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GASTROENTEROLOGY

JUNE 7-9, 2024
THE CAPITAL HILTON
WASHINGTON, DC

2024 ACG IBD SCHOOL & EASTERN REGIONAL POSTGRADUATE COURSE

> ACG'S IBD SCHOOL > EASTERN REGIONAL POSTGRADUATE COURSE

EARN UP TO **7.5 CME** CREDITS | EARN UP TO **7.5 MOC** POINTS EARN UP TO **11.5 CME** CREDITS | EARN UP TO **11.5 MOC** POINTS

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Special Issue:
WELL-BEING

JOY AND WELL-BEING IN THE PRACTICE
OF MEDICINE - THE IMPORTANCE OF THE
HUMAN CONNECTION

ACG MAGAZINE



[BIT.LY/ACG-MAG-WELLBEING](https://bit.ly/acg-mag-wellbeing)

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Tune It Up
**A Concert to Raise Awareness of
Colorectal Cancer**

Thursday, March 28, 2024 at 8 pm ET

gi.org/concert



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AJG The American Journal of GASTROENTEROLOGY

ACG MONOGRAPH ON MICROBIOME THERAPEUTICS

→ Currently available online and in print

Wolters Kluwer

ACG INSTITUTE FOR CLINICAL RESEARCH AND EDUCATION

Unrestricted educational grants to support the monograph have been provided to the ACG Institute for Clinical Research and Education from Nestlé Health Science and Seres Therapeutics and Ferring Pharmaceuticals Inc.

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ACG Virtual Grand Rounds

universe.gi.org

Participating in the Webinar

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

Moderators:
Mohamad I. Itani, MD
and
Sophia Dar, MD

Exit

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!



Tune It Up
A Concert to Raise Awareness of
Colorectal Cancer
Thursday, March 28, 2024 at 8 pm ET
gi.org/concert

Week 13 – Thursday, March 28, 2024: There will be no ACG Virtual Grand Rounds this week.

Week 13 – Thursday, March 28, 2024:
“Tune It Up” Concert to Raise Awareness of Colorectal Cancer
At 8pm Eastern

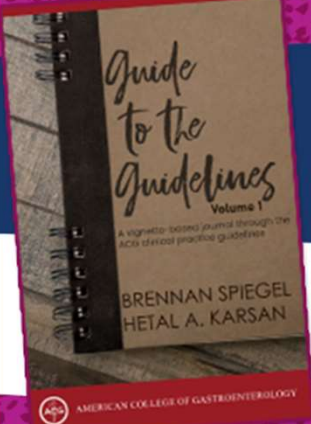
Week 14 – Thursday, April 4, 2024: There will be no ACG Virtual Grand Rounds this week.




Week 15 – Thursday, March 14, 2024
Exocrine and Endocrine Complications of Pancreatitis
Faculty: Ari Grinspan, MD, FACP and Olga Aroniadis, MD, MSc, FACP
Moderator: Neil H. Stollman, MD, FACP
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register

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Disclosures



Aasma Shaukat, MD, MPH, FACC:
 "Iterative Scopes Inc.: Advisory Board
 Freenome: Consultant
 Medtronic: Consultant
 Motus GI: Consultant"



Folasade P. May, MD, PhD, MPhil:
 Advisory/consultant : Exact Sciences,
 Medtronic, Natura, Geneoscopy



Mohamad I. Itani, MD: No relevant financial relationships with ineligible companies.



Sophia Dar, MD: No relevant financial relationships with ineligible companies.



Mr. Jeff Dincher: No relevant financial relationships with ineligible companies.



Ms. Evelyn Farm: No relevant financial relationships with ineligible companies.

*All of the relevant financial relationships listed for these individuals have been mitigated

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ACG VIRTUAL GRAND ROUNDS: CRC MONTH

Colorectal Cancer: Insight from Survivors and Experts

TUESDAY, MARCH 26, 8:00-9:00 PM ET



Dr. Aasma Shaukat
Faculty



Dr. Folasade P. May
Faculty



Dr. Mohamad I. Itani
Moderator



Dr. Sophia Dar
Moderator



Jeff Dincher
Patient



Evelyn Farmer
Patient

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EVIDENCE BASED GI JOURNAL REVIEW

Clinical take-aways and evidence-based summaries of articles in GI, Hepatology & Endoscopy.

The editors review interesting and relevant articles from top medical journals, keeping ACG members in the know of current trends and studies.

➔ Full issue download available: gi.org/ebgi



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EVIDENCE-BASED GI AN ACG PUBLICATION

Clinical take-aways and evidence-based summaries of articles in GI, Hepatology & Endoscopy

Virtual Grand Rounds
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Evelyn Farmer

- Had constipation and rectal bleeding
- Symptoms attributed to hemorrhoids
- Diagnosed with Stage 3B colorectal cancer in 2019
- Underwent surgery
- Proud ostomate!
- Actively supports others with diagnosis of CRC and is a member of Colorectal Cancer Alliance

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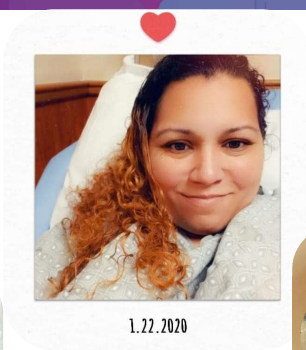
Can you tell us about the growing rates of colorectal cancer in young people?



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Evelyn Farmer

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Surveillance or monitoring after the diagnosis of colorectal cancer?



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Evelyn Farmer

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Advancing Health Care for Women Veterans

VA Augusta Staff Spotlight

Evelyn Farmer, Navy Veteran
Administrative Support Assistant
Engineering Service

During the month of March, VA Augusta will highlight several employees to show how they celebrate Women's History Month and what barriers they have overcome. Brought to you by EEO.

"I'm glad that we take time to celebrate and highlight the achievements of women both past and present who have helped build and mold this country, as well as women who have created opportunities for me and so many others."




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What are the things that you would do differently after going through the diagnosis and management of CRC?




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What would you like Gastroenterologists to understand better from your perspective?



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What about racial and ethnic disparities that exist regarding diagnosis and management of CRC?



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What are actions we can partake in as a society that can address racial and ethnic disparities?



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Jeffrey Dincher

- Diagnosed with colorectal cancer at age 23 due to Lynch syndrome
- Symptoms initially attributed to hemorrhoids
- Has a strong family history of cancer
- Underwent total colectomy (removal of the colon)
- Played competitive sports (rugby)
- Actively supports others with diagnosis of CRC and is a member of Colorectal Cancer Alliance



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How did you find navigating the healthcare system?

Were there any barriers you faced to getting the care you needed?



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Jeffrey Dincher

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Can you share the experience your family has in screening at an early age?




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What would you like Gastroenterologists to understand better from your perspective?




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Any tips related to bowel prep?




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What advice do you give for patients with Lynch syndrome and their family?



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**What are the most significant risk factors for
developing colorectal cancer?**

**Are there any emerging risk factors that
clinicians should be aware of?**



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**How effective are lifestyle
modifications, such as diet and
exercise, in reducing the risk for
colorectal cancer?**



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[ICYMI: Eating "Healthy" to Minimize Colon Cancer](#)

Philip Schoenfeld, MD, MSEd, MSc (Epi)

Listen to the podcast

In this analysis of the prospective cohort Health Professionals Follow-Up Study and Nurses' Health Study, men in the highest quintile of ultra-processed food consumption were significantly more likely to develop CRC, specifically left-sided CRC, compared to men in the lowest quintile. However, no association was identified among women.

Summarizing Wang L, Du M, Wang K, et al. Association of Ultra-Processed Food Consumption with Colorectal Cancer Risk Among Men and Women. *BMJ* 2022; 378:e068921.



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Could you discuss the guidelines for CRC screening and how they evolved over time?



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What research initiatives/clinical trials are underway that may lead to further advancements in prevention, diagnosis or treatment of CRC?




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Hereditary Colorectal Cancer



Aasma Shaukat, MD, MPH, FACG
Robert M. and Mary H. Glickman Professor of Medicine
Professor of Public Health
Director GI outcomes Research
NYU Grossman School of Medicine



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Familial risks of colorectal cancer

Inherited CRC & other syndromes

- ~4% CRC syndromes (Lynch, FAP)
- ~5% moderate-penetrant genes (*MUTYH*, *APC1307K*)
- ~1.5% other cancer syndromes (*BRCA1/2*)

Sporadic CRC

Familial CRC

- ≥1 first degree relative
- CRC Syndrome X
- 1 in 4 eoCRC

Kastrinos F et al *Gastroenterol* 2020

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1 FDR <60 w CRC or adv adenoma or 2 SDR with CRC or adv adenoma (any age) or adv serrated polyps

Increase risk of CRC
Familial CRC

>1 FDR/SDR w CRC or other cancer OR younger age of onset of cancer

Hereditary cancer syndrome?
Lynch syndrome
FAP/AFAP
MYH-associated polyposis
Colon cancer syndrome X

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Hereditary Colorectal Cancer Syndromes

- Lynch Syndrome / Hereditary Nonpolyposis Colorectal Cancer (HNPCC)
- Familial Adenomatous Polyposis (FAP)
- Attenuated familial adenomatous polyposis (AFAP)
- MYH-Associated Polyposis (MAP)



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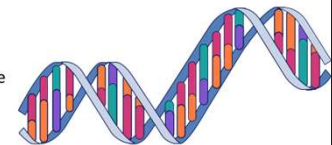
Lynch Syndrome

- ▶ Autosomal dominant
- ▶ Occurrence: 3% of all CRC and 3% of endometrial cancer
- ▶ Germ-line mutations in one of the DNA mismatch repair (MMR) or *EPCAM* gene, leading to a microsatellite instability (MSI) phenotype
- ▶ 80% affected individuals will develop CRC
- ▶ Average age of onset of CRC: 44 years

Normal



Microsatellite
instability



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Lynch Syndrome

- *Oligopolyposis: Few/ scant /no polyps!*
- Polyp: Cancer ratio is 1:1 or 1:2
- Rt sided, mucin-rich, poorly diff tumors, good prognosis
- Increased risk of extracolonic malignancies: Endometrial, ovarian, renal, small bowel, biliary, pancreatic, brain, stomach
- 2nd most common cancer site is endometrial



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Genetic counseling

Indication:

- Amsterdam criteria
- Bethesda Criteria
- Uterine cancer < 50y
- Known Lynch syndrome in family
- $\geq 5\%$ chance of mutation by prediction models

Counseling:

- Family history evaluation
- Education
- Risk assessment
- Management recommendations
- Informed consent for genetic testing
- Genetic testing and interpretation of results



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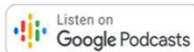
Surveillance recommendations for patients with Lynch Syndrome

- Colonoscopy every 1-2 years beginning at age 20-25
- Colonoscopy + Ileoscopy
 - MLH1/MSH2, > 40, hx of adenoma—1 year
 - PMS2/MSH6, <40, no adenoma—1-2 years
- Transvaginal ultrasound and endometrial aspirate annually starting age 30-35
- Urinalysis annually beginning age 35
- EGD with gastric biopsies q2-3 years starting age 30-35
- Long-term use of aspirin may reduce risk of cancer

Burn J et al. Aspirin prevents cancer in Lynch syndrome. Eur J Cancer 2009;7:320-21



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Tweetorials are posted every Wednesday

Thank you all for tuning in!


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Questions




Dr. Aasma Shaukat, MD, MPH, FACG




Dr. Folasade P. May, MD, PhD, MPhil




Dr. Mohamad I. Itani, MD



Dr. Sophia Dar, MD



Mr. Jeff Dincher



Ms. Evelyn Farm

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