	31	51*	12	24*

*p<0.05

Table 2: ENACT2 (Maintenance)

Month	Response		Remission	
	PBO	NAT	PBO	NAT
6	38	67*	34	56*
9	35	64*	31	51*
12	24	59*	22	54*

*p<0.05

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025

UPPER GI CANCER ASSESSMENT "STRAIGHT-TO-TEST" SERVICE: A SAFE, EFFICIENT, AND COST-EFFECTIVE APPROACH

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Purpose: Rapid access to diagnostics is key to early diagnosis of upper gastro-intestinal (UGI) cancer. Due to rising healthcare costs, there is also increasing pressure on gastroenterologists to cut the costs of treatment. In the UK, Cancer Plan 2000 requires all suspected cancer patients to be seen by specialists within 2 weeks of referral, and diagnostics must be completed within 31 days. These targets put huge service delivery challenges for most hospitals with limited resources. We started a "straight-to-test" (STT) service to reduce time to diagnosis and staging of suspected UGI cancer. On receiving referrals, patients were booked directly for upper endoscopy or ultrasound as appropriate. Clinic appointment was booked after the test, if necessary. There were no extra costs for setting.

Methods: A prospective study of new STT service over 12 months to study safety, efficiency and cost-effectiveness. All consecutive patients referred by GPs for UGI cancer assessment were studied. The patients were followed up for 6 months after endoscopy by telephonic interview and/or review of hospital medical records. Data included demographics, symptoms, endoscopy findings, follow-up plans and clinical outcomes at 6 months. The cost savings were calculated using Outpatient Mandatory Tariff Coding System.

Results: 241 patients (116 m, 125 f) were referred, of which 95% had endoscopy and/or imaging within 2 weeks. The commonest symptom was dyspepsia (68%), followed by dysphagia (48%), and anorexia (41%). The endoscopy diagnoses were Gastritis (32%), Hiatus hernia (26.9%), Oesophagitis (16.8%), duodenitis (12%), Cancer 27 (11.2%) and Gastric ulcers (2.4%). Cancers included oesophageal 15, gastric 4, pancreas 3, liver 2, and colon 3. 107 (44.3%) were discharged back to GP and 134 (55.7%) were followed up. Excluding cancer patients there was no significant difference between the 2 groups in clinical outcomes. There were no missed cancers. 31-day targets were achieved in all cancer patients. STT service saved 107 new (@£188 each) and reduced 134 follow-up (@£93 each). The net saving was £31373 over 12 months.

Conclusion: Our study shows that STT service for UGI cancer assessment is safe, efficient and highly cost-effective. The study also showed that more patients could be discharged back to GPs after cancer is excluded on gastroscopy and hence there is scope for more cost savings. STT model of cancer assessment service has potential for widespread use in NHS and other healthcare systems.

026

LEARNING CURVE FOR DOUBLE-BALLOON ENTEROSCOPY (DBE) AT A U.S. CENTER

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: Reports of DBE experience demonstrate the positive influence of DBE on management of small intestine disorders, but also note long procedure time, the use of special training, and a learning curve when endoscopists first perform DBE. Our aim was to examine the learning curve for a single endoscopist's initial experience with DBE.

Methods: We analyzed the first 250 DBE performed at our center (9/05 – 4/07). DBE were performed by a single endoscopist using the Fujinon EN-450T5 and P5 enteroscopes. Complications, procedure duration, length of small intestine examined, fluoroscopy time, rate of total enteroscopy, and proportion of DBE judged clinically "Helpful" were analyzed for sequential groups of 50 DBE, with comparison to the first 50 procedures.

Results: The only major complication was a self-contained perforation in a patient in the last group of 50 DBE. Procedure parameters for sequential groups of 50 DBE are shown in tables 1 and 2; the statistic (p) compares each group of 50 DBE to the first group.

Conclusion: There was no statistical decrease of DBE duration or fluoroscopy time with increasing experience. For oral DBE, the length of intestine examined did not increase with experience for up to 250 procedures, and increased for anal DBE after 100 DBE. The rate of total enteroscopy, and proportion of "Helpful" procedures increased after 150 DBE. An endoscopist may be able to perform safe and useful DBE after limited training, expertise may require more than 100 to 150 procedures.

Table 1

Position in DBE Series	n	DBE Duration (min) Mean±SD	p	Length examined (cm) mean±SD	p	Fluoroscopy time (min) mean±SD	p
Oral							
1-50	28	96±24	-	220±86	-	4.6±2.3	-
51-100	23	108±38	.42	229±52	.62	4.5±1.7	.98
101-150	31	100±32	.78	226±95	.92	5.0±2.4	.49
151-200	33	98±42	.78	207±78	.33	4.0±1.7	.46
201-250	30	107±23	.04	236±81	.43	5.0±1.9	.29
Anal							
1-50	22	97±40	-	101±53	-	5.1±4.0	-
51-100	27	103±31	.56	120±43	.09	6.6±3.7	.11
101-150	19	94±38	.88	148±68	.01	5.6±2.9	.28
151-200	17	84±18	.29	132±77	.14	3.9±2.0	.49
201-250	20	82±37	.15	122±81	.53	4.0±2.3	.72

Table 2

Position in DBE Series	Successful Total Enteroscopy	p	% Clinically "Helpful"	p
1-50	8% (1 of 13)	-	58%	-
51-100	8% (1 of 12)	.1	70%	.45
101-150	17% (2 of 12)	.59	73%	.31
151-200	63% (5 of 8)	.01	86%	.017
201-250	67% (10 of 15)	.002	89%	.0006

027

ENDOSCOPIC TREATMENT OF MALIGNANT COLONIC OBSTRUCTION USING EXPANDABLE METAL STENTS: EXPERIENCE IN 169 PATIENTS

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Purpose: Self-expanding metal stent (SEMS) placement is a suitable therapeutic option for relief of colonic obstruction for both palliation and as "bridge to surgery." This study aimed to investigate the efficacy of stent-based treatment for malignant large bowel obstruction.

Methods: From April 1999 to August 2006, we monitored patients who had undergone endoscopic placement of a SEMS for malignant colonic obstruction using a retrospective database. Enteral Wallstents and Ultraflex Precision Colonic stents (Boston Scientific) were used. Patients were characterized by age, malignant stricture location, stent-induced complications, and need for reinterventions.

Results: In total, 134 patients were treated (mean age 63.5 years, range 17 to 94) with palliative intent and 35 were treated as "bridge to surgery." For 160 of 169 patients (94.7%), stents were placed successfully and obstruction clinically resolved in all but one of patient. The remaining nine patients experienced stent dislocation/dysfunction at the time of placement. The location of obstruction was: rectosigmoid colon (n = 97, 57.4%), descending colon (n = 24, 14.2%), splenic flexure (n = 11, 6.5%), transverse colon (n = 15, 8.9%), hepatic flexure (n = 9, 5.3%), and ascending colon (n = 13, 7.7%). There was no peri-interventional morbidity or mortality. One patient experienced an intra-procedural perforation. The median in situ time for the stents in the palliative group was 48.5 days (mean, 93 days) with 36 of 133 patients having complications (27.1%) including perforation (n = 12), occlusion (n = 12), migration (n = 8), erosion/ulcer (n = 3), and stent collapse (n = 1). Twenty-eight patients were treated endoscopically, and 36 underwent surgical intervention. Palliative patients had a median survival time of 167 days (range, 43 to 291). In the preoperative group, the median in situ time for the stents was 5.5 days (mean, 32 days). Three of the 35 preoperative patients had complications (8.6%) prior to operation (one occlusion, one migration, and one perforation). Of these patients, two required endoscopic reintervention. Overall, SEMS patients had an endoscopic reintervention rate of 17.8% and a surgical intervention rate of 21.3%. No further intervention was required for all remaining patients by follow-up.

Conclusion: Endoscopic stenting can effectively relieve malignant colorectal obstruction as both palliative and preoperative therapy. SEMS can be applied to both left and right-sided colonic lesions with few complications.

028

RETROSPECTIVE COMPARISON OF IN-HOSPITAL REBLEEDING RATES IN NON-VARICEAL UGI BLEEDING DEMONSTRATES THE SUPERIORITY OF CLIPS THERAPY OVER INJECTION AND/OR THERMOCOAGULATION

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Purpose: Endoscopic intervention is recommended in patients with non-variceal acute UGI bleeding (NVAUGIB) when active bleeding or stigmata of higher risk of rebleeding are noted at the time of initial endoscopy. Opinions regarding the best method of achieving hemostasis and reducing the risk of rebleeding differ. We retrospectively studied the charts of such patients who were admitted to our institution from 2005 to 2006 to determine which of the modalities in NVAUGIB achieved lower rebleeding rates. In particular, we wanted to compare the use of endoscopic clips with or without injection therapy to the use of thermocoagulation and/or injection therapy.

Methods: Patients were included in the study only if active bleeding, oozing, visible vessel, or sentinel clot was seen on initial EGD and therapeutic intervention occurred. The patients were divided into two groups. Patients with use of endoscopic clip with or without injection therapy were placed in Group A and patients with thermocoagulation and/or injection therapy (but not endoscopic clips) were placed in Group B. Only the in-hospital rebleeding rate was assessed. Rebleeding was documented either by convincing clinical picture or by endoscopic evidence.

Results: A total of 213 patients met the inclusion criteria. 78 patients were placed in Group A. None of the patients in Group A had rebleeding (0/78). 135 patients fell into Group B. Eight patients in Group B (8/135, 5.9%) rebled, with one requiring surgery. This agrees with previously published data. The rebleeding rate of 0% in Group A was significantly lower than in Group B (p value <0.03 using one-sided Fisher's exact test). Both groups A and B had comparable proportions of patients with visible vessel or active bleeding (44.87% for Group A compared to 45.19% for Group B).

Conclusion: In non-variceal acute UGI bleeding, the use of endoscopic clips alone or in combination with injection therapy is associated with a lower in-hospital rebleeding rate than is thermocoagulation and/or injection therapy without endoscopic clip therapy. Endoscopic clips should be regarded as the therapy of choice in NVAUGIB. Injection therapy alone or combination therapy with injection and thermocoagulation for NVAUGIB should be reserved for those situations where the application of endoscopic clips is not feasible or not successful and when the clips are not available.

029 Late Breaking Abstract

GENE EXPRESSION BIOMARKERS CAN PREDICT SUSTAINED VIROLOGIC RESPONSE (SVR) EARLY AFTER INITIATION OF PEGYLATED INTERFERON ALFA (PEG-IFN) AND RIBAVIRIN (RBV) IN PATIENTS WITH GENOTYPE 1 CHRONIC HEPATITIS C (CH-C)

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Responsiveness to HCV therapy depends on both viral and host factors. Patients with HCV genotype 1 (G1) have lower SVR rates. Determining rapid virologic response (RVR) after 4 weeks of therapy and early virologic response (EVR) after 12 weeks of therapy can be helpful in the management of patients with CH-C. Nevertheless, an accurate biomarker to predict SVR early during the course of antiviral therapy is currently lacking. Aims: Develop a gene expression biomarker predicting SVR early during anti-viral therapy of patients with HCV-G1. Methods: 44 CH-C patients with G1 (19 treatment-naïve and 25 non-responders (NR) to previous treatment) were started on PEG-IFN+RBV (standard doses of PEG-IFN alpha 2a or 2b and RBV). Blood samples were collected prior to treatment, 1 day, 1 week, 4 weeks, and 8 weeks after treatment. Treatment with antiviral therapy was continued for 48 weeks (if EVR was achieved and week-24 HCV RNA was undetectable). SVR was defined as undetectable HCV RNA 24 weeks after discontinuation of treatment. From the blood samples obtained at different time points, total RNA was extracted, quantified and used for one step RT-PCR to profile 317 mRNAs (160 genes consisting of interferon-inducible, interferon pathway, immune response, and housekeeping genes). Expression levels of mRNAs were normalized with 6 "housekeeping" genes and a reference RNA. Multiple regression and stepwise selection were performed to assess differences in gene expression at different time points and predictive performance was evaluated for each model. Results: Demographics: Patients were 49.11 ± 6.96 years old with 54.5% males and 68.2% Caucasians. After 24 hours of antiviral treatment, SVR was predicted by IL1B and ADAM9 genes in G1-naïve patients (Model p-value = 0.0091, area under curve (AUC) = 0.909, Sensitivity = 0.857, Specificity = 0.909) and by IFIT2 and JAK1 gene expression levels in G1-NR patients (Model p-value = 0.0005; AUC = 0.917, Sensitivity = 1.000, Specificity = 0.750). After 7 days of antiviral treatment, SVR for G1-naïve patients was predicted by the gene expression of PRKRIR (Model p-value = 0.009, AUC = 0.845, Sensitivity = 1.000, Specificity = 0.750) and by the gene expression of IRF4, BAG1, SOCS6, GMPR, LYN and SDCPB in G1-NR patients (Model p-value = 0.0014; AUC = 0.991, Sensitivity = 1.000, Specificity = 0.923).

Conclusions: A panel of non-invasive gene expression biomarkers is developed to predict SVR in G1 CH-C patients. This biomarker panel can become very useful during treatment of patients with HCV.

030

DYSPEPTIC SYMPTOMS IN AN ASPIRIN (ASA)-USING POPULATION: CELECOXIB VERSUS NAPROXEN PLUS LANSOPRAZOLE

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Purpose: To evaluate new or existing dyspepsia-like symptoms in patients taking ASA with either celecoxib or naproxen plus lansoprazole.

Methods: In a 12-wk prospective, randomized, double-blind trial, prevalence of endoscopic ulcers was evaluated in 1045 subjects taking daily ≤ 325 mg ASA and 200mg celecoxib QD (CEL) or 500mg naproxen BID with 30mg lansoprazole QD (NAP/LAN). At baseline and after 4, 8 and 12 wks of treatment, dyspepsia symptoms were assessed using both a 4-point scale [0 (none) to 3 (severe)] and Severity of Dyspepsia Questionnaire (SODA).

Results: As previously reported, endoscopically confirmed prevalence of gastroduodenal ulcers was 9.9% CEL (42/426) and 8.9% NAP/LAN (38/428). Baseline mean combined dyspepsia scores (sum of severities for abdominal pain, nausea, vomiting, and heartburn) were similar (CEL 1.8, NAP/LAN 1.7), and the mean increase from baseline was greater in CEL versus NAP/LAN at wks 4 (+0.7 vs +0.3, $p=0.012$), 8 (+0.7 vs +0.5, $p=NS$) and 12 (+0.8 vs +0.5, $p=0.043$). Among those with dyspepsia at baseline (212 NAP/LAN, 220 CEL), more subjects reported symptom resolution with NAP/LAN versus CEL at wks 4, 8, and 12 (31 vs. 18%; 33 vs. 15%; and 32 vs. 19%, respectively; $p\leq 0.003$). Among those without dyspepsia at baseline, similar proportions developed new-onset dyspepsia (36-42% CEL, 36-38% NAP/LAN). More subjects treated with NAP/LAN reported improvement in heartburn and belching compared to those treated with CEL at wks 4, 8, and 12 ($p<0.05$). In the 299 subjects who completed SODA, mean baseline scores were similar between the NAP/LAN and CEL treatment groups (16.3 vs 15.8 pain intensity, 13.9 vs 14.0 nonpain symptoms, 14.1 vs 13.6 satisfaction, respectively). A greater mean improvement from baseline in the nonpain symptoms scales was observed at wks 4 and 8 in NAP/LAN versus CEL (-0.5 vs. +0.4 at wk 4; -0.7 vs. +0.4 at wk 8; $p\leq 0.025$ for each). There were no other significant differences between NAP/LAN and CEL groups in SODA scores. There was no significant difference in the proportions of subjects who discontinued the study due to GI symptoms (CEL 1.2% vs NAP/LAN 1.3%).

Conclusion: While the incidence of new-onset dyspepsia symptoms in both groups of ASA-users was similar, subjects with baseline dyspeptic symptoms improved to a greater extent with NAP/LAN than with CEL.

Disclosure - Dr. Jay Goldstein-consultant to and has received honoraria, travel expenses, educational grants and research grants from TAP Pharmaceutical Products Inc., Astra Zeneca, Merck, Novartis, Pozen, Takeda/Sucampo, GlaxoSmithKline, Given and Pfizer. Dr. Byron Cryer-consultant to and has received honoraria from TAP Pharmaceutical Products Inc., Pfizer, Merck and Astra Zeneca. Barbara Hunt-an employee of TAP Pharmaceutical Products Inc. Justin Boike has no conflicts to disclose.

031

ADJUDICATION OF GI EVENTS FROM LONG-TERM PLACEBO-CONTROLLED TRIALS PROVIDES EVIDENCE FOR GI SAFETY AND TOLERABILITY OF CELECOXIB VS PLACEBO

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Purpose: To analyze incidence of clinically significant upper or lower gastrointestinal adverse events (CSULGIEs) of celecoxib vs placebo, using adjudicated gastrointestinal (GI) data from the Adenoma Prevention with Celecoxib (APC), and Prevention of Colorectal Sporadic Adenomatous Polyps (PreSAP) studies.

Methods: In APC, 2035 subjects were randomized to celecoxib 200 mg BID, 400 mg BID, or placebo for 3 years. In PreSAP, 1561 subjects were randomized to 400 mg QD or placebo for 3 years. Adverse events (AEs), bleeds, perforations, obstructions or ulcers were evaluated up to 30 days last dose by a blinded GI Endpoint Adjudication Committee (GIEAC). Subjects with GI AEs, GI-related deaths, or Hb fall 3g from baseline were included. Time between first dose and CSULGIE was analyzed by a Cox proportional hazards model, stratified by study, with aspirin as covariate. Age, gender, clinical history were also analyzed.

Results: Of total population reporting AEs ($n=3588$), 97 subjects met inclusion criteria and were reviewed by the GIEAC. 54 were adjudicated as having CSULGIEs (1.62% for celecoxib; 1.30% for placebo). Incidence of CSULGIEs was higher among aspirin-users in both groups (2.99% vs 1.17% celecoxib; 2.83% vs 0.81% placebo). No significant difference was shown in hazard ratio (HR) or relative risk (RR) of celecoxib vs placebo. HR of celecoxib vs placebo was 1.24 with upper 0.025 CI at 2.21 (rejects non-inferiority). There were no significant differences in RR of CSULGIEs between treatments in either aspirin (RR 1.06, 95% CI 0.48, 2.34, $P=0.894$) or non-aspirin users (RR 1.44, 95% CI 0.64, 3.25, $P=0.374$). Aspirin and age were significant contributors of toxicity.

Conclusion: In this pooled analysis, testing for non-inferiority, incidence of CSULGIEs was equivalent for celecoxib and placebo. Importantly, there were few events and the analysis was underpowered. These findings support celecoxib's long-term GI safety and tolerability, and show long-term aspirin use is associated with significant GI toxicity.

	P-value	HR	95% CI
Celecoxib	NS	1.25	0.71-2.23
Aspirin	0.0006	2.63	1.52-4.57
Age (> 65 y)	0.0366	1.79	1.04-3.08

032A

OPTIMIZING THE DETECTION OF FUNDIC GLAND POLYP DYSPLASIA IN SUBJECTS WITH FAMILIAL ADENOMATOUS POLYPOSIS

2007 ACG/AstraZeneca Senior Fellow Abstract Award

Laura K. Bianchi, MD, Ana E. Bennett, MD, Rocio Lopez, MS, Hennie Hasson, RN, and Carol A. Burke, MD*. Gastroenterology, Cleveland Clinic, Cleveland, OH; Anatomic Pathology, Cleveland Clinic, Cleveland, OH and Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH

Purpose: Dysplasia in fundic gland polyps (FGPs) is common in familial adenomatous polyposis (FAP) and gastric cancer is reported arising from FGPs in FAP. Optimal biopsy protocols are elucidated for dysplasia detection in IBD and Barrett's, but have not been investigated for dysplasia detection in FGPs in FAP. Our aim was to determine the most effective biopsy strategy for the detection of dysplasia in FAP FGPs.

Methods: A systematic protocol was utilized to biopsy FGPs from consecutive pts with FGPs undergoing routine endoscopic surveillance for FAP. FGP number (1-20, 21-30, >30) and size (1-4 mm, 5-10 mm, > 10mm) was recorded. The stomach involved with FGPs was visually divided into equal segments: proximal, middle, distal. Equal numbers of FGPs were biopsied from each segment. If 1-20 FGPs, 9 biopsies obtained. If 21-30 FGPs, 15 biopsies obtained. If > 30 FGPs, 21 biopsies obtained. Directed biopsies were obtained from large (>1 cm) and irregular appearing FGPs. One gastrointestinal pathologist blinded to the endoscopic findings interpreted all histology.

Results: 66 subjects (48% female) with a mean age of 43.6 yrs. 8% reported a family history of gastric cancer. Dysplasia was detected in 41% (2 subjects with high grade dysplasia (HGD), 25 subjects with low grade dysplasia (LGD)). 12% (3/25) had LGD in all three sets of polyps biopsied; 32% (8/25) had LGD in FGPs biopsied from the proximal segment; 52% (13/25) had LGD in FGPs from the middle segment, and 48% (12/25) with LGD in FGPs from the distal segment. Biopsies from proximal and middle segments missed 36% of subjects with LGD; biopsies from middle and distal segments missed 20% of LGD. 8% (2/25) of subjects with LGD were detected on directed biopsies alone. 100% (2/2) of subjects with HGD were detected in directed biopsies of large or irregular FGPs. 89% of subjects with dysplasia were detected by either directed biopsies of large or irregular FGPs or random biopsies from the distal 2/3 of the stomach.

Conclusion: LGD was not uniformly distributed among FGPs. HGD was detected only in directed biopsies. The yield for dysplasia detection was greatest when directed biopsies of large (>1 cm) and irregular FGPs were combined with random biopsies obtained from FGPs in the distal 2/3 of involved mucosa.

032B

FUNDIC GLAND POLYP DYSPLASIA IS COMMON IN FAMILIAL ADENOMATOUS POLYPOSIS

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: Fundic gland polyps (FGPs), common in Familial Adenomatous Polyposis (FAP), have been considered non-neoplastic, but gastric cancer is reported arising from them. This implies a dysplasia-carcinoma sequence, but the prevalence of FGP dysplasia has not been well studied. We sought to prospectively determine the prevalence of FGPs and FGP dysplasia in FAP via a systematic biopsy protocol and to identify endoscopic or demographic features associated with FGPs or FGP dysplasia.

Methods: Demographic and medical information (age, gender, race, family history of gastric cancer, exposure to tobacco, NSAIDs, or acid suppressive medications-PPI/H2RA) were obtained from consecutive FAP patients undergoing routine surveillance EGD. Endoscopic findings were recorded: FGP number (1-20, 21-30, >30), size (1-4 mm, 5-10 mm, >10 mm), duodenal polyposis stage, presence of H pylori. The stomach involved with FGPs was visually divided into equal segments: proximal, middle, and distal. Equal numbers of FGPs were biopsied from each segment. Directed biopsies were obtained from large (>1 cm) and irregular appearing FGPs. One gastrointestinal pathologist who was blinded to the endoscopic findings interpreted all histology.

Results: 75 subjects (52% male) with a mean age 44 yrs were included. 88% (66/75) of subjects had FGPs. H. pylori was detected in 33.3% of subjects without and 1.5% of subjects with FGPs ($p=0.005$). 38% (25/66) of subjects had LGD and 3% (2/66) had HGD. After adjusting for stage of duodenal polyposis, presence of antral gastritis, size of largest FGP and tobacco exposure, multivariable logistic regression analysis found PPI/H2RA use had a protective effect against FGP dysplasia (OR 0.15, 95% CI 0.02-0.95). Subjects with > 30 FGPs were 9.4 times more likely to have dysplasia than subjects with < 20 FGPs (OR 9.44, 95% CI 0.96, 92.55). For every increase in stage of duodenal polyposis the odds of having dysplasia nearly doubled (OR 1.91, 95% CI 0.87, 4.19).

Conclusion: The majority of FAP patients have FGPs and FGP dysplasia is common in FAP. There is a negative association between FGPs and presence of H pylori. FGP dysplasia is associated with increased number of FGPs and increased stage of duodenal polyposis. Use of acid suppressive medications has a protective effect against dysplasia in FGPs.

033

COST-BENEFIT OF PPI GASTROPROTECTION AMONG ELDERLY NSAID USERS

2007 ACG Auxiliary Award (ACG Member/Fellow)

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Purpose: Our aim was to quantify national cost-benefit of proton pump inhibitor (PPI) gastroprotection in a cohort of elderly NSAID users.

Methods: Veterans ≥ 65 years prescribed an NSAID or coxib at a VA facility (01/01/00-12/31/02) were identified from national prescription fill data and records linked to VA and Medicare inpatient, outpatient and death files. Using our published algorithm, we defined UGIE and assessed related endoscopic, radiological or surgical procedures, ambulatory visits and inpatient hospitalization days. The VA National Average Cost Dataset was used to assess healthcare utilization costs, apportioned as recommended by published methodology. Pharmacy costs, from the VA Pharmacy Benefits Management program, were considered cumulative from the index NSAID prescription to the UGIE. Each person-day of follow-up was assessed for exposure to NSAID, coxib and overlapping PPI. Regression models assessed whether PPI gastroprotection resulted in reduced healthcare use, while adjusting for demographics; UGIE risk factors; co-morbidity; prescription channeling (i.e., propensity score); geographic location and multiple time-dependent pharmacological covariates, including aspirin, anticoagulants, antiplatelets and statins.

Results: In 481,495 veterans, 3,205 UGIE (97.3% male; 78.6% white; mean age, 73.9 [SD 5.7]), occurred in 293,594 person-years of follow-up. Of these UGIE, 36.9% were treated by the VA (i.e., VA-UGIE), costing \$5.05 million, 97% of which (\$4.9 million) was related to medical resource use and \$150,000 to pharmacy costs. Of VA-UGIE patients, 50% were hospitalized; the 33.8% prescribed a PPI were less likely to be hospitalized (OR 0.39; 95% CI: 0.30-0.52) and had a lower median total medical cost than those not prescribed a PPI (\$522.14 [IQR 1935] vs. \$1,268.91 [IQR 4176]; $p < 0.001$). PPI prophylaxis for an NSAID-related UGIE requires an additional \$234 per veteran. However, this increase is offset by a \$2,019 reduction in total medical costs per veteran.

Conclusion: PPI gastroprotection for high-risk elderly patients is associated with fewer NSAID-related UGIE and reduced hospitalization and associated resource costs. Reduced resource costs offset higher pharmacy-related costs, making PPI gastroprotection beneficial for elderly veterans.

034

STATIN USE AND THE RISK OF CHOLECYSTECTOMY IN WOMEN

2007 ACG/Wyeth Gender Based Research Award

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Purpose: Statins are recently shown to exert beneficial pleiotropic effects beyond reducing serum cholesterol levels. Statins can reduce biliary cholesterol secretion independent of inhibition of cholesterol synthesis, and have been shown to prevent gallstone formation in animals. The effect on gallstone disease in humans is unclear.

Methods: We examined the relation of statin use to the risk of cholecystectomy in a large cohort of women. As part of the prospective cohort study on women's health in U.S., the women who had no history of gallstone disease reported biennially if they had undergone cholecystectomy, a surrogate of symptomatic gallstone disease. A validation study was conducted. Based on when the exposures of interest were queried, two follow-up periods were used. In 2000 women were first asked to report separately if they regularly used statins. Statin users were asked to further specify duration of use in two-year categories up to six or more years. Retrospective analysis for statins using data collected in 2000 to define use from 1994 forward. Prospective analysis for general lipid-lowering drugs was conducted during the same study period. Responses to the 2000 questionnaire indicated that by that year approximately 93% of the cholesterol-lowering drugs used in this cohort were statins. Analysis of statin use included 53,611 women, and analysis of general lipid-lowering drugs use included 56,953 women. Multivariate relative risks were assessed using the Cox model.

Results: In the statin analysis we ascertained 2,581 cases of cholecystectomy during 305,197 person-years of follow-up. The multivariate relative risk (R.R.) for current statin users, compared with nonusers, was 0.82 (95% confidence interval (C.I.), 0.70 to 0.96). Among diabetic women, longer duration of statin use (≥ 2 years) was associated with a seventy-five percent risk reduction. Compared with diabetic nonusers, the R.R. for current diabetic users for two or more years was 0.25 (C.I., 0.07 to 0.88). In the general cholesterol-lowering drugs analysis, we ascertained 2,434 cases of cholecystectomy during 298,726 person-years of follow-up. Compared with nonusers, the R.R. for current users of general cholesterol-lowering drugs, mostly statins in this cohort, was 0.86 (C.I., 0.75 to 0.99).

Conclusion: Our findings suggest that statin use, particularly among diabetic women, may reduce risk of cholecystectomy.

035

DISPARITY IN GASTROENTEROLOGY: IS IT JUST "ACADEMIC" OR A SIGNIFICANT PROBLEM? A 10 YEAR PROSPECTIVE COHORT STUDY

2007 ACG/Radhika Srinivasan Gender Based Research Award

Aparajita Singh, MD, and Carol A. Burke, MD*. For the Women in GI Committee of ACG, Gastroenterology, Cleveland Clinic, Cleveland, OH

Purpose: Our previous data demonstrated disparity in income, family and practice patterns between men and women in GI. We sought to identify disparities between Private (PP) and Academic practice (AP) or between men & women within these practice types, 10 years after fellowship.

Methods: A 36-question survey was sent originally to a cohort of 390 GI fellows at the time of graduation, and 3, 5 and 10 yr later. We herein analyzed yr-10 data for practice and gender differences using t-test for continuous, chi square for categorical variables and linear regression for adjusted income.

Results: 171 individuals (149 men, 22 women) responded. 77% are in PP and 23% in AP. 81% of men and 50% of women are in PP.

PP vs AP:

Compared to PP, academicians were more often married to a physician (44% vs 22%, $P = 0.01$) and childless (13% vs 1.5%, $P = 0.01$). Respondents in PP worked less hrs/wk but made significantly higher income than those in AP.

Table 1: PP vs AP

	PP	AP	P-value
Mean income/yr	391K	253K	<0.001
Dollars/hr income	148	90	<0.001
Work hrs/wk	52	56	0.04
Call days/month	9	5	<0.001
Vacation wks/yr	5	4	0.07
CME days/yr	6	9	<0.01

Gender Disparity in PP vs AP:

In both PP and AP women's annual income was lower than men's. In PP women work less hrs/wk, take less call-days and more vacation than men. However, in AP, no significant difference in work-hr or vacation time was noted between men and women.

Multivariate analysis adjusting for work hrs, vacation time, call days and practice ownership shows the annual income of women is \$100K less than men in AP ($P = 0.003$), and \$60K less in PP ($P = 0.08$).

Table 2: Gender Disparity: PP vs AP

	PP			AP		
	Male (n=121)	Female (n=11)	P-value	Male (n=28)	Female (n=11)	P-value
Mean income/yr	399K	317K	0.04	282K	179K	0.04
Dollars/hr income	149	142	0.59	97	75	0.09
Work hrs/wk	53	43	<0.01	58	52	0.19
Call days/month	9.7	4.8	0.02	5.4	4.4	0.51
Vacation wks/yr	4.9	8.1	<0.01	4.1	4.2	0.63

Conclusion: Gastroenterologists in AP work longer hours but get paid significantly less than those in PP. Significant disparities in earnings and family structure exist for women in both PP and AP. While a greater proportion of women than men are in AP the disparity in income is greatest for women in that practice setting. Recognition of these disparities is imperative and steps to minimize these in both AP and PP are warranted.

036

SEQUENTIAL THERAPY IS SUPERIOR TO STANDARD THERAPY FOR TREATMENT OF *HELICOBACTER PYLORI* INFECTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Purpose: Authorities continue to recommend standard PPI-based triple or quadruple therapy for the treatment of *H. pylori* infection despite failure of eradication in around a quarter of patients. Sequential therapy (ST) (5 days of PPI + 1 antibiotic followed by 5 days of PPI + 2 other antibiotics) may be more efficacious.

Methods: We performed a systematic search for randomized controlled trials (RCTs) comparing ST with standard therapy for *H. pylori* infection in Medline, EMBASE, and the Cochrane Central Register of Controlled Trials using Pubmed, Google Scholar and Ovid as search engines without language restriction. We also hand searched the references of original/review articles and evaluated symposia proceedings, poster presentations and abstracts from major gastrointestinal meetings. Relative risks (RR) were calculated for individual trials; data were pooled using a fixed effects model. Relative risk reduction (RRR), absolute risk reduction (ARR) and number needed to treat (NNT) were calculated and are reported with 95% confidence intervals (CI). Study quality was assessed with the Jadad scale. Results were subjected to sensitivity analysis.

Results: 8 RCTs comprising 2202 patients (1071 men) met eligibility criteria. Mean age ranged from 9-97 years. 1095 patients were randomized to sequential therapy and 1107 to standard therapy. ST was superior with respect to eradication rates; RRR=22% (95% CI: 18-27%), ARR=17% (14-20%), NNT=6 (5-7), and for ulcer healing; RRR=17% (10-25%), ARR=11% (7-16%), NNT=9 (6-14). Compliance was similar in both arms (RR 0.99, 95% CI: 0.97-1.01). ST was superior in adults (RRR=22% (18-27%), ARR=17% (14-20%), NNT=6 (5-7)), as well as in smokers (RRR=25% (9-43%), ARR=19% (9-29%), NNT=5 (3-11)); and in patients with non-ulcer dyspepsia (NUD) (RRR=25% (18-33%), ARR=19% (14-23%), NNT=5 (4-7)). When evaluating only RCTs of high quality (Jadad score ≥ 3) there was still a benefit to ST (RRR=17% (11-24%), ARR=14% (9-18%), NNT=7 (5-11)). Lack of significant heterogeneity was noted among RCTs, except for ulcer healing. Side effect profile was similar in both arms.

Conclusion: ST appears superior to standard therapy for eradication of *H. pylori* infection and ulcer healing. It also produced superior eradication rates in smokers and in patients with NUD. These outcomes were consistent by sensitivity analysis. However, all identified RCTs were from Italy, and results may not be replicable in the US. This approach should be tested in US-based RCTs.

037

MISSING CANCERS VS PROCEDURE-RELATED COMPLICATIONS: BALANCING THE MEDICO-LEGAL RISKS OF SURVEILLANCE COLONOSCOPY

2007 ACG/AstraZeneca Senior Fellow Abstract Award

Sameer D. Saini, MD, Sandeep Vijan, MD, and Philip S. Schoenfeld, MD*. Gastroenterology, University of Michigan, Ann Arbor, MI and Internal Medicine, University of Michigan, Ann Arbor, MI

Purpose: Data suggest that gastroenterologists perform surveillance colonoscopy more often than recommended by guidelines. This practice may be driven by medico-legal concerns over missed cancers. Though more frequent colonoscopy may reduce the risk of missed cancers, it also increases the risk of procedure-related complications. According to malpractice data, such complications, particularly colonic perforation, are the most common reason for litigation against gastroenterologists. Yet, no study has compared the frequency of missed cancers and colonic perforations in patients undergoing "intensive" vs recommended colonoscopic surveillance.

Methods: We developed a Markov model to determine the number of opportunities for litigation in a cohort of 1000 men/women ≥ 50 yrs of age with a new diagnosis of colon adenomas. We modeled 2 surveillance strategies: (1) an "intensive" strategy with colonoscopy every 3 years in all patients; and, (2) a "recommended" strategy with colonoscopy every 3-5 yrs based on current guidelines. The base-case assumptions (and ranges for sensitivity analysis) were: (1) risk of colonic perforation: 0.25% (0.1%-0.4%); (2) relative risk of litigation due to missed cancer vs perforation: 1.0 (1.0-3.0); and, (3) advanced adenoma miss rate: 6% (0%-12%).

Results: In the base-case analysis, the "intensive" strategy resulted in 46 opportunities for litigation over the lifetime of the cohort (22 perforations & 24 missed cancers). In contrast, the "recommended" strategy endorsed by current guidelines resulted in only 40 opportunities for litigation (14 perforations & 26 missed cancers). In sensitivity analysis, the number of opportunities for litigation under the "intensive" strategy was greater than under the "recommended" strategy even when the perforation rate was reduced (0.1%), when the relative risk of litigation due to an interval cancer was increased (3-fold), or when the advanced adenoma miss rate was increased (12%).

Conclusion: Compared to the recommended strategy, more intensive surveillance is associated with slightly fewer missed cancers but substantially more colonic perforations, resulting in more opportunities for litigation. This result was robust to a wide range of assumptions in sensitivity analysis. Endoscopists who disregard current guidelines and perform more intensive surveillance out of concern for missed neoplasia should carefully weigh the competing risk of procedure-related complications.

038

GENDER DIFFERENCES AND BARIATRIC SURGERY OUTCOME

ACG Naomi Nakao Gender Based Research Award

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Purpose: Bariatric surgery is an effective treatment for obesity, however it does not lead to equal results in every patient. Although the prevalence of obesity in women in the US parallels the increase in men, little data exists on differences in predictors of bariatric surgery outcome between men and women. The aim of this study was to identify gender differences in predictors of weight loss success in the first year after bariatric surgery.

Methods: The charts of all patients who underwent laparoscopic adjustable gastric banding (LAGB) or Roux-en-Y gastric bypass (RYGB) between 10/1/2000 and 10/31/2005 were reviewed. Demographic data, social history, past psychiatric history, personal and family history of obesity, self and professionally assessed eating behavior, as well as post-op data on excess body weight loss at 1, 3, 6 and 12 months follow-up were collected for each patient. Post-op weight loss success was defined as $>50\%$ of excess weight loss (EWL) at 12 months.

Results: A total of 1,722 patients were evaluated and 635 without follow-up data at 12 months were excluded. Among the 1,087 analyzed individuals, 994 (88%) had the LAGB and 136 (12%) had RYGB. Women made up 73% and 83% of patients in the LAGB and RYGB groups respectively. The mean age was 41 ± 12 y and 44 ± 12 y for women and men respectively. The racial distribution was similar in both groups. The initial mean BMI was 44.8 kg/m^2 and 47.7 kg/m^2 for women and men. 70% of men were married, compared to only 48% of women ($p < 0.001$). Women had a higher number of negative pre-op social psychiatric factors compared to men (7.4 ± 3 vs. 6.3 ± 3 , $p < 0.001$), but were more likely to achieve successful EWL compared to their male counterparts (53% vs. 38%, $p < 0.001$). Factors that were predictive of successful EWL among women included late night eating ($p = 0.018$), not eating carbohydrates ($p = 0.020$), being socially avoidant ($p = 0.029$), and having a marriage that was impacted by obesity ($p = 0.016$). None of these factors were predictive of post-op weight loss success in men.

Conclusion: In this cohort we identified significant gender differences in bariatric surgery outcome as well as in the predictors of successful post-op weight loss. Further evaluation is warranted to better understand the impact of these factors on long-term weight loss outcome.

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TOWARD BETTER PROGNOSTIC MODELING IN ACUTE LIVER FAILURE

2007 ACG Governors Award Recipient for Excellence in Clinical Research

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Purpose: Previous prognostic scores in ALF have reasonable specificity but inadequate sensitivity. To improve predictions, we explore a new model system that controls for the variable of coma severity.

Methods: Prospective data from more than 1,000 ALF patients enrolled in the United States ALF Study were used to explore whether basic lab values at time of progression to encephalopathy stage II or III, rather than at hospital or study admission, might be more useful in predicting outcomes. We also grouped patients according to ALF etiologies associated with favorable (acetaminophen, hepatitis A and ischemia) versus unfavorable (all other causes) outcomes. In separate logistic regression analyses we used standard laboratory measures from the first hospital day that stage II or III encephalopathy was reached. Patients with missing data for any variable included in the model were excluded. Pairs of logistic regression models used lab values and etiology groups to predict the following: death versus survival at 3 weeks, death or transplantation versus transplant-free (spontaneous) survival at 3 weeks, and transplantation versus no transplantation at 3 weeks.

Results: Well-fitting models were developed using standard laboratory parameters (Table).

At arrival to coma grade II or III, death or transplantation was associated with higher Cr, INR, and total bilirubin, lower pH, and unfavorable etiology compared with spontaneous survival.

Conclusion: Using basic lab values at time of initial coma progression to stage II or III may yield more accurate prognostic models. Grouping by etiology is also important. Such a prognostic score should be clinically useful since predicting need for transplant is crucial at the time of listing, usually at or near grade II or III.

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Final Coma Grade	Variables	Transplant-free survival	Transplant-free survival	Transplant-free survival	Transplant-free survival
1 or higher	Cr (mg/dL)	1.16	0.0001	1.16	0.0001
	INR	1.16	0.0001	1.16	0.0001
	Total Bilirubin (mg/dL)	1.07	0.0001	1.07	0.0001
	pH	0.94	0.0001	0.94	0.0001
	Acetaminophen (mg/kg)	0.0001	0.0001	0.0001	0.0001
2 or higher	Cr (mg/dL)	1.16	0.0001	1.16	0.0001
	INR	1.16	0.0001	1.16	0.0001
	Total Bilirubin (mg/dL)	1.07	0.0001	1.07	0.0001
	pH	0.94	0.0001	0.94	0.0001
	Acetaminophen (mg/kg)	0.0001	0.0001	0.0001	0.0001

040

VENOUS THROMBOEMBOLISM IN PATIENTS WITH CIRRHOSIS

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Purpose: It is the general notion that cirrhotic patients do not suffer from DVT/PE as they are naturally anticoagulated. However, there are no studies that objectively addressed if patients with cirrhosis have lower frequency of venous thromboembolism (VTE). Therefore, we conducted a case-control study to examine the relationship between cirrhosis and VTE.

Methods: A case-control study of patients seen at Wishard Hospital between 1995-2005 was performed using the Regenstrief Medical Record System. Cases were defined as hospitalized patients with biopsy and/or imaging plus clinical evidence of cirrhosis. Age, gender, and race-matched patients with no known evidence of cirrhosis seen during the same time period served as controls. The development of VTE was identified by the ICD-9 codes followed by cross referencing studies with Doppler ultrasound, V/Q scan, and CT chest. Subjects previously hospitalized with VTE were excluded. Charlson Index was calculated to determine the comorbidity. Patients with cirrhosis were also compared to age, gender, race, and Charlson Index matched non-cirrhotic patients with other chronic illnesses including chronic kidney disease (CKD), congestive heart failure (CHF), and five most common cancers in the US. Logistic regressions were performed to identify variables with predictive value.

Results: This study consisted of 963 cirrhotics (51 \pm 11 yrs, females 34%, and Caucasians 60%) and 12,405 controls (51 \pm 11 yrs, females 36%, and Caucasians 60%). Patients with cirrhosis had VTE (1.8%) and this is significantly higher than the controls (0.9%, OR: 1.78, $p = 0.007$). The Charlson Index in cirrhotic patients was higher than that in controls (3.2 \pm 1.8 vs. 0.9 \pm 1.5, $p < 0.001$). However, in the combined cohort, cirrhosis (OR 0.87, 95%CI 0.2-2.6) and Charlson index (OR 0.93, 95% CI 0.74-1.16) were not independently associated with VTE. PTT (OR 0.88: 95%CI 0.84-0.94) and serum albumin (OR 0.47, 95%CI 0.23-0.93) were the independent predictors of VTE in the entire cohort. The risk of VTE in cirrhotics was much lower than those with other medical illnesses: 7.1% in CKD (OR 0.25; 95% CI 0.15-0.41), 7.8% in CHF (OR 0.23, 95%CI 0.14-0.37), and 6.1% in cancers (OR 0.29, 95%CI 0.17-0.52).

Conclusion: Underlying cirrhosis seems to be protective against VTE when compared to other chronic illnesses. However, patients with cirrhosis do not have lower risk of VTE compared to non-cirrhotic controls. PTT and serum albumin were independent predictors of VTE in cirrhotic patients.

041

HEPATITIS B (HBV) PATIENTS UNDERGOING CHEMOTHERAPY: WHO GETS SCREENED AND WHAT PROPHYLAXIS IS GIVEN? A QUESTIONNAIRE SURVEY OF ONCOLOGISTS

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Purpose: Chemotherapy is well-described as a risk factor for reactivation of HBV infection, although the degree of awareness of this potentially fatal complication has not been well studied among practicing oncologists.

Methods: We developed a questionnaire that was verbally administered to 131 Heme-Onc physicians in the Washington, DC metropolitan area in early 2007 that sought to assess their awareness of Hep B reactivation, their current practice of screening for HBV and their recommendations for giving antiviral prophylaxis to their chemotherapy patients.

Results: Respondent answers as follows: (1) Are you aware that reactivation of HBV can occur with chemotherapy? Yes 78%; No 22%. (2) Have you ever seen HBV reactivation in this setting? Yes 30%; No 70%. (3) Which patients do you screen for HBV: abnormal LFTs 70%; from Asia or Africa 32%; coinfectd with HCV 70%; coinfectd with HIV or Hx IVDU 58%; healthcare worker 50%; Hx of transfusions 54%; homosexual men 60%. (4) Which HBV pt should receive prophylaxis? chronic carrier 46%; active infection 76%; resolved HBV 52%. (5) Do you prescribe prophylaxis yourself? Yes 28%; No 72%. (6) Which antiviral therapy would you use? Lamivudine 46%; adefovir 14%; not sure 48%. (7) How would you monitor for HBV reactivation? LFTs 46%; viral serology 36%; clinical signs/Sxs 32%; not sure 26%. (8) How frequently would you monitor? q2wk 4%; q4wk 18%; q6wk 14%; q8wk 16%; q12 wk 12%; not sure 36%. (9) How long should prophylaxis continue after chemotherapy? 4wk 8%; 8 wk 15%; 12wk 71%; 16wk 8%. (10) Would you want a gastroenterologist/hepatology to follow the pt during prophylaxis? Yes 88%, No 12%; and after prophylaxis? Yes 26%, No 74%.

Conclusion: Most practicing oncologists have not personally encountered HBV reactivation during chemotherapy, and relatively few currently screen universally for HBV or are aware that antiviral prophylaxis is available. Over 80% would defer treatment to a specialist. Raising awareness among oncologists of current recommendations for screening and providing HBV prophylaxis to chemotherapy patients is clearly warranted.

Disclosure - Dr. James H. Lewis-speakers bureau BMS, Gilead, Novartis. Dr. Arash Farhadi-none. Dr. Omar S. Khokhar-none. Dr. Lisa McGrail-none.

042

SYSTEMIC AND PULMONARY HEMODYNAMICS IN PATIENTS WITH EXTRA-HEPATIC PORTAL VEIN OBSTRUCTION (EHPVO)

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Purpose: Extra-hepatic portal vein obstruction (EHPVO) is a common cause of portal hypertension and variceal bleeding. Few studies have been done on hemodynamic alterations in patients with non-cirrhotic portal hypertension especially EHPVO in contrast to many reports on hemodynamics in cirrhotics. We evaluated alterations of systemic and pulmonary vascular system in patients with EHPVO and compared them with patients with compensated cirrhosis. The rationale for this investigation was to study the role of portal hypertension *per se* on systemic and pulmonary hemodynamics in EHPVO as compared to the hemodynamic changes produced by hepatic dysfunction *plus* portal hypertension in cirrhotics.

Methods: Consecutive patients of EHPVO, ≥ 15 years of age were included. Controls were consecutive patients with compensated cirrhosis and history of variceal bleed, matched for variceal status (to ensure that they had same degree of portal hypertension) and body surface area, attending our department during the same period. The hemodynamic studies were HVP, right atrial pressure (RAP), pulmonary arterial pressure (PAP), pulmonary capillary wedge pressure (PCWP) and mean arterial pressure (MAP). Cardiac output (CO), systemic vascular resistance and pulmonary vascular resistance were calculated.

Results: The baseline parameters in the two groups were comparable. Both EHPVO patients and cirrhotics had similar values in all the measured hemodynamic parameters. The mean cardiac output in EHPVO was 6.5 (± 2.6) L/min while it was 7.9 (± 3.2) L/min in cirrhosis ($p = 0.212$). The systemic vascular resistance in EHPVO was 1242 (± 494) dyn. cm^{-2} , which was similar to that in cirrhotics (1018 [± 355], $p = 0.167$). Similarly the values of pulmonary vascular resistance were comparable in the two groups (68 [± 60] vs. 71 [± 70], $p = 0.905$). A subgroup analysis was done of 8 patients of EHPVO and 8 age matched compensated cirrhotics which also revealed similar cardiac index, cardiac output, systemic vascular resistance index, systemic vascular resistance, pulmonary vascular resistance index, and pulmonary vascular resistance in the two groups.

Conclusion: EHPVO has features of hyperdynamic circulation, ie increased cardiac output, decreased systemic and pulmonary vascular resistance. These changes are similar to that seen in patients with cirrhosis. This suggests a predominant role of increased resistance and thus increased porto-systemic collateral circulation *per se* rather than hepatocellular injury in the genesis of these hemodynamic alterations.

043

N-BUTYL-2-CYANOACRYLATE IN GASTRIC VARICEAL BLEEDING – A STUDY TO DETERMINE THE SHORT AND LONG TERM EFFICACY OF THIS AGENT

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Purpose: Catastrophic bleeding from Gastric varices (GV) occurs in 20% of patients with portal hypertension, either alone or in combination with esophageal varices. Injection of fundal varices with *N-butyl-2-cyanoacrylate* (a tissue adhesive) has been used with varying success in this setting. The data on the long term efficacy of this modality is very limited.

Objective: 1) To study the short and long-term efficacy of *N-butyl-2-cyanoacrylate* in control of fundal variceal bleeding. 2) To determine the optimal technique and amount of tissue adhesive to be used in this setting.

Methods: This Cohort type of interventional study was conducted in a Tertiary care referral center. Patients presenting with haematemesis and melena who were found to have fundal varices as source of bleeding were included. *N-butyl-2-cyanoacrylate* and lipiodol were injected into the gastric varices at EGD. Patients were followed six monthly for one year or longer after endoscopy for rebleed or mortality.

Results: The study population included a total of 56 patients with M/F ratio of 0.8; predominant age group of 40-59 years. GOV-2 and IGV-1 were seen in 2/3 and 1/4 of patients respectively. Almost 2/3 of the patients (59%) also had esophageal varices with high-risk stigmata. The average amount of *N-butyl-2-cyanoacrylate* used was 1 cc. Good hemostasis was noted at initial injection in more than 90% of patients while bleeding leading to haemodynamic instability was noted in 5 patients. Follow up for 1 year was possible in 36 patients; clinical and demographic variables were comparable in both these groups. 6 (17%) out of the 36 patients with long-term follow up (> 1 yr) had rebleeding which was treated with re-injection or band ligation. Overall mortality was 4 (11.1%) with half of this due to rebleeding from gastric varices. The overall rate of rebleeding at one year was 17% which is comparable to several other studies. However the average amount of *N-butyl-2-cyanoacrylate* used in our study was significantly lower resulting in cost-savings.

Conclusion: 1) *N-butyl-2-cyanoacrylate* is a safe and effective mode of treatment for the short and long-term control of gastric variceal bleeding. 2) Smaller amounts of *N-butyl-2-cyanoacrylate* may be used with excellent efficacy in settings where cost remains a concern. 3) Most cases of rebleeding may be treated safely with *N-butyl-2-cyanoacrylate*.

044

EFFICACY OF RECOMBINANT HEPATITIS B VACCINE (rHBV) ALONE IN PREVENTING PERINATAL TRANSMISSION OF HEPATITIS B IS SIMILAR TO COMBINATION OF rHBV PLUS HEPATITIS B IMMUNOGLOBULIN (HBIG): A RANDOMIZED CONTROLLED TRIAL

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Purpose: HBIG is given along with rHBV to neonates born to HBsAg-positive mothers to prevent perinatal transmission of Hepatitis B (HBV). However HBIG is costly and not widely available. We compared the protective efficacy of combination of HBIG plus rHBV versus rHBV alone for prevention of perinatal transmission of HBV.

Methods: Neonates delivered of consecutive HBsAg positive mothers received either HBIG (0.5 ml) plus rHBV (Group-A) or rHBV alone (Group-B). rHBV vaccination schedule was 0, 6, 10, and 14 weeks of age in both the groups and anti-HBs titers were determined at weeks 6 and 18. Development of anti-HBs > 10 IU/ml at any time was considered protective. HBsAg and HBV DNA were also determined at 18 wks.

Results: 79 HBsAg positive full-term mothers were included [17 (22%) HBeAg positive, 50 (63%) with serum HBV-DNA > 5 pg/ml]. 40 neonates were randomized to Group-A and 39 to Group-B. At 6 wks, protective anti-HBs titers developed more in Group-A than Group-B (21/28 [75%] vs 7/25 [28%], $p = 0.001$). However, by 18 wks, protective anti-HBs titers were similar in both the groups (30/31 [97%] vs 26/29 [90%]; $p = 0.35$). Protection could not be determined in 19/79 infants (3 died, 16 follow-up awaited). At 18 wks 4/53 (8%) had positive HBsAg and HBV-DNA suggestive of intrauterine transmission. Protection was similar in both groups regardless of mothers' HBeAg status and maternal HBV-DNA level.

Conclusion: rHBV alone and rHBV plus HBIG give similar protection against hepatitis B by 18 wks of age, irrespective of maternal HBeAg status or HBV-DNA positivity. At 6 wks, combination of rHBV plus HBIG offers better protection than rHBV alone.

Parameter	Baseline	6 Weeks	18 Weeks
Protective (> 10 IU/ml) Anti-HBs			
Group A	-	21/28 (75%)	30/31 (97%)
Group B	-	7/25 (28%) ($p = 0.001$)	26/29 (90%) ($p = \text{NS}$)
HBsAg			
Group A	18/39 (46%)	0/27 (0%)	1/26 (4%)
Group B	17/38 (45%)	0/26 (0%) ($p = \text{NS}$)	3/27 (11%) ($p = \text{NS}$)
Detectable HBV DNA			
Group A	19/32 (59%)	10/27 (37%)	16/26 (62%)
Group B	21/30 (70%)	12/26 (46%) ($p = \text{NS}$)	12/27 (41%) ($p = \text{NS}$)
HBeAg			
Group A	4/38 (10%)	-	1/25 (4%)
Group B	2/30 (7%)	-	2/25 (8%) ($p = \text{NS}$)
Any marker of HBV present (HBsAg, HBeAg, HBV DNA)			
Group A	25/39 (64%)	10/27 (37%)	17/25 (68%)
Group B	27/38 (71%)	12/26 (46%) ($p = \text{NS}$)	11/25 (44%) ($p = \text{NS}$)

045

ENDOSCOPIC FULL-THICKNESS PLICATION FOR THE TREATMENT OF GERD: FIVE YEAR MULTI-CENTER RESULTS

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Purpose: We previously reported the Plicator (NDO Surgical, Inc., Mansfield, MA) procedure, which is an endoscopic procedure that delivers a full-thickness plication, to be effective at reducing GERD symptoms and medication use for up to 3-years post-plication with no long-term procedural adverse events. The purpose of this study was to assess the long-term safety and treatment durability of the Plicator up to 5-years post-plication.

Methods: Subjects with chronic heartburn who had originally participated in the open-label study and received a single plication in the gastric cardia approximately 1 cm below the gastroesophageal junction were eligible. Subjects were evaluated at baseline for GERD symptoms and medication use. Long-term subject follow-up was completed to evaluate safety and long-term treatment durability.

Results: Twenty-eight subjects completed the long-term follow-up (mean follow-up interval: 5 years (58 months), range: 50-65 months). All procedure-related adverse events occurred acutely, as previously reported, and no new adverse events were observed during extended follow-up. At 5-years post-procedure, 62% of baseline PPI-dependent patients remained off daily PPI therapy. Treatment effect remained stable from the 3 to 5-year follow-up interval, with 16/28 patients off daily PPI at 3-years compared to 15/24 patients at 5-years. Median GERD-HRQL scores remained significantly improved at 5-years versus baseline off-meds scores (10 vs. 19, $p < 0.001$). In addition, the proportion of patients achieving $\geq 50\%$ improvement in GERD-HRQL score was consistent from 3-years (55%) to 5-years (50%).

Conclusion: Endoscopic full-thickness plication can effectively reduce GERD symptoms and medication use for at least 5-years post-procedure. Treatment effect is stable for 5-years and there are no long-term procedural adverse effects.

046

COMPARISON OF ESOPHAGEAL MOTILITY PARAMETERS AS MEASURED BY THE NEW HIGH RESOLUTION MANOMETRY (HRM) VS TRADITIONAL MANOMETRY (TM)

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Purpose: The 36-channel Sierra esophageal motility catheter simultaneously measures pressure from the UES through the body and the LES. This HRM provides an intuitive advance over the standard 4-channel Konigsberg catheter (TM). Before conclusions can be drawn regarding the efficacy of HRM, comparative manometry data needs to be acquired and analyzed to assure that current standards can be applied to this technical advance. The aims of this study were to compare LES measurement from the nares, LES residual pressure (relaxation), LES pressure, distal amplitude, velocity and duration as measured by HRM and TM in a control population.

Methods: Normal subjects were randomized to HRM or TM in a crossover design (7-d period between sessions, 48 h apart). Subjects were intubated via the nares. The station pull-through was performed with Konigsberg probe. The HRM probe was placed into the esophagus and LES without moving the probe. 10 water swallows were performed and measurements were recorded. Physiologic data was compared using paired T-tests ($P = 0.05$).

Results: Data were analyzed from 21 normal subjects (13 females, 8 males; mean age 27.6 years). Measurement of the distance of the LES from the nares was significantly different for the HRM vs TM probes (43.3 vs 41.7 cm; $P = 5.95 \times 10^{-4}$). Residual LES pressure, a reflection of LES relaxation with water swallows, was significantly different as measured by the catheters (15.8 vs 1.8 mmHg; $P = 1.17 \times 10^{-6}$; HRM vs TM). Distal contractile pressure with water swallows was also significantly different between HRM vs TM (110.8 vs 94.0 mmHg; $P = 0.02$). LES pressure (36.6 vs 32.1 mmHg; $P = 0.08$), Velocity (4.8 vs 3.8 cm/sec; $P > 0.05$) and Duration (3.7 vs 3.7sec; $P > 0.05$) were not affected by the type of motility catheter.

Conclusion: HRM identifies the LES an average of 1.6 cm closer to the LES than with the TM method. Measurement differences would influence the placement of other probes for testing (ie: esophageal pH sensor, balloon distention), and may correlate to altered motility results. LES relaxation as well as distal contractile amplitude were also affected by catheter type. New normal values, as well as "pathologic" values need to be established using the HRM system in order to diagnose esophageal motility disorders accurately.

047

COMPARISON OF SENSED ACID REFLUX EVENT CHARACTERISTICS AMONG THE DIFFERENT GERD GROUPS

2007 ACG/AstraZeneca Senior Fellow Abstract Award

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Purpose: Proximal migration, nadir of pH and duration of acid reflux have been shown to increase the likelihood of experiencing a sensed reflux event (SRE). Thus far, no studies compare SRE characteristics among different GERD groups. The aim of our study was to compare characteristics of SRE among the different GERD groups.

Methods: Patients with typical heartburn symptoms at least 3 times a week for the last 3 months were recruited. Upper endoscopy and pH testing were used to classify the three groups: Erosive esophagitis (EE), Nonerosive reflux disease (NERD) and Functional heartburn (FH). Patients underwent esophageal pH testing using a multiple-sensor pH probe (6, 11, 16 cm >LES). All reflux events with pH < 4 at sensor 6 cm >LES that correlated with symptoms were considered as SRE. Their characteristics were compared among GERD groups.

Results: A total of 22 patients had EE, 15 NERD, and 13 FH (M/F = 20/2, 12/3, 5/8, mean age 51.5 ± 3.7 , 50.1 ± 4.2 , 50.3 ± 3.8 , respectively). During the pH test, 97 SREs were detected at pH sensor 6 cm >LES. The proximal extent of SREs was significantly higher in the FH group compared to NERD and EE (16cm vs 14.26 ± 0.67 cm, 16cm vs 12.73 ± 0.53 cm, respectively, $p < 0.03$). The pH nadir of SREs was significantly higher in the FH group compared to NERD and EE (2.32 ± 1.16 vs 1.31 ± 0.18 , and 2.32 ± 1.16 vs 1.16 ± 0.12 respectively, $p < 0.01$). The duration and reduction in pH and number of preceding reflux events 1 hour before an SRE was similar among the groups. The number of preceding acid reflux events 2, 3, and 4 hours prior to an SRE was significantly lower in the FH group compared to NERD and EE, 2 hours (5.57 ± 4.1 vs 15.64 ± 9.2 , 5.57 ± 4.1 vs 14.42 ± 9.8 respectively, $p < 0.05$), 3 hours (8.80 ± 4 vs 25.60 ± 12.5 , 8.80 ± 4 vs 21.19 ± 12.4 respectively, $p < 0.01$), and 4 hours (11.60 ± 4.4 vs 31.30 ± 15.9 , 11.60 ± 4.4 vs 26.64 ± 15.7 , respectively, $p < 0.01$).

Conclusion: Patients with FH demonstrated the highest proximal extent of SREs but a higher pH nadir and fewer reflux episodes prior to an SRE compared to NERD and EE. The study suggests that proximal extent of an acid reflux event is the most important physiological factor for symptom generation.

048

CONSTIPATION: IS IT A COLONIC VERSUS GENERALIZED GASTROINTESTINAL TRACT DISORDER. THE TEMPLE EXPERIENCE

2007 ACG Auxiliary Award (Trainee)

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Purpose: Constipation is a common clinical condition affecting millions of Americans. Its prevalence ranges between 2 and 28% depending upon the definition. When the physiology of chronic constipation is examined, four subtypes exist: slow transit constipation (STC), dyssynergic defecation (pelvic floor dysfunction; DD), a combination of both (STC + DD), and normal colon transit with normal pelvic floor function.

The purposes of this study were two-fold; first, to determine the percentage of constipated patients with STC, DD, STC+DD, or normal studies at a quaternary motility center; second, to evaluate what percentage of constipated patients have a diffuse gastrointestinal (GI) motility disorder as evidenced by a combination of upper and lower GI dysmotility.

Methods: This was a retrospective analysis of 488 patients who underwent anorectal manometry for the primary symptom of intractable constipation between 2001 and 2006 at Temple University Hospital's Motility Center. Of these patients, anorectal manometry, whole gut transit scintigraphy, anal electromyography, balloon expulsion testing, and defecography results were reviewed.

Results: Of the 488 patients with chronic constipation who underwent AM, 212 patients met the inclusion criteria for the study. Of these, 91/212 (43%) had STC, 25/212 (12%) had DD, 53/212 (25%) had a combination of STC+DD, and 43/212 (20%) had normal colon transit and pelvic floor function. Of the patients with STC, 31/91 (34%) had delayed gastric emptying, 9/91 (10%) had delayed small bowel transit, 7/91 (8%) had a delay in both, while 44/91 (48%) had normal upper GI motility. A similar distribution was seen in patients with DD - 8/25 (32%) had delayed gastric emptying, 2/25 (8%) had delayed small bowel transit, 2/25 (8%) had transit delays in the stomach and small bowel, whereas 13/25 (52%) had no abnormality. Examination of the STC+DD group showed 11/53 (21%) with gastric emptying delay, 7/53 (13%) with small bowel delay transit, 10/53 (19%) with a combination, and 25/53 (47%) had normal upper GI transit.

Conclusion: Patients presenting with a primary complaint of chronic constipation have a range of colonic motor disorders. The majority of patients had an identifiable abnormal pattern of colon transit, which included STC, DD, or a combination of STC and DD. In addition, many patients with chronic constipation have a generalized gastrointestinal tract disorder namely, delayed gastric emptying and/or delayed small bowel transit.

049

A COST COMPARISON OF METRONIDAZOLE AND VANCOMYCIN IN THE TREATMENT OF CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHEA

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Purpose: Clostridium difficile associated diarrhea (CDAD) is currently the leading cause of antibiotic associated diarrhea. Current guidelines recommend metronidazole as the first line therapy due to its low cost. The emergence of more virulent strains and increasing resistance rates of metronidazole have raised questions as to whether vancomycin should be used rather than metronidazole.

Aim:

To determine whether metronidazole or vancomycin provides the most cost-effective treatment for CDAD.

Methods: TreeAge Pro 8.1 software was used to develop a cost comparison model of vancomycin versus metronidazole as first line therapy for CDAD. Separate Markov models were generated to evaluate the drugs' respective cost effectiveness for the treatment of CDAD.

Direct outpatient costs associated with CDAD were obtained from the Medicare database and included clinic visits, antibiotics (metronidazole and vancomycin), and stool tests (Toxin A and toxin B). Direct hospital costs were obtained from the US Medicare DRG's for enteritis/complications.

Monte Carlo simulation was utilized in the comparison models. Patients were assumed to have no greater than 6 recurrences.

Results: Using recently reported resistance rates of 20% (metronidazole) and 1% (vancomycin) and a recurrence rate of 20% for each drug, the average treatment cost was \$561 for metronidazole and \$910 for vancomycin. Using probabilistic sensitivity modeling, equivalent costs between the groups were attained only once resistance rates of metronidazole approached 75%. As determined by cost-modeling, vancomycin expense would need to be reduced by 88% to achieve superiority to metronidazole.

Conclusion: Despite increasing resistance rates of CDAD to metronidazole, metronidazole outperforms vancomycin as first line therapy in the treatment of CDAD largely due to the expense of vancomycin. First line therapy for CDAD should remain as metronidazole unless resistance rates become substantial or the cost of vancomycin is significantly reduced.

050

A COMPARISON OF POLYETHYLENE GLYCOL LAXATIVE AND PLACEBO FOR RELIEF OF CONSTIPATION FROM CONSTIPATING MEDICATIONS

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Purpose: Medications often cause constipation and little data are available concerning treatment interventions. This study was designed to evaluate the safety and efficacy of polyethylene glycol (PEG) 3350 laxative (MiraLax) for relief of constipation from medicines associated with symptoms of constipation.

Methods: Study subjects were enrolled who met defined criteria for chronic constipation and were also taking medications that were associated with a reported side effect incidence of more than 3% constipation. Study subjects were randomized into a double-blind, parallel, multi-center study where they received 17 grams per day PEG laxative or placebo for 28 days. The primary efficacy variable, treatment success, was defined as relief of modified ROME criteria for constipation over the treatment period. Various secondary measures were also assessed. Daily bowel movement experience, patient perception of efficacy and safety information were recorded in a diary. Laboratory testing was performed at baseline and monthly for hematology and blood chemistry, including BUN, calcium, electrolytes, and TSH.

Results: 100 patients were enrolled in 4 study centers. Successful treatment according to the primary efficacy variable was seen in 78.3% of PEG and 39.1% of placebo subjects ($p < 0.001$). Similar results were observed in a subgroup of 28 elderly subjects. Secondary measures of number of bowel movements, complete bowel movements, satisfactory bowel movements, straining at stool and stool consistency also showed statistically significant results in favor of PEG compared to placebo ($p \leq 0.001$) after the first week of treatment. There were no differences in patient reported scores for gas, cramping, or bloating between PEG and placebo. No significant differences in laboratory findings or adverse events, including the gastrointestinal category, were observed. Diarrhea, flatulence, and nausea occurred more frequently with PEG treatment, although they were not individually statistically different from placebo. Similar results were observed when these symptoms were analyzed for differences due to gender, race, or age.

Conclusion: PEG laxative is safe and effective for use in treating constipation in patients taking constipating medications.

Disclosure - Dr. DiPalma is a medical director consultant to Braintree Laboratories. Dr. Herrera has been a paid advisory group member for Braintree Laboratories. Dr. Cleveland and John McGowan are employees of Braintree Laboratories.

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HOW USEFUL IS DIGITAL RECTAL EXAMINATION IN THE DIAGNOSIS OF DYSSYNERGIA?

2007 ACG Motility Award

Priyanka Rao, Kasaya Tantiphlachiva, MD, Ashok Attaluri, MD, and Satish Rao, MD*. Gastroenterology, University of Iowa Hospitals & Clinics, Iowa City, IA

Purpose: In patients with constipation and difficult defecation, anorectal manometry (ARM) is regarded as a gold standard for the diagnosis of dyssynergic defecation. However, it is not widely available and lacks standardization. Digital rectal examination (DRE) may provide vital clues regarding anorectal structure and function that could suggest dyssynergia. However, DRE is not systematically performed, and its clinical utility in the evaluation of dyssynergia is not known.

Aim: To examine the diagnostic yield of DRE in pts with constipation and difficult defecation.

Methods: Patients presenting to a single gastroenterologist with constipation and difficult defecation (Rome II) were enrolled. All pts completed a constipation questionnaire and had clinical assessment, including a detailed DRE: anocutaneous reflex, resting and squeeze anal sphincter tone, perineal descent, and anal relaxation with straining. A clinical impression of dyssynergia was noted in the chart. Subsequently, all patients had ARM with a solid state, 6-sensor probe. Anal sphincter and intrarectal pressures were analyzed at rest, squeeze and during attempted defecation, and these data were used to identify dyssynergia. A balloon expulsion test (BET) was also performed. The diagnostic yield of DRE was compared with ARM, using manometry as the gold standard.

Results: We examined 100 pts (F/M: 94/6, mean age: 41 ± 15.3 yrs) with constipation. Excessive straining, hard stools, incomplete evacuation, ≤ 3 BM/wk and use of digital maneuvers were reported by 84%, 88%, 80%, 75% and 40% of patients respectively. Based on DRE (impaired perineal descent or paradoxical anal contraction or impaired push effort), 76 (76%) had dyssynergia. Subsequently, ARM identified 95 pts (95%) with dyssynergia. DRE had a sensitivity of 81% and positive predictive value (PPV) of 99% for diagnosis of dyssynergic defecation. Normal resting tone on DRE had a sensitivity of 81% and PPV of 69% but a weak sphincter had a sensitivity of 25% and PPV of 28%. Normal squeeze tone had a sensitivity of 78% and PPV of 69% whereas a weak squeeze pressure had sensitivity of 31% and PPV of 40%. Anocutaneous reflex was normal in 73%, and absent in 27%. BET had a sensitivity of 49% and PPV of 100%.

Conclusion: In patients presenting with constipation in a tertiary care center, DRE has a high sensitivity and PPV in identifying pts with dyssynergic defecation. DRE has good sensitivity and PPV for detecting a normal but not an abnormal resting or squeeze sphincter tone. A prolonged balloon expulsion test is diagnostic but a normal test does not exclude dyssynergia.

052

A RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY OF r-VERAPAMIL IN NON-CONSTIPATED IRRITABLE BOWEL SYNDROME

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Purpose: IBS is a common and clinically challenging gastrointestinal disorder for which few therapies of proven value are available for clinical use. Since the r-enantiomer of verapamil (r-verapamil) has been found to have a unique combination of activity not involving 5HT₃ or 5HT₄ and has been shown to have highly selective activity on the gastrointestinal tract compared to the cardiovascular system, the aim of this study was to assess the efficacy and safety of r-verapamil in the treatment of IBS.

Methods: 129 male or female patients who fulfilled Rome II criteria for non-constipation predominant IBS were randomised to placebo (n=64) or to r-verapamil (n=65). R-verapamil was administered in an ascending dose schedule from 20, 40, to 80 mg t.i.d. across all r-verapamil treated patients. Dose escalation occurred at 4-week intervals; the entire treatment period was 12 weeks. The primary efficacy variables were the responder rates for patient global impression and relief of abdominal pain/discomfort which in turn were defined as feeling better on at least 50% of the entire 42 study days. The pre-defined statistical analysis was a one-sided analysis based on the hypothesis that r-verapamil is better than placebo.

Results: 14 patients discontinued prematurely, 6 in the r-verapamil and 8 in the placebo group. Analysis of the intention-to-treat (ITT) population for the primary efficacy variables revealed significantly higher responder rates for r-verapamil for both the patient global impression (56.9% vs 37.5%, one-sided $p=0.0057$) and abdominal pain/discomfort (56.9% vs 43.8%, one-sided $p=0.05$). Significant benefits for r-verapamil were also evident for several secondary endpoints: composite GI symptom scale, bloating, stool frequency, urgency, Bristol stool scale and quality of life, as measured by the IBS-QOL. Adverse events were experienced by 17 patients in the r-verapamil and 8 in the placebo group. No severe AEs were recorded with the AE profile being very similar to the reported AE profile for racemic verapamil. Only 4 patients reduced their dose because of an AE.

Conclusion: R-verapamil appears to be effective and well tolerated in the management of patients with non-constipation predominant irritable bowel syndrome given the significant response seen in the two primary and numerous secondary endpoints.

Disclosure - Dr Quigley, consultant, AGI Therapeutics. Dr Devane, employee, AGI Therapeutics. Dr Young, employee, AGI Therapeutics. Dr Butler, employee, AGI Therapeutics.

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GASTRIC EMPTYING SCINTIGRAPHY RESULTS IN THE ROME III SUBGROUP CLASSIFICATIONS FOR FUNCTIONAL GASTRODUODENAL DISORDERS

2007 ACG Motility Award

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Purpose: Delayed gastric emptying has been detected in 20 to 45% of patients with functional dyspepsia using gastric emptying scintigraphy (GES); however, the association of symptoms to alterations in gastric emptying has been difficult to delineate. ROME III criteria classify functional dyspepsia by "meal-related" and "meal-unrelated" symptoms into *postprandial distress syndromes (PDS)* and *epigastric pain syndromes (EPS)*, respectively. Additionally, new categories of *chronic idiopathic nausea (CIN)* and *functional vomiting (FV)* have been recognized. Although these new classifications were devised to allow better pathophysiologic grouping for treatment purposes, the prevalence of abnormal gastric emptying in the Rome III subgroups has not been delineated. **Aim:** The aim of this study was to compare GES results to Rome III symptom subgroup classifications.

Methods: We designed a retrospective analysis of consecutive patients undergoing GES at our tertiary care facility. GES was performed using 4 hour imaging after ingestion of a radiolabeled Eggbeaters sandwich. The PAGI-SYM questionnaire was completed at the time of imaging and used to classify patients into subgroups of FD, EPS, PDS, CIN, and FV. Subgroup classifications were then correlated to scintigraphy data.

Results: Of 99 consecutive patients undergoing GES from February 2007 to May 2007, 98 had analyzable GES data. GES revealed normal solid emptying in 58 patients, delayed solid emptying in 37, rapid emptying in 3. Of the 37 patients with delayed gastric emptying, fullness/bloating was described as the predominant symptom(s) in 15, vomiting in 9, abdominal pain/discomfort in 8, nausea in 7, reflux/heartburn in 7, regurgitation in 2, constipation in 2, and early satiety in 1. Classification by ROME III criteria revealed 61 patients with FD, 52 with PDS, 25 with EPS, 34 with CIN, and 27 with FV. Of these, delayed gastric emptying was seen in 25 of the 61 (41%) FD patients, 21 of the 52 (40%) with PDS, 11 of the 25 (44%) with EPS, 13 of 34 (38%) with CIN, and 14 of 27 (52%) with FV. Twenty-one patients were found to have no definable ROME III disorder; of these, fourteen had normal GES and seven with delayed.

Conclusion: In this tertiary care center experience, use of meal-related and meal-unrelated symptoms did not identify a group with delayed gastric emptying. There was a similar prevalence of delayed gastric emptying in the ROME III classifications of the functional gastroduodenal disorders.

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INVESTIGATION OF WIRELESS CAPSULE (SmartPill®) FOR COLONIC TRANSIT: A COMPARATIVE STUDY WITH RADIOPAQUE MARKERS IN HEALTH AND CONSTIPATION

2007 ACG Motility Award

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Purpose: Traditionally, colonic transit time (CTT) has been assessed with radiopaque marker (Sitzmarks® (SZ)) technique. Although useful, it requires radiation and is hindered by poor patient compliance and complex protocols. This multicenter study aimed to simultaneously assess and compare CTT as measured by SmartPill® (SP)-wireless pH and pressure recording capsule with that of Sitzmarks® in constipated (Rome II) and healthy subjects.

Methods: After overnight fast, subjects ingested a nutrient bar (260 kcal) followed by a Sitzmarks® (24 markers) and a SmartPill® capsule. Subjects wore a data receiver for 5 days or until SmartPill® was expelled and kept stool diary. Abdominal x-rays were obtained on days 2 & 5. SmartPill® tracing was examined to assess gastric emptying time (GET) (time to rise in pH>4), small bowel transit time (SBTT) (time to cecal entry with >1 pH drop after GET), CTT (time from cecal entry to abrupt temperature drop), and whole gut transit time (WGTT). To account for the known influence of gender and age on CTT, analysis of covariance was used in the statistical examination of SmartPill® CTT.

Results: Table (mean ± SEM, *p<0.05). 71 constipated (m/f=8/63) and 83 healthy (m/f=42/41) subjects participated. CTT, WGTT, day 2 Sitzmarks® transit, and day 5 Sitzmarks® transit were different (p<0.001) between constipated patients and controls, even after accounting for gender and age. CTT correlations between SmartPill® and % of markers expelled on day 5 were r=0.59 (p<0.0001) in patients and r=0.46 (p<0.001) in controls. The diagnostic utility of CTT to predict historical diagnosis of constipation was satisfactory with a computed ROC AUC of 0.74. Patients had slower (p<0.001) GET, slower (p<0.01) CTT, and slower (p<0.02) WGTT compared to controls. There were no serious adverse events.

Conclusion: SmartPill® is a novel, and more useful technique of assessing CTT. Its transit highly correlates with Sitzmarks®, and it provides comparable data. Additionally, it provides regional information on GET and SBTT. Thus, SmartPill® provides comprehensive data under physiological conditions, on whole gut and regional transit time in health and functional GI disorders.

	GET	SBTT	CTT	WGTT	# Markers Day 2	# Markers Day 5
Controls	3.6± 0.2	3.8± 0.1	29.8± 2.7	37.2± 2.7	8.8± 0.9	1.2± 0.4
Constipated	5.7± 1.2*	4.4± 0.2	59.3± 4.5*	68.3± 4.3*	16.1± 1.0	6.9± 1.0*

Disclosure - Dr. Rao-advisor-SmartPill. Dr. Kuo-research support-SmartPill. Dr. McCallum-consultant-SmartPill. Dr. Koch-consultant-SmartPill. Dr. Chey-consultant-SmartPill. Dr. Lackner-consultant-SmartPill. Dr. Katz-consultant-SmartPill. Dr. Hasler-consultant-SmartPill. Dr. Parkman-consultant-SmartPill. Dr. Semler-chief technology officer-SmartPill. Ms. Selover-employee-SmartPill. Dr. Saad-research support-SmartPill. Dr. DiBaise-research support-SmartPill. Dr. Wilding-consultant-SmartPill.

055

HIGH CORTISOL LEVELS ARE CORRELATED TO LOW ESOPHAGEAL PAIN THRESHOLD TO BALLOON DISTENTION IN PATIENTS WITH NERD AND FUNCTIONAL HEARTBURN

2007 ACG Governors Award Recipient for Excellence in Clinical Research

Sheila Rodriguez-Stanley, PhD, Maggie Wolff, Tisha Adams, and Philip B. Miner, Jr.* The Oklahoma Foundation for Digestive Research, Oklahoma City, OK

Purpose: The relationship between serum cortisol and visceral pain varies dramatically in published studies. In patients with functional GI disorders (FGID), symptoms are often absent during the night when cortisol is low. However, patients with FGID and low awakening cortisol reported the greatest pain (Ehlert 2005). Rectal balloon distention in patients with IBS vs chronic constipation (CC) vs controls (C) indicated IBS patients had the lowest sensory thresholds than CC and C (Walter et al 2006). Our aims were: 1) To describe the relationship between serum Cortisol and maximum tolerable pain to balloon distention of the esophagus in patients with functional heartburn (FxB), 2) To compare cortisol, ACTH, and balloon sensitivity parameters in functional heartburn vs NERD.

Methods: 26 patients underwent esophageal balloon distention with MTD (volume and corresponding mean and maximum pressure). 14 patients fit criteria for FxB and were assessed on 4 occasions (n=56). 12 patients fit criteria for NERD and were assessed once (n=12). Blood samples for serum cortisol and ACTH were collected within 90 min prior to balloon distention. Regression analysis was performed between maximum tolerable pain (ml of balloon volume and corresponding mean and maximum mmHg pressure at MTD) and serum Cortisol levels (ug/dl), and between Cortisol and ACTH levels (pg/ml). Parameters were compared via t-test (P=0.05 level of significance).

Results: There were no differences between FxB and NERD in mean Cortisol (11.6 vs 9.8 mg/dl), mean ACTH (17.5 vs 16.4 pg/ml), or mean sensitivity parameters (22.7 vs 19.2 ml balloon volume; 29.3 vs 28 mmHg mean pressure; 48.9 vs 41.5 mmHg max pressure; all P>0.05). Therefore all patients were grouped together (n=68 observations). MTD volume approached significance related to cortisol levels (P=0.07); however, mean pressure at MTD was significantly and inversely related to serum cortisol level (r=-0.50; P=0.000122). Maximum balloon pressure at MTD was also significantly and inversely related to cortisol level (r=-0.31; P=0.01). As expected, Cortisol and ACTH were significantly related (r=0.60. P=1.8 x 10⁻⁹).

Conclusion: Overall, higher cortisol levels were significantly related to lower pain threshold to esophageal balloon distention. The significant positive relationship between ACTH and Cortisol indicate that patients had an intact HPA axis. These data imply that adrenal function may play a role in functional GI disease.

056 Late Breaking Abstract

IN PATIENTS WITH CHRONIC CONSTIPATION, TD-5108, A SELECTIVE 5-HT4 AGONIST WITH HIGH INTRINSIC ACTIVITY, INCREASES BOWEL MOVEMENT FREQUENCY AND THE PROPORTION OF PATIENTS WITH ADEQUATE RELIEF

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TD-5108 is a potent, full agonist at the human 5-HT4 receptor that, unlike tegaserod, displays preferential binding to the 5-HT4 receptor compared with other 5-HT receptor subtypes. A Phase 2 dose-ranging clinical trial was conducted to investigate the efficacy and safety of TD-5108 in patients (pts) with chronic idiopathic constipation.

Methods: This double-blind, randomized, placebo-controlled, parallel-group, multicenter trial enrolled 401 adult pts (age 18-64 years) at 48 U.S. sites. Eligible pts (<3 spontaneous bowel movements [SBM]/week during a 2-week baseline period) were randomized to receive TD-5108 15, 30, or 50 mg, or placebo [PBO] once daily for 4 weeks. Bowel function as the measure of efficacy was recorded using a stool diary via daily IVRS phone calls. Tolerability was monitored via biweekly questioning for adverse experiences, clinical laboratory tests and ECGs.

Results: Treatment groups were balanced for clinical characteristics and constipation histories. The average number of SBM and complete SBM (CSBM) at baseline were 1.2 and 0.25/week, respectively. The primary efficacy endpoint was the average change from baseline in SBM/week. Results for this and other efficacy endpoints and the most frequent (and expected) adverse events are summarized below. Other efficacy endpoints also showed consistently significantly superior effects of TD-5108 vs PBO. Discontinuations for adverse events (including early onset diarrhea, nausea, and headache) were PBO, 1 pt; 15 mg, 4 pts; 30 mg, 3 pts; and 50 mg, 11 pts. There were no clinically significant changes in clinical laboratory tests or ECGs.

Conclusion: In this study in pts with chronic constipation treated for 4 weeks, TD-5108 statistically and clinically significantly increased bowel movement frequency, provided adequate relief for significantly more patients, and was generally well tolerated, particularly at the 15 mg dose.

	PBO (n=107)	15 mg (n=101)	30 mg (n= 96)	50 mg (n= 97)
Efficacy Endpoints				
Average Change From Baseline in SBM/wk (SD)	1.4 (1.88)	3.6 (2.66) p<0.0001	3.3 (2.69) p<0.0001	3.5 (2.78) p<0.0001
Week 4 Change From Baseline in SBM/wk (SD)	1.3 (2.38)	3.5 (2.99) p<0.005	2.5 (2.63) p<0.005	2.9 (3.17) p<0.005
% With 3 CSBM/wk for all 4 weeks	5%	27% p=0.0001	19% p=0.0063	21% p=0.0023
% With Adequate Relief of Constipation in Week 4	26%	62% p<0.0001	36% p=0.14	54% p=0.0003
Adverse Events				
Headache	6 (6%)	6 (6%)	10 (10%)	20 (21%)
Diarrhea	1 (1%)	12 (12%)	11 (11%)	15 (15%)
Nausea	3 (3%)	5 (5%)	4 (4%)	15 (15%)
Vomiting	1 (1%)	4 (4%)	2 (2%)	7 (7%)
Flatulence	3 (3%)	3 (3%)	5 (5%)	2 (2%)
Abdominal Pain	1 (1%)	4 (4%)	4 (4%)	3 (3%)
Abdominal Pain Upper	1 (1%)	3 (3%)	5 (5%)	3 (3%)

057

INCIDENCE OF POST-SURGICAL COMPLICATIONS AMONG ULCERATIVE COLITIS (UC) PATIENTS (Pts): A POPULATION-BASED STUDY

2007 ACG Centocor/IBD Abstract Award

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Purpose: We sought to describe the incidence of and factors associated with post-colectomy complications among UC pts in Olmsted County, Minnesota.

Methods: We identified all pts who had undergone ≥ 1 surgery for UC in a cohort diagnosed with UC between 1970-2001. Colectomies were classified as: total proctocolectomy (TPC) with ileal pouch-anal anastomosis (IPAA), subtotal colectomy (SC) with ileostomy, TPC with ileostomy, and partial colectomy (PC). We examined post-colectomy complications by colectomy type. The association between colectomy type and time to first complication was assessed with proportional hazards regression analysis.

Results: A total of 47/316 UC pts (14.8%) underwent colectomy during the follow-up (f/u) period. The colectomy distribution was: TPC-IPAA 60%, SC-ileostomy 5%, TPC-ileostomy 33%, and PC 2%. Within the first 2 yrs of f/u, a variety of complications were observed, including (rate/1,000 pt-yrs): wound infection (204.9), anastomotic leak (56.9), fistula (22.8), abscess (68.3), small bowel obstruction (148.0), anastomotic stricture (56.9), ileus (11.4), pouchitis (148.0), and stomal problems (45.5). During the same period, the crude rate of infective and non-infective complications was 296 and 512 per 1000 pt-yrs, respectively. The total crude rate was 808/1000 pt-yrs. See table for cumulative risk of any complication following colectomy. Regression analysis indicated that, relative to TPC-ileostomy, IPAA patients had a 1.7 times greater risk of experiencing an infective complication (95%CI, 0.5-6.3) and a 2.4 times greater risk of experiencing a non-infective complication (95%CI, 0.98-6.1), but only the latter was of borderline significance.

Conclusion: In this population-based study of UC pts undergoing colectomy, a number of post-surgical complications were observed, for a crude rate of over 800 per 1,000 pt-yrs of f/u in the first 2 yrs, and a cumulative risk of 68.0% at 5 yrs. There was a borderline significant association between IPAA and time to first non-infective complication.

Cumulative risk of any complication

Yr (95% CI)	Yr 1	Yr 5	Yr 10	Yr 15
TPC-IPAA	44.8 (23.4-60.7)	78.4 (53.2-90.0)	83.8 (57.8-94.6)	ND
SC-ileostomy	66.7 (0-93.3)	66.7 (0-93.3)	ND	ND
TPC-ileostomy	35.7 (5.0-56.5)	51.0 (15.5-71.6)	59.2 (21.6-78.7)	59.2 (21.6-83.8)
PC	43.1 (26.9-56.0)	68.0 (50.1-79.4)	73.8 (55.8-85.4)	73.8 (55.8-89.9)

ND, no data.

058

ADVERSE EVENTS RELATED TO THE USE OF CORTICOSTEROIDS, IMMUNOSUPPRESSANTS, AND ANTI-TNF α THERAPY IN CROHN'S DISEASE PATIENTS

W. Sandborn*, M. Arrighi, S. Hass, S. Clark, H. Tian, and J. Marehbian. Mayo Clinic, Rochester; Elan Pharmaceuticals, San Diego and Health Benchmarks, Woodland Hills

Purpose: To assess adverse event (AE) rates associated with anti-tumor necrosis factor α (TNF α) therapy, steroids, and steroid/TNF α combination (S/TNF α) used in the treatment of Crohn's disease (CD) patients (pts).

Methods: De-identified medical and pharmacy claims data with service dates between Jan 1, 2002 and Dec 31, 2005 from geographically diverse private US health plans were used for the analysis. CD pts were identified using ICD-9-CM diagnosis code 555.x. At the time of an AE, pts were grouped by therapy regimen: steroids, TNF α , S/TNF α , or referent group (immunosuppressants, 5-aminosalicylates, and antibiotics). A Cox proportional hazards model was used to estimate AE hazard ratios (HRs) in person time units with Wald tests to assess statistical significance between groups.

Results: 8,581 CD cases were identified. Compared to the referent group, steroids, TNF α , and S/TNF α were generally associated with increased risk of sepsis, demyelinating conditions, opportunistic infections, and encephalopathy or encephalitis (Table). For demyelination and sepsis, the risk for S/TNF α therapy was elevated compared to steroids alone, while for all acute AEs, the risk from S/TNF α therapy was elevated compared to TNF α alone. Analyses with immunosuppressants as a separate regimen group did not influence the outcome of examined events; they were combined into the referent treatment group.

Conclusion: Commonly used therapies for CD have been associated with an increased risk of AEs. These results show excess risks for certain AEs in pts using steroids or TNF α with increased risk for S/TNF α combination use. Further research should assess the benefit and risk of using these therapies independently or in combination for the management of CD patients.

Table: Hazard ratios for selected AEs by regimen groups

	Steroids only 541 pt-yrs	anti-TNF α only 434 pt-years	S/ anti-TNF α combination 49 pt-years
AEs	Hazard ratio vs referent group		
Sepsis (n=2,113)	1.49*	1.55*	2.66*†
Demyelination/multiple sclerosis/optic neuritis (n=39)	5.48*	1.33	25.21*†
Opportunistic infections (n=379)	3.68*	1.57	4.41*
Encephalopathy, encephalitis, meningitis (n=593)	2.65*	1.10	4.82*
Any acute event (n=3,365)	1.83*	1.40*	2.71*††
Any adverse event (n=7,352)	1.45*	1.21*	1.70*

*95% CI does not include 1.0; †p<0.10 for combination therapy vs steroids alone; ††p<0.10 for combination therapy vs TNF α alone

Disclosure - Dr. Sandborn-Elan Pharmaceuticals, consultant, research support, CME events. Arrighi-Elan Pharmaceuticals, employee. Hass-Elan Pharmaceuticals, employee. Clark-Elan Pharmaceuticals, consultant. Tian-Elan Pharmaceuticals, consultant. Marehbian-Elan Pharmaceuticals, consultant.

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EXPOSING THE WEAKNESSES: A SYSTEMATIC REVIEW OF AZATHIOPRINE EFFICACY IN ULCERATIVE COLITIS

2007 ACG Centocor/IBD Abstract Award

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Purpose: We performed a systematic review and meta-analysis to evaluate the clinical efficacy of azathioprine or 6-mercaptopurine after standard induction with corticosteroids. We also sought to explore potential sources of clinical trial heterogeneity that may have influenced the results of previous trials.

Methods: A comprehensive search of online databases was conducted. Only randomized controlled trials with azathioprine or 6-mercaptopurine within a minimum duration of follow-up of 6 months were selected. Pooled relative risk estimates were calculated for the primary outcome "success of treatment", defined as clinical remission or significant clinical response or failure to relapse.

Results: In total, 6 trials were included in the systematic review and 5 in the meta-analysis. The pooled relative risk estimate, using a random effects model, for "success of treatment" with AZA compared to 5-ASA and/or placebo was 1.42 (95% CI 0.93-2.17, p=0.109). Using only trials of higher methodology quality (Jadad score >2), the pooled relative risk estimate was 2.05 (95% CI 1.30-3.23, p=0.002).

Conclusion: In summary pooling the results of the two trials of highest methodologic quality demonstrated a modest efficacy of azathioprine compared to 5-ASA and/or placebo for the successful treatment of ulcerative colitis. These results must be interpreted with caution as they are based on two relatively small trials. Therefore, although the use of azathioprine is common in the management of UC this practice is not based on high quality evidence.

060

AUTHORSHIP AND INDUSTRY SPONSORSHIP IN TREATMENT TRIALS IN INFLAMMATORY BOWEL DISEASE

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Purpose: The International Committee of Medical Journal Editors (ICMJE) criteria for authorship may not be uniformly applied. Purpose: To examine the relationship between the funding source, authorship, and journal impact factor of published therapeutic trials in IBD.

Methods: Prospective drug and device treatment trials for IBD published in English between April 1, 2005 and March 31, 2007 were identified on PubMed. The source of funding, journal name and ISI impact factor, affiliation of authors, disease studied, study design and outcome, statements of conflict of interest (COI), and acknowledgement of non-author writers were recorded.

Results: Seventy-four studies were published in 18 medical journals: 52 (70%) were multi-center and 50 (68%) did not have U.S. authors. There were 32 Crohn's disease studies, 27 ulcerative colitis studies, and 5 of both. There were 43 (58%) industry-sponsored studies, 13 (18%) studies sponsored by governments or foundations, and in 18 (24%) the funding source was not stated. Industry studies were more commonly randomized controlled trials (86%) than non-industry studies (42%). The experimental treatment effect was positive in 63 (85%) trials and negative in 11, and 9 of the 11 negative trials were industry-sponsored. The median impact factors for the journals in which positive and negative studies were published was the same, 3.43, p=0.774. The median impact factor for the journals in which industry sponsored studies were published was 3.43, the same as for non-industry studies. The median impact factor was higher (7.69 vs. 3.01, p=0.001) for the 35 trials with COI statements compared to the 39 without statements. There was no significance difference in the median impact factors (5.12 vs. 3.01, p=0.11) of journals for the 30 industry-sponsored studies with industry employee authors compared to the 13 industry-sponsored studies without employee authors. Non-author professional writers were acknowledged in 23% of industry studies.

Conclusion: The majority of treatments trials in IBD are Industry sponsored, and most industry studies have industry employee co-authors. IBD treatment studies with COI statements are published in journals with higher impact factors. The median impact factors for journals that published positive compared to negative studies was the same. Nearly a fourth of IBD treatment trials do not identify the funding source. Differences may be due to lack of uniformity in use of the ICMJE criteria for authorship and non-uniform journal guidelines for publication.

061

A NEW SURGICAL APPROACH TO GASTROESOPHAGEAL REFLUX DISEASE: NISSEN FUNDOPLICATION WITH HIGHLY SELECTIVE VAGOTOMY

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Purpose: A standard Nissen fundoplication does not address gastric acid secretion; hence an accompanying highly selective vagotomy (HSV), which will reduce gastric acid secretion by 60%, could help sustain long-term symptom response. To assess this we measured the rate of proton-pump inhibitor (PPI) use postoperatively in a cohort of patients with gastroesophageal reflux disease (GERD) who underwent Nissen fundoplication with HSV in comparison to a group who did not undergo HSV during the procedure.

Methods: 14 patients (8 females) underwent a Nissen fundoplication with HSV, and 19 without HSV for refractory GERD symptoms, particularly nocturnal regurgitation. PPI use pre-operatively and during the postoperative follow up was recorded. Esophageal manometry, esophageal pH monitoring, and gastric emptying scintigraphy (GES) were performed preoperatively.

Results: Mean age of patients in both the groups was similar at 47 years. The mean lower esophageal sphincter pressure was 8 mmHg (95% CI: 6-10 mmHg) in the HSV and was not significantly different ($p=0.44$) than the non-HSV group (Mean 10 mmHg; 95% CI: 9-11 mmHg). The mean % of retained food after 4 hours on GES was also similar ($p=0.44$) in both groups- 8% (95% CI: 2-14%) in the HSV group and 12% (95% CI: 5-19) in the non-HSV group. All patients in both groups were on a PPI (Usually double dose therapy) prior to the surgery. Median duration of follow up was 63 months (Range: 6-88 months). 1/14 (7%) patients in the HSV group and 9/19 (47%) in the non-HSV group either remained on a PPI post-operatively or were re-started, generally within the first 6 months after surgery. The odds ratio of being on a PPI in the HSV group after surgery as opposed to the non-HSV group was 0.08 (95 % CI- 0.009-0.8). None of the patients in the HSV group had symptoms suggestive of gastroparesis postoperatively.

Conclusion: 1) Adding a HSV to the standard Nissen fundoplication procedure significantly reduced the use of PPI's during long term post-operative follow up and was not associated with any adverse events. 2) This new surgical approach for refractory GERD warrants further objective studies to confirm these important observations.

062

COST-EFFECTIVENESS OF MII-pH TESTING IN PERSISTENT REFLUX-RELATED COUGH DESPITE ACID SUPPRESSIVE THERAPY

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Purpose: GERD is a common cause of chronic cough. An empiric trial of high-dose proton pump inhibitor (PPI) is emerging as a diagnostic and therapeutic approach for suspected reflux-related chronic cough. In patients with persistent cough despite adequate acid suppression, symptoms may be due to non-acid reflux or may not be related to reflux. Combined multi-channel intraluminal impedance and pH (MII-pH) detects nonacid reflux and its temporal association with cough. A recent study showed that fundoplication successfully treats non-acid reflux associated cough diagnosed by MII-pH. Cost-effectiveness of this test to aid management of reflux-related persistent cough on PPI therapy has not been studied.

Methods: A decision tree was used to compare MII-pH testing to no testing. Cost-utility analysis was performed over a 3 yr time horizon. The published algorithm for management of patients with reflux-related cough refractory to acid suppression defined the care process. The analysis models a hypothetical population of 100 patients with reflux-related cough on acid suppression. We assumed two scenarios: MII-pH testing versus no testing. Costs and quality-adjusted life-years (QALYs) for the two scenarios were examined. Outcome probabilities for the testing arm were derived from published literature (test positive 26%, probability of surgery in test positive arm is 53%). We assumed that cough persisted in all patients in the no testing arm and those patients in the testing arm who did not have fundoplication. The expected costs for this group include PPI use and frequent physician visits. Utilities for persistent cough and no cough health states were obtained from the published literature. Estimated costs of surgery and office visits were obtained from a variety of resources. Drug costs represented the average wholesale price. The primary outcome measured was incremental cost-effectiveness ratio (ICER).

Results: MII-pH testing produced an ICER of \$915 per QALY saved compared with no testing, over a 3yr time horizon. The results are sensitive to the probability of surgery in test positive arm. If we assume that all the patients who are test positive would undergo surgery, the ICER would be \$ 208,671.

Conclusion: MII-pH testing to evaluate persistent reflux-related cough refractory to acid suppression cost effectively identifies patients who would benefit from fundoplication.

063

PROTON PUMP INHIBITOR AND NONSTEROIDAL ANTI-INFLAMMATORY USE AND THE DEVELOPMENT OF NEOPLASIA IN BARRETT'S ESOPHAGUS

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Purpose: The role of chemoprevention in Barrett's esophagus (BE) is unclear. Evidence suggests a protective role for proton pump inhibitors (PPIs), non-steroidal anti-inflammatory (NSAIDs), and possibly statins. However, human data are limited.

Methods: This is a retrospective study of a well characterized large cohort of patients with documented BE diagnosed between 1985 and 2005. Prescription information was collected from pharmacy records before and after BE diagnosis. Patients were followed until the development of dysplasia, adenocarcinoma, death, or 12/2005. Cox regression analyses were performed to examine the association between NSAID, PPI, or statin prescription and the risk of developing dysplasia or cancer.

Results: We examined 408 patients with BE with a mean age of 61 at the time of BE diagnosis; Caucasian 91.2%, men 94.4%. The mean duration of follow-up was 6.6 years (SD 4.9). During 2690 patient-year follow-up, 125 developed dysplasia (20 high grade) yielding an incidence of 4.65 per 100 PY and 29 patients developed adenocarcinoma (1.08 per 100 PY). Approximately 38.4% were prescribed NSAIDs for a mean duration of 12.9 months, 66.4% were prescribed a PPI for a mean duration of 31.5 months, and 26.2% were prescribed a statin for a mean duration of 10.5 months.

In unadjusted analyses, only patients with BE segment > 3cm, and more recent time of BE diagnosis were associated with increased risk of dysplasia or cancer, whereas PPI prescription was associated with reduction in that risk. This persisted in multivariable analysis (Table), and were exaggerated in analysis limited to those developing dysplasia or cancer after the first year of diagnosis; for example, PPI use (0.23, 95%CI: 0.10-0.61). No consistent associations were observed for NSAID or statin use where neither any prescription nor prescriptions > 12 months was associated with the risk of dysplasia or cancer.

Conclusion: PPI use seems to reduce the risk of neoplastic changes in patients with BE. NSAID or statin use is not associated with the risk of neoplasia.

Multivariable COX Ph model predicting the risk of dysplasia

	Hazard Ratio	95%CI
Non-Caucasian	0.51	0.24-1.10
BE length >3cm	1.53	1.01-2.29
PPI prescription	0.64	0.43-0.94

Disclosure - Dr. Sampliner: AstraZeneca speakers bureau and TAP grant support. Dr. El-Serag: TAP grant support.

064

SUCCESSFUL ABLATION OF BARRETT ESOPHAGUS WITH DYSPLASIA USING THE HALO ABLATION SYSTEM IN A PROSPECTIVE COHORT

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Purpose: To assess the safety and efficacy of a step-wise regimen of circumferential and focal ablation using the HALO ablation system (Barx Medical Inc., Sunnyvale, CA) for the treatment of Barrett esophagus (BE) containing low-grade (LGD) or high-grade dysplasia (HGD).

Methods: HALO ablation system consists of a balloon based electrode array for circumferential and an endoscope-mounted, paddle-based electrode array for focal ablation of BE. Patients with BE and LGD or HGD, confirmed by 2 pathologists including 1 expert GI pathologists, were treated with circumferential ablation. Repeat ablation (circumferential or focal) was performed at 3 month intervals until BE was completely eradicated. Lugol's chromoendoscopy with targeted biopsies from visible BE and random biopsies from the original BE region were obtained at regular follow-up intervals to assess for residual intestinal metaplasia (IM) and dysplasia. A complete response (CR) is defined as all biopsies for a patient negative for any dysplasia, HGD, LGD or IM (separate analyses) at last follow-up. All adverse events were recorded.

Results: Sixty-four patients were treated, 62 had at least one set of biopsies post ablation and were included in the efficacy analyses (58 men; median age 71 years; median length of BE 5 cm; 39 LGD; 25 HGD, median follow-up 12 months). Results from the last biopsy follow-up of 38 LGD patients; 25 (68%) normal squamous mucosa, 8 (21%) focal islands of non-dysplastic IM, 1 (3%) IM indefinite for dysplasia, 2 (5%) LGD, and 1 (3%) HGD in the cardia. Results from the last available biopsy follow-up of 24 HGD patients; 13 (54%) normal squamous mucosa, 4 (17%) focal islands of non-dysplastic IM, 3 (13%) IM indefinite for dysplasia, 1 (4%) LGD, and 3 (12%) HGD. The CR for both LGD and HGD was 92% and 88 %, respectively. A total of 64 patients were included in the safety analyses. 1 (2%) patient each had self-limited GI bleed and mild esophageal stricture. There have been no instances of subsquamous intestinal metaplasia, "buried Barrett," identified on review of >3000 biopsies.

Conclusion: Ablation of BE containing dysplasia using the HALO ablation system appears to be safe and effective, with CR for both LGD in the LGD cohort and HGD in the HGD cohort was 92% and 88%, respectively. Patient tolerance and safety with the procedure has been excellent. There has been no evidence of subsquamous intestinal metaplasia, "Buried Barrett" post-ablation.

Disclosure - Research support Barx Medical.

065

ACCURACY AND CLINICAL IMPACT OF EUS – FNA AS THE DEFINITIVE DIAGNOSTIC OR STAGING STUDY IN PATIENTS WITH SUSPECTED OR KNOWN LUNG CANCER

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Purpose: Prognosis and management of non-small cell lung cancers (NSCLC) are dependent on accurate staging for metastatic lymphadenopathy (LAD). Endoscopic ultrasound guided fine needle aspiration (EUS-FNA) of mediastinal nodes has emerged as a valuable minimally invasive alternative for staging.

The objective of this study was to retrospectively determine the accuracy of EUS-FNA of mediastinal LNs in patients with known or suspected NSCLC and of mediastinal LAD of unknown etiology and review its clinical impact. Also, determine the diagnostic yield of using EUS-FNA as a primary modality for diagnosis and staging in patients with mediastinal LAD with lung mass on imaging.

Methods: A retrospective chart review was performed on all 107 patients that were identified. The EUS-FNA diagnosis was accepted as malignant mediastinal LNs when cytology was positive by EUS. When cytology was non-malignant, the results were compared with the final surgical pathology of the excised LNs.

Results: There were 79 patients who had mediastinal LAD with known or suspected lung cancer by CT and 69 patients underwent FNA of suspicious nodes. 32 of 69 patients (46%) received a diagnosis of metastatic disease with EUS-FNA and did not undergo further invasive workup. 37 patients had benign or non-diagnostic FNAs of which 26 patients underwent surgical staging. Sensitivity, specificity and accuracy for EUS-FNA of mediastinal LAD in patients with known or suspected lung cancer was 84%, 100% and 90% respectively. The negative predictive value was 79%, the false negative rate was 15% and the positive predictive value was 100%.

There were 20 patients with suspicious mediastinal LAD of uncertain etiology. The diagnostic yield of EGD/EUS-FNA in patients with mediastinal LAD of unknown etiology was 95% (19 of 20 patients).

27 patients had mediastinal LAD with lung mass on CT scan without a tissue diagnosis of the primary tumor. Diagnosis and staging was made in 15 patients (56%) thus avoiding further invasive workup.

Conclusion: EUS-FNA of mediastinal LNs has a high accuracy with a high NPV and low false negative rate. Our data supports the use of EUS-FNA early in the work-up of mediastinal LNs thus avoiding unnecessary imaging, more invasive mediastinal sampling procedures and potentially futile surgery.

EXHIBIT HOURS Exhibit Hall AB

Sunday, October 14	3:30 pm – 7:00 pm
Monday, October 15	9:30 am - 4:00 pm
Tuesday, October 16	9:30 am - 4:00 pm
Wednesday, October 17	9:30 am – 12:00 Noon

Abbott Labs • Booth #1700 & 1705

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Alaven Pharmaceutical • Booth #1338

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Alaven Pharmaceutical is a privately held specialty pharmaceutical company located in Marietta, Georgia. We develop and market prescription and non-prescription products that treat women's health and gastroenterological conditions. Gastroenterology products include: Rowasa® (mesalamine) Enema, Balneol™ (soothing perianal cleansing lotion), UniFiber® (all natural insoluble fiber supplement), and Calafol® Rx (micronutrients).

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Amby Genetics, a worldwide leader in diagnostic genetic testing, serves gastroenterologists through DNA sequence analysis and interpretation. We enable early, more accurate determination of the etiology of pancreatitis by providing comprehensive, full gene sequence analysis of the three genes that contribute significantly to this condition (CFTR, PRSS1, and SPINK1).

American Association of Ambulatory Surgery Centers • Booth #1339

P.O. Box 5271, Johnson City, TN 37062
The American Association of Ambulatory Surgery Centers (AAASC) is the national association dedicated to advancing high quality, physician led, and patient centered care in ambulatory surgical centers (ASC). AAASC diligently works to ensure physician ownership is protected and is the primary source for education and information for physician owned ASC. www.AAASC.org

American Association of Nurse Anesthetists • Booth #1304

222 South Prospect Avenue, Park Ridge, IL 60068-4001
The American Association of Nurse Anesthetists is the professional organization representing 36,000 Certified Registered Nurse Anesthetists (CRNAs). As advanced practice nurses, CRNAs practice with a high degree of autonomy and respect in every setting in which anesthesia is delivered. The field of nurse anesthesia is growing and career opportunities abound.

American College of Gastroenterology • Booth #1518

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American Express® Business Cards give you automatic access to the benefits and services that OPEN from American Express® has to offer, including benefits that can help you save money, gain control over your practice expenses, earn valuable rewards and much more.

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American Neurogastroenterology & Motility Society • Booth #209

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1199 Raritan Road, Clark, NJ 07066
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Elan Pharmaceuticals, PLC • Booth #524

7475 Lusk Boulevard, San Diego, CA 92121
Elan Corporation, PLC is a neuroscience-based biotechnology company committed to making a difference in the lives of patients and their families by dedicating ourselves to bringing innovations in science to fill significant unmet medical needs that continue to exist around the world. In autoimmune diseases, Elan is developing disease-modifying therapies in collaboration with Biogen Idec for multiple sclerosis, Crohn's disease and rheumatoid arthritis.

Elsevier • Booth #413

1600 John F. Kennedy Boulevard, Suite 1800, Philadelphia, PA 19103
Elsevier, a combined premier worldwide health science publishing company, incorporating Saunders, Mosby, Churchill Livingstone, Butterworth Heinemann and Hanley-Belfus presents our latest titles in Gastroenterology. Visit and browse through our complete selection of publications including books, periodicals, and software.

e-MDs • Booth #1612

9900 Spectrum Drive, Austin, TX 78717
e-MDs Solution Series is an integrated suite of administrative, financial, workflow, and clinical software solutions which help create an efficient paperless medical practice. Purchased separately or together, e-MDs software solutions help transform your medical office by improving workflow and increasing physician income, while creating an environment that fosters optimum patient care.

EndoSoft – UTECH Products, Inc. • Booth #1324

135 Broadway, Schenectady, NY 12305
EndoSoft®, A Division of Utech Products, Inc. is a global leader in the development and sales of state-of-the-art GI procedure documentation systems. EndoSoft® offers solutions with true and complete EMR. Our applications are designed to manage patient flow, from scheduling, to billing, and every process in between. EndoSoft currently provides solutions for all types of medical facilities, from solo physician office solutions to large multi-site hospitals implementing enterprise wide applications. Learn more at www.endosoft.com.

ERBE USA, Inc. • Booth #1008

2225 Northwest Parkway, Suite 105, Marietta, GA 30067
ERBE USA, Inc. distributes Electrosurgical Generators, Argon Plasma Coagulation Units, Cryosurgery Units, Lavage Pumps, and the latest in water-jet technology, the HELIX Hydro-jet™, to top medical professionals in gastrointestinal suites and Operating Rooms across the USA and Canada markets.

Ethicon Endo-Surgery, Inc. • Booth #732

4545 Creek Road, Cincinnati, OH 45242
Ethicon Endo-Surgery, Inc. develops and markets advanced medical devices for minimally invasive and open surgical procedures, focusing on procedure-enabling devices for the interventional diagnosis and treatment of conditions in general and bariatric surgery, as well as gastrointestinal health, gynecology and surgical oncology. More information can be found at www.ethiconendo.com.

Commercial Exhibitors

E-Z-EM, Inc. • Booth #825

1111 Marcus Avenue, Lake Success, NY 11042
E-Z-EM, a leading supplier of products for diagnosing gastrointestinal disorders, is dedicated to improving patient comfort, compliance, and quality of GI studies. Highlights include: CO2EFFICIENT Endoscopic CO2 Insufflators™, Suction Polyp Traps™, H2Score Hydrogen Breath Meters, Nutra Prep™ meal kits, LoSo Prep™ low-sodium, low-volume bowel cleansers, and Oxyguard™ and E-Z-Guard™ mouthpieces.

Ferndale Laboratories, Inc. • Booth #1215

780 West Eight Mile Road, Ferndale, MI 48220
Ferndale Laboratories, Inc. is dedicated to providing treatments for patients with anorectal disorders. Our products include: Analpram HC® (hydrocortisone acetate 1% or 2.5% and pramoxine hydrochloride 1%) – Cream, lotion, and kits offer patients relief of anorectal itching, burning, and inflammation. L.M.X. 5® (lidocaine 5%) – Anorectal cream providing temporary relief of pain, itching and discomfort associated with anorectal disorders.

Fleet Laboratories • Booth #1000

4615 Murray Place, Lynchburg, VA 24502
Fleet Laboratories™, a market leader in colon cancer screening preparations and consumer laxatives, is pleased to introduce the next generation of PHOSPHO-SODA®: PHOSPHO-SODA EZ-Prep™. Fleet Laboratories™ is also excited to welcome HydraLife®, formulated for optimal medical rehydration, to the Fleet® portfolio. Fleet Laboratories™ offers a complete line of laxative products and is committed to quality and innovation.

Fujinon Inc. • Booth #200

10 High Point Drive, Wayne, NJ 07470
Fujinon Inc., a member of the Fuji Film family, caters to the needs of every type of endoscopy facility, from teaching hospitals to ASCs. Fujinon is dedicated to providing cutting-edge technology, improving productivity and certified local service. Our new 4400 Fully Digital Endoscopy System brings you: High Definition (HD), Fuji Intelligent Color Enhancement™ (FICE)/ Multi Band Imaging™ and Super CCD.

Functional Brain-Gut Research Group • Booth #210

1820 Spruce Meadows Drive SE, Rochester, NY 55904

Ganeden Biotech, Inc. • Booth #1308

5915 Landerbrook Drive, Suite 304, Mayfield Heights, OH 44124
Ganeden Biotech Inc. is an OTC consumer health care company that markets Digestive Advantage and Sustenex. Our products are sold in over 40,000 U.S. retailers such as Wal-Mart, Walgreen's, CVS Pharmacy, Rite-Aid and K-mart. Ganeden products contain a powerful, patented strain of bacteria known to help maintain proper gastrointestinal function.

Gastroenterology & Endoscopy News • Booth #1121

545 West 45th Street, 8th Floor, New York, NY 10036
Gastroenterology & Endoscopy News, founded in 1978, is an independent monthly newspaper providing up-to-date, comprehensive, and objective specialty-specific news to gastroenterologists, colon and rectal surgeons, and hepatologists.

Gastroenterology & Hepatology • Booth #1610

611 Broadway, Suite 310, New York, NY 10012
Gastroenterology & Hepatology (G&H) is a monthly, independent peer-reviewed journal that is circulated to all U.S. gastroenterologists, pediatric gastroenterologists, hepatologists, colon/rectal surgeons and high prescribing PCPs. Content for the publication is directed by the strong input of experts in the field. *G&H* is a practical and readable journal containing the most up-to-date clinical information in gastrointestinal disorders, including diseases of the liver and biliary tract.

Geisinger Health System • Booth #745

100 N. Academy Avenue, Danville, PA 17821
Geisinger is a physician-led academic institution with an excellent blend of clinical/academics/research, affording a balanced lifestyle. We have over 700 physicians employed in 75 medical and surgical specialties/sub specialties, along with 25 ACGME accredited residency and fellowship programs, including a Gastroenterology Fellowship Program. Among our excellent benefits is paid med-mal. Visit us at: www.geisinger.org

GeniusDoc • Booth #1513

9001 San Fernando Boulevard, Sun Valley, CA 91352
GeniusDoc Gastro HER offers a flexible approach to practicing medicine with a powerhouse of information physicians need to provide patient-specific care in a matter of a few mouse clicks. With GeniusDoc, physicians enjoy a fully-integrated clinical practice and financial management system that truly captures the workflow of a medical practice, offering diagnostic and therapeutic options with business intelligence at the point of care for electronic billing submission.

GI Focus Groups, LLC. • Booth #304

10 Dani Drive, Northfield, NJ 08225
GI Focus Groups, LLC is a market research organization engaged by pharmaceutical, technology and equipment companies to mine physician opinions. Physician-consultants are recruited by us to engage in peer group sessions to provide crucial information about physicians' perception of medical therapies and market trends.

GI Pathology Partners, P.C. • Booth #308

150 Collins Street, Memphis, TN 38112
GI Pathology is the only physician-owned laboratory in the United States dedicated solely to the practice of gastrointestinal and liver pathology. The company provides the highest quality GI pathology diagnoses, made only by fellowship-trained gastrointestinal pathologists. Results are delivered back to its nationwide client base within an industry-leading 24 hours.

GI Supply • Booth #715

200 Grandview Avenue, Camp Hill, PA 17011
GI Supply manufactures endoscopic assist products for site/tissue identification, therapeutic relief, diagnostic testing and treatment. GI Supply's product line includes: SPOT – endoscopic "tattoo" marker, HPFAST/HPONE – rapid urease tests, VIADUCT – biliary/pancreatic stents, POLARWAND – cryotherapy, and BITELOCKS.

Gilead Sciences, Inc. • Booth #932

333 Lakeside Drive, Foster City, CA 94404
Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes therapeutics to advance the care of patients suffering from life-threatening disease worldwide. For more information, please visit www.gilead.com.

Given Imaging, Inc. • Booth #316

3950 Shackleford Road, Suite 500, Duluth, GA 30096
Given Imaging developed, produces and markets the Given® Diagnostic System, featuring the PillCam™ video capsule, a disposable, miniature video camera contained in a capsule which is ingested by the patient. The PillCam SB Video Capsule is the only naturally-ingested method for direct visualization of the entire small intestine. The PillCam ESO video capsule provides visual examination of the esophagus.

GlaxoSmithKline Consumer Healthcare • Booth #817

16 West State Street, P.O. Box 723, Sherburne, NY 13460
You are cordially invited to visit the GlaxoSmithKline Consumer Healthcare exhibit, where our professional sales representatives will provide product information and answer any questions you may have on our product. Citrucel® will be featured.

gMed • Booth #412

2125 N. Commerce Parkway, Weston, FL 33326
gMed offers an easy-to-use Gastroenterology digital charting system designed to automate, reduce costs and risks, increase revenues and improve care of the medical practice. Unlike others, gMed integrates reporting of specialty specific procedures that account for at least 40% of the Gastroenterologist's revenues.

Group Financial Services • Booth #116

300 Park Avenue South, 10th Floor, New York, NY 10010
Group Financial Services has been a leading provider of financial products and services to the Health Care Industry for more than 30 years. We have serviced more than 40,000 health care facilities nation wide. We specialize in the development and operation of in-house (and often Private Label) vendor finance programs for our Health Care manufacturer/ distributors partners.

Hammond Law Group • Booth #1352

441 Vine Street, 3311 Carew Tower, Cincinnati, OH 45202
Hammond Law Group, LLC is one of the largest law firms in the United States dedicated to business immigration law. We specialize in healthcare immigration, including advising Foreign Medical Graduates on nonimmigrant visa options (J-1, H-1B, O-1); immigrant visa options and J-1 waivers.

HRA Research • Booth #1306

400 Lanidex Plaza, Parsippany, NJ 07054
Our team of experienced interviewers will be distributing carefully developed questionnaires. We'll be gathering the answers to vital marketing and clinical questions/answers that can affect the introduction of new products or the continuation of existing healthcare products and services.

IFFGD • Booth #113

121 East Silver Spring, 2nd Floor West, Milwaukee, WI 53217
The International Foundation for Functional Gastrointestinal Disorders (IFFGD) is a nonprofit education and research organization dedicated to informing, assisting and supporting people affected by functional gastrointestinal and motility disorders.

INOVA Diagnostics • Booth #1511

9900 Old Grove Road, San Diego, CA 92131
INOVA Diagnostics, Inc. develops, manufactures and sells a complete line of autoimmune disease diagnostic kits & components for screening and specific autoantibody determinations. INOVA specializes in providing state-of-the-art proprietary testing products for celiac disease, including assays for autoantibodies to deamidated gliadin peptide and tTG. Other products groups include tests for gastrointestinal, autoimmune liver, rheumatoid arthritis, vasculitis, connective tissue disease, coagulation and endocrine diseases.

INOVERA Bioscience, Inc. • Booth #1808

P.O. Box 790, 921 Bethlehem Pike, Spring House, PA 19477
INOVERA Bioscience markets FORVIA® Multivitamin/ Mineral TABLETS and CHEWABLES, the first patented non-prescription product designed specifically to meet the nutritional deficiencies of Crohn's and ulcerative colitis patients. This fall, INOVERA introduces FORBONES calcium supplement, providing calcium, phosphorus and vitamin D in tablet form.

InScope a Division of Ethicon Endo-Surgery, Inc. • Booth #718

4545 Creek Road, Cincinnati, OH 45242
InScope, a new division of Ethicon Endo-Surgery, Inc., is committed to the development of Endoscopic devices and accessories designed to make a difference in clinical practice. By creating practical, innovative, and procedure-enabling devices, InScope is dedicated to enhancing the future of everyday Endoscopy.

Ion Healthcare • Booth #1237

9011 Arboretum Parkway, Suite 150, Richmond, VA 23236
Ion Healthcare is a patient care services company specializing in Sleep Apnea. Ion's clinically proven turnkey pathway allows a Colonoscopy Center to comply with the new ASA practice guides. Patients with Sleep Apnea need special care. We can help.

The Joint Commission • Booth #1800

One Renaissance Boulevard, Oakbrook Terrace, IL 60181
Joint Commission accreditation is the gold standard for ambulatory care and office-based surgery. Over 1400 outpatient clinics, comprising over 40 different types of settings, have discovered the real value that accreditation brings to their organizations: competitive advantage, professional improvement, community confidence, and a more organized business.

Jordan Hospital • Booth #1820

275 Sandwich Street, Plymouth, MA 02360
Jordan Hospital is a non-profit, acute care, 160-bed Magnet hospital in coastal Plymouth, Massachusetts, 45 minutes from Boston. The Hospital has served 12 growing towns for a century. The 30+ departments, programs and services provide excellent, comprehensive inpatient and outpatient care during 300,000 encounters and 52,000 ED visits each year.

Kenwood Therapeutics • Booth #1418

383 Route 46 West, Fairfield, NJ 07004-2402
Kenwood Therapeutics, a division of Bradley Pharmaceuticals, Inc. has been providing quality therapies for more than 60 years to physicians who treat gastrointestinal disorders. Kenwood products include Peranex™ brand hemorrhoid therapies, Flora-Q® and Flora-Q™ 2 probiotics (dietary supplements) and Pamine® brand antispasmodic/anticholinergics.

L3 Healthcare Design, Inc. • Booth #415

375 Douglas Avenue, #2009, Altamonte Springs, FL 32714
L3 Healthcare Design, Inc. is a nationally recognized professional provider of Design and Development services for Ambulatory Surgery Centers, Clinics and Imaging Centers. Our team includes Medical Planners, Architecture and Engineering as well as consulting for state Accreditation and Medicare Licensure.

Lakewood Pathology Associates • Booth #743

1200 River Avenue, Building 10, Lakewood, NJ 08701
Founded in 1990, Lakewood Pathology Associates is a national, full service anatomical pathology company providing pathology services tailored to the outpatient needs of gastroenterologists. Our facility is accredited by the College of American Pathologists with an award of distinction for exceptional service and quality.

Lippincott, Williams & Wilkins • Booth #737

1485 Tullamore Lane, Phoenixville, PA 19460
See new and current textbooks and journals in gastroenterology. Subscribe to *Current Opinion in Gastroenterology* and get 3 years for the price of 1!!!!

Market Access Partners • Booth #916

3236 Meadowview Road, Evergreen, CO 80439
Market Access Partners provides market research consulting to the medical device and pharmaceutical industries. We use innovative qualitative and quantitative methodologies to research opinions of physicians, nurses and patients. We offer a management-oriented approach to product development and marketing.

MD-Reports/ Infinite Software Solutions, Inc. • Booth #739

1110 South Avenue, Suite 303, Staten Island, NY 10314
MD-Reports offers Gastroenterologists Electronic Medical Records (EMR) solutions for documentation. Endoscopy module generates procedure reports with Images, Referral letters and Discharge Instructions in a quick and efficient manner EMR/ Consultation offers comprehensive History & Physical, Follow-up notes, Organized Document Scanning, Paperless Patient Charts. MD-Reports Software eliminates transcription, imaging costs, increases efficiency and accuracy. www.md-reports.com

MediCapture • Booth #1709

580 West Germantown Pike, #103, Plymouth Meeting, PA 19462
MediCapture offers complete image capture solutions for the OR. The MediCap USB200 easily records digital video and still images to a USB flash drive from virtually any video source, including endoscopes, arthroscopes, surgical microscopes, etc. It's affordable and easy to use. Come try the USB200 yourself at our booth and discover how simple video capture can be.

Medi-Corp, Inc. • Booth #838

25 Commerce Drive, Cranford, NJ 07016
Anesthesiology Billing Specialists – GI Centers and offices are utilizing our services to help them secure more revenue for themselves by billing for the anesthesia portion of the procedure. We have over 25 years experience in billing for anesthesia, so please give us a call to discuss your options.

MedPage Today, LLC. • Booth #1230

150 Clove Road, Little Falls, NJ 07424
MedPage Today is "News + CME." We provide clinicians with real time medical news coverage that also offers CME/CE credit. The result is daily engagement with a highly loyal audience. Our news coverage is reviewed and approved by the University of Pennsylvania School of Medicine, which provides CME accreditation.

Commercial Exhibitors

Medtronic • Booth #1811

8299 Central Avenue, NE, Minneapolis, MN 55432-2023
Medtronic is the global leader in medical technology—alleviating pain, restoring health and extending life for millions of people around the world. Products for the GI nurse include the Bravo® pH monitoring system plus Enterra® Therapy, an implantable neurostimulation system to treat gastroparesis.

Meretek Diagnostics • Booth #814

2655 Crescent Drive, Suite C, Lafayette, CO 80026
Meretek Diagnostics provides the BreathTek™ System, which detects active *H. pylori* infection. BreathTek is CLIA non-regulated and cleared by the FDA for initial diagnosis and post-treatment monitoring of *H. pylori*. The test is easily administered in the office setting, with results in about 2 minutes.

MGI Pharma, Inc. • Booth #1205

5775 West Old Shakopee Road, #100, Bloomington, MN 55437
MGI Pharma, Inc. is a biopharmaceutical company focused in oncology and acute care that acquires, researches, develops and commercializes proprietary products that address the unmet needs of patients. MGI Pharma markets Aloxi® (palonosetron hydrochloride) Injection, Dacogen™ (decitabine) for Injection and Gliadel® (polifeprosan 20 with carmustine implant) Wafer in the U.S.

Micro Direct, Inc. • Booth #208

803 Webster Street, Lewiston, ME 04240
Micro Direct will be displaying the MicroH2, Hydrogen Monitor. The MicroH2 is an innovative handheld unit designed for simple screening of lactose malabsorption and other sugars malabsorption. Combining accuracy and simplicity at an economical price, the MicroH2 provides a fast and easy-to-read display of expired Hydrogen levels in ppm.

National Digestive Diseases Information Clearinghouse • Booth #203

8280 Greensboro Drive, Suite 300, McLean, VA 22102
National Digestive Diseases Information Clearinghouse (NDDIC) is an information and referral service of the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK), one of the National Institutes of Health. The clearinghouse responds to inquiries, develops and distributes publications, and provides referrals to digestive diseases organizations.

National Pancreas Foundation • Booth #111

364 Boylston Street, 4th Floor, Boston, MA 02116
NPF is the only national not-for-profit group dedicated to scientific research in all forms of pancreatic disease—both pancreatitis and pancreatic cancer. Over the past nine years, we have funded 56 research projects. We also support patients and doctors through our educational programs.

Natren, Inc. • Booth #1440

3105 Willow Lane, Westlake Village, CA 91361

Nature Publishing Group • Booth #849

75 Varick Street, 9th Floor, New York, NY 10013-1917
Nature Clinical Practice Gastroenterology & Hepatology provides physicians with authoritative, timely and accessible interpretations of key developments in the field, translating the latest findings into clinical practice. Coverage includes diagnosis and treatment of functional gastrointestinal disorders, inflammatory diseases, cancer, infection, and nutritional disorders. Complimentary Copies are available at booth 849.

Neoguide Systems • Booth #632

104 Cooper Court, Los Gatos, CA 95032
NeoGuide Systems is developing and commercializing innovative technology designed to revolutionize the way physicians visualize and deliver therapies within the body. The company's initial product, the NeoGuide Endoscopy System, is designed to address the major limitations of colonoscopy.

NeuSys Imaging Systems Solutions • Booth #1348

1500 Pinecroft Road, Suite 212, Greensboro, NC 27407
NeuSys is a leader in clinical diagnostic imaging products, representing Neusoft, a new manufacturer of high quality imaging systems, tailored to your clinical needs, scaled to fit your site, designed with the private practitioner in mind. NeuSys provides total solutions including sales, consulting, project management, construction, service, financing and more.

Nueterra Healthcare • Booth #1721

11221 Roe Avenue, Suite 320, Leawood, KS 66211
Nueterra Healthcare's Single Specialty Division provides a single-source development and management solution for endoscopic ambulatory surgical facilities. Our GI Division's unique model offers physician majority ownership and ensures a physician's control of clinical outcomes, operational efficiency, patient satisfaction and profitability.

The Oley Foundation • Booth #211

214 Hun Memorial Albany Medical Center, Albany, NY 12208
The Oley Foundation for home parenteral/enteral nutrition (homePEN) is a nonprofit organization which provides its 6,000+ members with critical information regarding research, health insurance, and medical advances. It is also a source of support, helping homePEN patients overcome the psycho-social challenges they face. All services are free to patients.

Olympus America Inc. • Booth #1124 & 1224

3500 Center Corporate Parkway, Center Valley, PA 18034
The Olympus Difference is clear to see with the most extensive endoscopy offering available. This year showcases the Olympus Difference with emphasis on new small bowel technologies, HDTV/Narrow Band Imaging (NBI), V-System, Autofluorescence Imaging (AFI), new EndoTherapy and EUS...all driven from a single platform. See it all in one place!

Omega Medical Imaging, Inc. • Booth #1738

675 Hickman Circle, Sanford, FL 32771
Omega Medical Imaging introduces e-View, the only dedicated X-Ray Fluoro System designed from inception for performing ERCP studies. The e-View eliminates drawbacks that occur when using the Radiology R/F Systems or Mobile C-Arms. Features include Low Dose Fluoro, High Power X-Ray Generator, Large Field of View, and Substantially Reduced Scatter Radiation. Addition information: Visit our Booth # 1738.

Osiris Therapeutics, Inc. • Booth #1343

7015 Albert Einstein Drive, Columbia, MD 21046
Osiris Therapeutics is a leading adult stem cell company developing products for patients with inflammatory, orthopedic and cardiovascular diseases. Mesenchymal Stem Cells are non-immunogenic, allowing the development of treatments derived from unrelated donors. We have two drug candidates in Phase 3 trials and a deep pipeline of earlier stage programs.

Pathology Solutions, LLC • Booth #1249

2-12 Corbett Way, Eatontown, NJ 07724
Pathology Solutions is a state-of-the-art anatomic pathology lab which has an expertise in setting up gastroenterologists with an in-office pathology program and allow them to practice better medicine for their patients. They offer their clients a quick turnaround time on processing their patient's biopsies along with all the program and personnel support needed to get practice in compliance with Stark Law regulations.

PathOptions • Booth #1336

709 St. Andrews Road, Hollywood, FL 33021
PathOptions is the leading provider of In-Office Pathology Solutions. Our labs are owned/staffed by GI-Fellowed Pathologists who support the TC/PC business model. Integrated reports/24 hour turn-around/access to top local Pathologists. Call Daniel Karten at 954-347-5611 or email dkarten@pathoptions.com to learn more.

Pentax • Booth #724

102 Chestnut Ridge Road, Montvale, NJ 07645-1856
Introducing the world's most intuitive and powerful video processor, the PENTAX EPK-i. This innovative product offers a resolution of 1.25 mega pixels, providing the sharpest HD endoscopic image available. The EPK-i incorporates automatic physician customization, remote servicing and On-Demand Benchmarking tools that address individual demands and preferences for a more efficient lab!

Pfizer, Inc. • Booth #1710

235 E. 42nd Street, New York, NY 10017
Please visit the Pfizer Inc., U.S. Pharmaceuticals exhibit featuring CELEBREX® (celecoxib).

Philips • Booth #1207

3000 Minuteman Road, Andover, MA 01810
As a leading supplier of medical equipment and related services, Philips Medical Systems offers a patient-first approach to technology that makes sense for today's clinical care environments. With Philips solutions, sophisticated technology becomes less intrusive, more intuitive and enhances the healthcare experience for clinicians and patients. Visit Booth 1207. 1-800-934-7372.
www.medical.philips.com

Physicians Endoscopy • Booth #1500

1456 Ferry Road, #305, Doylestown, PA 18901
Physicians Endoscopy develops and manages endoscopic ambulatory surgery centers in partnership with practicing GI physicians. Our 14 operating centers provide services to over 100,000 patients annually. The company has two additional centers under development. Our strategy is simple—SERVICE. Our company is forthright, reliable, and communicative, and we deliver upon expectations and promises.

Physicians RightPath, LLC • Booth #114

2500 S.W. 17th Road, Building 100, Ocala, FL 34474
Physicians RightPath provides comprehensive support services for the development, implementation, and operation of practice-based pathology laboratories for qualifying group practices. These services include feasibility determination; laboratory premises, equipment, and staff acquisition; billing, collections, and data management. PRP supported laboratories ensure superior diagnostic pathology services and optimize practice profitability.

Practical Gastroenterology • Booth #512

99 B Main Street, Westhampton Beach, NY 11978
Our exhibit will consist of journals.

PracticeMatch Integro • Booth #735

600 Emerson Road, Suite 450, St. Louis, MO 63141
PracticeMatch was chosen #1 among hospitals and clinics in 2006 for lists and data services. Physician recruiting services include: detailed physician profiles, online recruitment software, full-service physician recruitment (PracticeMatch Integro) and physician sourcing tools to aid in the healthcare recruitment process. For more information on our products and services contact us at 800.489.1440 or www.practicematch.com.

PracticeLink • Booth #820

415 Second Avenue, Hinton, WV 25951
PracticeLink®.com – The Online Physician Job Bank™ – is the leading physician employment website. There are more than 13,000 practice opportunities represented on the PracticeLink.com website. More than 18,000 residents, fellows and practicing physicians will use PracticeLink each year in their effort to find the right practice. Visit our website PracticeLink.com or call 1-800-776-8383.

PriCara • Booth #708

1000 Route 202, Raritan, NJ 08869
PriCara, Unit of Ortho-McNeil, Inc., is dedicated to serving Primary Care physicians. We currently market products to treat pain, acid reflux disease and infectious diseases.

Procter & Gamble • Booth #1112

8700 Mason-Montgomery Road, Mason, OH 45040
Procter & Gamble invites you to visit our exhibits to obtain the latest information about our brands: Asacol® (mesalamine), Metamucil, Fibersure, Align, and Prilosec OTC.

Prometheus • Booth #906

9410 Carroll Park Drive, San Diego, CA 92121
Prometheus Laboratories, Inc. is a specialty pharmaceutical company committed to developing new ways to help physicians individualize patient care. The Company focuses on the treatment, diagnosis and detection of gastrointestinal, autoimmune and inflammatory diseases and disorders by integrating therapeutics and diagnostic services.

ProPath • Booth #1209

8267 Elmbrook #100, Dallas, TX 75247
PROPATH's Gastrointestinal Pathology Division, led by Cory A. Roberts, MD, is a premier provider of laboratory services to gastroenterologists and endoscopy centers nationwide. Our board certified gastrointestinal pathologists offer a complete list of testing capabilities, on-site advanced diagnostic technologies, rapid turnaround time, and state-of-the-art technology solutions for unmatched patient care.

ProVation Medical, Inc. • Booth #834

800 Washington Avenue N., #400, Minneapolis, MN 55401
Procedure documentation and coding compliance software that replaces dictation/ transcription, captures images from scopes and automatically generates correct ICD-9/CPT/CCI codes. ProVation MD software for physician procedure documentation and ProVation MultiCaregiver software for perioperative documentation enhance revenue by streamlining workflow, eliminating paper charting and dictation/image printing costs and improving coding accuracy.

QDX Pathology Services • Booth #1438

46 Jackson Drive, Cranford, NJ 07016
QDx Pathology Services is an independent, CLIA certified, state-of-the-art pathology company, specializing in anatomic pathology, as well as cytopathology, and a full range of ancillary services. Our staff of experienced board-certified pathologists and cytotechnologists are dedicated to providing clinicians and patients with diagnostic excellence.

QOL Medical, LLC • Booth #1436

10 Stoneleigh Drive, Scotch Plains, NJ 07076
QOL (quality of life) Medical is a specialty pharmaceutical company dedicated to acquiring FDA approved drugs that are essential for treating rare diseases. Please visit our booth to learn more about Nascobal® Nasal Spray (Cyanocobalamin USP), a breakthrough for B12 deficiency and Sucraid® (sacrosidase) oral solution for sucrase-isomaltase deficiency, a simple solution for a difficult disease.

Quest Diagnostics, Inc. • Booth #1214

16 W. State Street, Box 723, Sherburne, NY 13460
Quest Diagnostics is the leading provider of diagnostic testing, information and services that patients and doctors need to make better healthcare decisions. We offer the broadest access to health testing services. Each day, over half a million people rely on us to provide their doctors with medical information to help them assess whether their patients are healthy or ill.

QuinTron Instrument Company • Booth #719

3712 W. Pierce Street, Milwaukee, WI 53215
QuinTron's NEW BreathTracker™ instruments are exceptionally accurate, offering hydrogen and methane analysis with carbon dioxide correction, helping aide physicians in diagnosing carbohydrate malabsorption and small intestinal bacterial overgrowth (SIBO). BreathTracker™ instrumentation utilizes long-life, solid-state detectors that save money and have a full three-year warranty. Free mail-in kits are also available.

Commercial Exhibitors

Redfield Corporation • Booth #818

336 West Passaic Street, Rochelle Park, NJ 07662
The Redfield IRC2100 Infared Coagulator is the leading non-surgical device for treating internal hemorrhoids. IRC treatments are easy to perform, well-tolerated by patients and offer excellent reimbursement. Redfield also sells a variety of anosopes and other accessories. Visit us for a hands-on demonstration.

RedPath Integrated Pathology • Booth #312

816 Middle Street, Floor 2, Pittsburgh, PA 15212
RedPath Integrated Pathology, Inc. provides specialized cancer diagnostic testing. We are a commercial laboratory focused on facilitating superior disease diagnosis for pathologists, oncologists and clinicians. PathFinderTG®, our patented molecular-based analysis, integrates with routine pathology review of fixed slides, cytology and fluid specimens to render a definitive diagnosis where none would otherwise exist, improving patient clinical management and outcomes.

Restech • Booth #548

10804 Willow Court, Suite B, San Diego, CA 92127
Restech's Dx-pH Measurement System™ detects extraesophageal reflux in real time with its highly sensitive Dx-pH Probe™. Introduced transnasally and guided by a blinking LED, the tip of the probe rests behind the soft palate for 24-48 hours. The Dx-System helps determine the significance of extraesophageal reflux and its relationship to patient symptoms.

Rheumatology Diagnostics Laboratory, Inc. • Booth #1707

10755 Venice Boulevard, Los Angeles, CA 90034
RDL Reference Laboratory specializes in esoteric testing and is known for maintaining exceptionally high standards in reliability and customer service. RDL offers testing for Inflammatory Bowel Disease, Celiac Disease and a Primary Biliary Cirrhosis panel exclusive to RDL.

Roche Laboratories, Inc. • Booth #900

340 Kingsland Street, Nutley, NJ 07110
Roche is a worldwide leading innovator of pharmaceuticals and diagnostics. Our people are engaged in the discovery, development, manufacturing and marketing of prescription medicines in a wide variety of therapeutic areas, including cancer, HIV/AIDS, hepatitis C, transplantation, influenza and osteoporosis. We invite you to our booth to learn more about Pegasys. www.rocheusa.com or www.roche.us.

Romark Pharmaceutical • Booth #436

3000 Bayport Drive, Suite 200, Tampa, FL 33607
Nitazoxanide (Alinia®, Romark Laboratories, LC) is a thiazolide anti-infective which has a broad spectrum of activity against parasites, anaerobic bacteria, and viruses. It is currently indicated in the United States for cryptosporidiosis and giardiasis in both pediatric and adult patients. Nitazoxanide is a safe medication, with a side-effect profile similar to placebo, and has been studied in children as young as five months of age (Rotavirus diarrhea).

Salix Pharmaceuticals, Inc. • Booth #1624

1700 Perimeter Park Drive, Morrisville, NC 27560
Salix Pharmaceuticals, Inc. follows a competitive strategy of in-licensing late-stage pharmaceutical products to treat GI diseases. The Salix portfolio includes COLAZAL®, XIFAXAN®, OsmoPrep™, MOVIPREP®, AZASAN®, ANUSOL-HC®, PROCTOCORT®, PEP-CID® Oral Suspension, and DIURIL® Oral Suspension. Exceptional customer service, a dedicated specialty sales force, and quality products underscore Salix's commitment to the gastroenterology community.

Sandhill Scientific • Booth #1131

9150 Commerce Center Circle, #500, Highlands Ranch, CO 80129
Sandhill Scientific has been a world wide leader in the field of gastroenterology diagnostics for over 25 years. Known for innovative technologies, the company continues to lead the industry in high definitions GI diagnostic systems. For example, exclusive, cutting-edge impedance (Z) technology enables you to precisely differentiate patient diseases presenting with similar esophageal symptoms.

Santarus Inc. • Booth #1901

10590 West Ocean Air Drive, Suite 200, San Diego, CA 92130
Santarus, Inc., is a specialty pharmaceutical company focused on acquiring, developing and commercializing products for the prevention and treatment of gastrointestinal diseases and disorders. Santarus launched the first and only immediate-release oral PPI for the treatment of symptomatic GERD, Erosive Esophagitis, Duodenal Ulcer, Gastric Ulcer, UGI Bleed in Critically Ill Patients.

Schering-Plough • Booth #808

2000 Galloping Hill Road, Kenilworth, NJ 07033
Schering Corporation is a research based pharmaceutical company with headquarters in Kenilworth, NJ. Visit the Schering-Plough booth to learn more about PEG-INTRON® (Peginterferon alfa-2b) Powder for Injection REDIPEN™ Single-dose Delivery System, REBETOL® (Ribavirin, USP) Capsules, and their numerous hepatitis support programs.

Schwarz Pharma • Booth #1239

6140 West Executive Drive, Mequon, WI 53092
Schwarz Pharma offers products for the treatment of gastrointestinal diseases, bringing excellence and innovation to the health care community. Schwarz Pharma currently markets TriLyte™ with flavor packs (PEG-3350, sodium chloride, sodium bicarbonate and potassium chloride for oral solution). Visit us at www.trilyte.com and www.yourcolonhealth.com.

Shire U.S., Inc. • Booth #324

725 Chesterbrook Boulevard, Wayne, PA 19087
Shire's strategic goal is to become the leading specialty pharmaceutical company that focuses on meeting the needs of the specialist physician. Shire focuses its business on central nervous system (CNS), gastrointestinal (GI), general products (GP) and human genetic therapies (HGT)—all being areas in which Shire has a commercial presence.

Sierra Scientific Instruments • Booth #820

5757 Century Boulevard, Suite 600, Los Angeles, CA 90045
Sierra Scientific Instruments, Inc. produces the ManoScan 360™ High-Resolution Manometry (HRM) system. A complete esophageal manometry study takes 10 minutes! It dramatically reduces patient discomfort, nurse and physician time commitments and costs/revenue ratios. The ManoScan 360™ is also available for anorectal manometry studies. SSI also produces the AccuTrac pH™ combined Impedance & pH reflux monitoring systems.

Sigma-Tau Pharmaceuticals, Inc. • Booth #948

9841 Washingtonian Boulevard, Gaithersburg, MD 20878
VSL#3 is the probiotic medical food for the dietary management of Ulcerative Colitis (UC), Irritable Bowel Disease (IBS), or an Ileal Pouch. VSL#3 is imported by Sigma-Tau Pharmaceuticals, Inc., a subsidiary of Sigma-Tau S.p.A.

SLACK, Inc. • Booth #1302

6900 Grove Road, Thorofare, NJ 08086
SLACK Incorporated is a leading medical publisher that is renowned in the area of Gastroenterology. We are excited to present high-quality books for today's gastroenterologist. Stop by our booth to see our new and best-selling titles.

SmartPill Corporation • Booth #418

847 Main Street, Buffalo, NY 14203
The SmartPill Corporation is a developer of ingestible, capsule-based medical devices, peripheral software and electronic components that aid in the diagnosis, definition and therapeutic intervention of gastrointestinal disorders and diseases. Contact us at 1.800.644.4162 or visit our website at www.smartpillcorp.com.

Solvay Pharmaceuticals, Inc. • Booth #800

901 Sawyer Road, Marietta, GA 30062
Solvay Pharmaceuticals, Inc., of Marietta, Georgia is the U.S. subsidiary of Solvay Pharmaceuticals, a research driven group of companies that constitute the global pharmaceutical business of the Solvay Group. The company seeks to fulfill carefully selected, unmet medical needs in the therapeutic areas of neuroscience, cardio-metabolic, influenza vaccines, gastroenterology, specialized markets and men's and women's health.

Commercial Exhibitors

Spirus Medical • Booth #342

1063 Turnpike Street, Stoughton, MA 02072

Spirus Medical, Inc. designs and markets the Endo-Ease™ Endoluminal Advancement System. A significant innovation in flexible GI endoscopy, this revolutionary system enables gastroenterologists to perform flexible endoscopy procedures more efficiently. The Endo-Ease Advantage™, Endo-Ease Vista™, and Endo-Ease Discovery™ SB currently represent the family of disposable products.

Stryker-GI • Booth #938

1420 Lakeside Parkway, #110, Flower Mound, TX 75028

Stryker GI provides the only practical disposable solution to endoscopy, applying new platform technology that virtually eliminates the need for reprocessing by maintaining a totally clean environment. Introducing Stryker ProtectiScope™ CS: for a clean, safe colonoscopy with a fully integrated disposable system, LED illumination, proprietary propulsion technology and high resolution imaging you expect.

Takeda Pharmaceuticals North America • Booth #1824

One Takeda Parkway, Deerfield, IL 60015

AMITIZA® (lubiprostone) is indicated for the treatment of chronic idiopathic constipation in adults. AMITIZA is the only prescription medication for CIC approved for use in adults of all ages, including those 65 years and over and that has demonstrated effectiveness beyond 12 weeks. AMITIZA was developed by Sucampo Pharmaceuticals, Inc., and is jointly marketed in the United States by Sucampo and Takeda Pharmaceuticals North America, Inc.

TAP Pharmaceuticals, Inc. • Booth #1506

675 N. Field Drive, Lake Forest, IL 60045

Visit booth #1506 to hear about what's new with PREVACID® (lansoprazole). You can also enjoy a cup of TAPpuccino while talking to our representatives. TAP Pharmaceutical Products Inc. is located in Lake Forest, IL, a joint venture of Abbott Laboratories and Takeda Chemical Industries of Japan.

TeleVox • Booth #1235

1110 Montlamar Drive, Suite 700, Mobile, AL 36609

With over 12,000 customers nationwide and 15 years of experience, TeleVox Software is the leader in doctor-patient communications. TeleVox offers HouseCalls™ automated messaging system, LabCalls® lab results inquiry, Vox On-Hold™ on-hold messaging and WebPlus™ website design and hosting. TeleVox solutions maximize staff time, reduce no-shows, and enhance practice operations.

Temple University Health System • Booth #1802

2450 W. Hunting Park Avenue, Philadelphia, PA 19129

Temple University Health System is a major provider of integrated healthcare services for the Delaware Valley. The Health System maintains a vigorous and dynamic platform for education, while enhancing the health of the communities it serves. The non-profit network of hospitals provides a comprehensive array of services and provides an environment for the highest quality patient care.

Three Rivers Pharmaceuticals • Booth #1330

312 Commerce Park Drive, Cranberry Township, PA 16066

Three Rivers Pharmaceuticals devotes its efforts and resources to developing, manufacturing, and marketing pharmaceutical therapies which are indicated for diseases/medical conditions requiring specialized treatment. Currently, Three Rivers Pharmaceuticals markets prescription drugs in both the U.S. and internationally, in the therapeutic categories of antiviral and antifungal agents. Three Rivers Pharmaceuticals has broadened its presence in the hepatitis C market with the launch of Ribasphere® Tablets and RibaPak™.

Tushower • Booth #950

19 Pierce Road, Egg Harbor Township, NJ 08234

TUSHOWER® is designed to provide pain relief for those who suffer with hemorrhoids by keeping the affected area clean. The Tushower-head is installed on the bottom rear of the toilet seat and provides a stream of fresh warm water to clean the tush of anyone sitting on the seat. Visit us at www.tushower.com.

UCB, Inc. • Booth #1234 & 1248

1950 Lake Park Drive, Smyrna, GA 30080

UCB, Inc., with U.S. headquarters in Smyrna, Georgia, is a leading biopharmaceutical company, specializing in the fields of central nervous system disorders, allergy and respiratory disease, immune and inflammatory disorders and oncology. Please visit our booth to learn more about our products.

University of Pittsburgh • Booth #1233

200 Lothrop Street, Pittsburgh, PA 15213

The University of Pittsburgh Division of Gastroenterology, Hepatology and Nutrition unites physicians and scientists for excellence in patient care, education and research, providing the best of tomorrow's medicine today. New clinical and research faculty are being recruited currently, and interviews may be arranged onsite at booth #1233.

Validare, Inc. • Booth #1337

2410 San Ramon Valley Boulevard, Suite 200, San Ramon, CA 94583

Get reimbursed by health plans for your Office-Based Surgery facility. Validare provides accreditation consulting, accreditation maintenance, billing & collection of facility fees, and health plan contracting services. This is the most cost-effective way for outpatient surgery and invasive diagnostic procedures (i.e., colonoscopies) to be performed. See us for our expertise in accreditation consulting and increasing physicians' revenue from facility fees.

Vision-Sciences, Inc. • Booth #442

40 Ramland Road, South, Suite 1, Orangeburg, NY 10962

Wiley • Booth #302

111 River Street, Hoboken, NJ 07030

Wiley is a global publisher of professional, consumer, scientific and technical books, journals, textbooks and education materials. Among its many imprints are the world renowned "For Dummies" line as well as Webster's New World, CliffNotes, Frommers, Betty Crocker books, and Jossey-Bass. To see more about these and our other imprints, visit Wiley at www.wiley.com.

Wyeth Pharmaceuticals • Booth #740

500 Arcola Road, Collegeville, PA 19426

Wyeth Pharmaceuticals, a division of Wyeth (NYSE:WYE), has leading products in the areas of women's health care, infectious disease, gastrointestinal health, central nervous system, inflammation, transplantation, hemophilia, oncology, vaccines and nutritional products.

Yakult USA, Inc. • Booth #1334

2337 Lemoine Avenue, Suite 104, Fort Lee, NJ 07024

Yakult Honsha Co., Ltd. (Japan) has been dedicated to working on Probiotics with its pioneer cultured drink "Yakult" containing Lactobacillus casei Shirota since 1935. At the Yakult Central Institute for Microbiological Research (Japan), around 250 researchers are committed to exploring a wide range of studies on the benefits of microorganisms.

Saturday, October 13

5:30 pm – 8:00 pm • Marriott Salon GKL
Centocor
Medical Crossfire: Update on Clinical Achievements in Inflammatory Bowel Diseases

Saturday, Oct. 13
8:30 pm – 12:00 Midnight • Marriott Salon HIJ
Fleet Pharmaceuticals
Eliminating Inadequate Bowel Preparation: Practical Recommendations.

Sunday, October 14

Sunday, Oct. 14
6:30 am – 7:45 am • Convention Center Room 201 ABC
Salix Pharmaceuticals, Inc.
Discontinued Products, Uncertain Data, Changing Options: Selecting Effective and Reliable Treatment for IBS

Sunday, Oct. 14
5:00 pm – 7:00 pm • Marriott GKL
Abbott
Current Controversies in Biologic Therapy of Crohn's Disease: Debating the Application of Emerging Clinical Data to Daily Treatment Decisions

Sunday, Oct. 14
7:00 pm – 8:30 pm • Marriott Salon HIJ
Takeda
The Idiopathic Constipation and IBS-C Interface: Concepts, Controversies and Considerations for Clinical Practice

Sunday, Oct. 14
8:30 pm – 12:00 Midnight • Loew's Regency Ballroom
UCB
A Case-Based Discussion on Managing Crohn's Disease: Integrating the New Generation of Anti-TNF- α Therapies

Monday, October 15

Monday, Oct. 15
5:30 pm – 7:00 pm • Marriott HIJ
Procter & Gamble
FREEDOM FROM IBD: Keys to Personalized Management

Monday, Oct. 15
9:00 pm – 11:00 pm • Marriott GKL
Braintree Laboratories
Desert with the Professors: An Interesting Set of Perspectives on Bowel Cleansing Options

Tuesday, October 16

Tuesday, Oct. 16
6:30 pm – 8:00 pm • Marriott ECD
TAP Pharmacueticals
Esophageal Diseases: Fast Track Issues to Watch For!

Tuesday, Oct. 16
8:00 pm – 12:00 Midnight • Marriott AB
Dannon Company
Probiotic Applications in Gastrointestinal Health and Disease

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