
ACG 2026
OCTOBER 9-14, 2026 | NASHVILLE, TN
CALL FOR Abstracts
SUBMISSION SITE OPENS MARCH 2, 2026
SUBMISSION DATES:
MARCH 2 - JUNE 1, 2026
The American College of Gastroenterology invites you to submit abstracts for presentation at the 2026 Annual Scientific Meeting and Postgraduate Course. Abstracts must be clinical or research-oriented, with a focus on gastroenterology or hepatology.
IMPORTANT DATES
MARCH 2
Submission Site OPENS
JUNE 1 | 11:59 PM ET
Submission Site CLOSES (No Exceptions!)
BY JULY 17
Notification of abstract ACCEPTANCE
SEPTEMBER 16
Presenting Authors MUST REGISTER as an attendee
ABSTRACT CATEGORIES
Biliary/Pancreas
Colon
Colorectal Cancer Prevention
Diet, Nutrition, and Obesity
Endoscopy Video
Esophagus
Functional Bowel Disease
General Endoscopy
GI Bleeding
IBD
Infections and Microbiome
Interventional Endoscopy
Liver
Pediatrics
Practice Management
Small Intestine
Stomach and Spleen
Clinical Vignettes/Case Reports
SCAN FOR THE SUBMISSION SITE
bit.ly/ACG2026_Abstracts

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2026
ACG SUMMER SCHOOL SERIES:
WOMEN'S LEADERSHIP COURSE, IBD SCHOOL AND ESOPHAGUS SCHOOL
JUNE 5-7, 2026 | WASHINGTON MARRIOTT AT METRO CENTER WASHINGTON, DC
Register online: meetings.gi.org

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2026
ACG'S FUNCTIONAL GI &
MOTILITY DISORDERS SCHOOL &
ACG/MIGI MIDWEST REGIONAL
POSTGRADUATE COURSE
click for course information

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2026
ACG'S OBESITY AND METABOLIC
DISORDERS SCHOOL &
ACG/VGS/MASGNA REGIONAL
POSTGRADUATE COURSE
AUGUST 28-30, 2026 | WILLIAMSBURG LODGE,
WILLIAMSBURG, VA
Register online: meetings.gi.org

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Participating in the Webinar

Moderator:
Neil H. Stollman, MD, FACG

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.

Exit

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 18 – Thursday, April 30, 2026 – There will be no ACG Virtual Grand Rounds presentation on Thursday, April 30 , 2026.

Week 19 – Thursday, May 7, 2026 – There will be no ACG Virtual Grand Rounds presentation on Thursday, May 7, 2026.

Week 20 – Thursday, May 14, 2026
Bowel Urgency in IBD: Understanding and Applying Patient-Reported Outcome Measures
Faculty: Jana G. Al Hashash, MD, MSc, FACG
Moderator: Tauseef Ali, MD, FACG
At Noon and 8pm Eastern

Week 21– Thursday, May 21, 2026
The Art of History and Physical Examination in a Patient With Abdominal Pain
Faculty: Lawrence J. Brandt, MD, MACG
Moderator: Kenneth R. DeVault, MD, MACG
At Noon and 8pm Eastern

Visit **gi.org/ACGVGR** to Register

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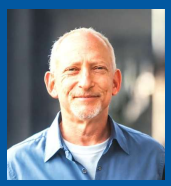
Disclosures

Eamonn M. M. Quigley, MD, MACG:
Atmo: Advisory Board, Consultant, Grant/Research Support; Biomerica: Grant/Research Support; Carabia: Advisory Board, Consultant; Enterobiotix: Advisory Board, Consultant; FoodMarble: Grant/Research Support; Novonesis: Advisory Board, Consultant; Vibrant: Advisory Board, Consultant, Grant/Research Support.



Neil H. Stollman, MD, FACG:
Amsurg: Advisory Board; Doximity: Stockholder; Nestle Health Sciences: Speaker's Bureau; Provation Medical: Advisory Board; UpToDate: Royalties.

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

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The Microbiome in Functional Bowel Disease: How to Answer Patients' Questions About Microbiome Testing, SIBO and Leaky Gut

Eamonn M.M. Quigley, MD, MACG
Lynda K and David M Underwood Center for Digestive Health
Houston Methodist Hospital and Weill Cornell Medical College
Houston, Tx

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Functional Gastrointestinal Disorders
FGIDs

Rome IV

Disorders of Gut-Brain Interaction
DGBI

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Learning Objectives

- Current understanding of the gut microbiome and metabolome in digestive health
- Value of fecal microbiome testing in DGBI
- What disturbances in the microbiome have been demonstrated in DGBI?
  - Can they explain symptoms in DGBI
- Update our understanding of mucosal integrity/epithelial barrier function and how this may pertain to symptoms in DGBI

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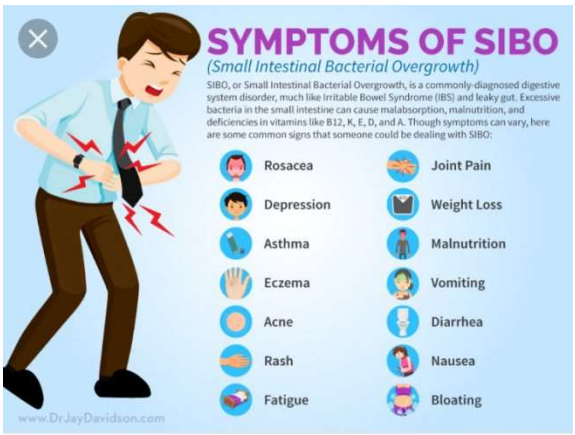
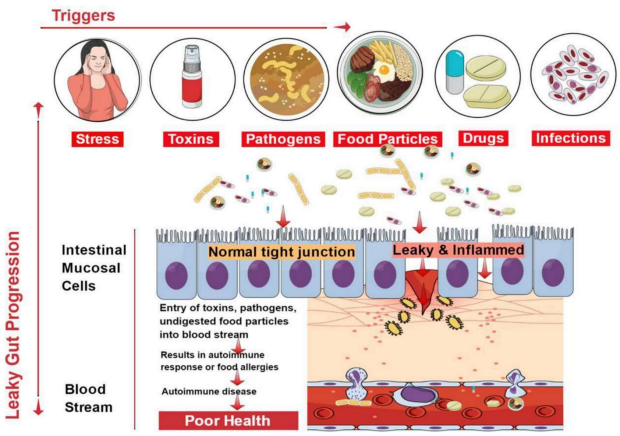
Microbiome, SIBO and Leaky Gut

Media Favorites but Controversial





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The Microbiome

An overview

- Strict definition:
  - The entire habitat, including the microorganisms (bacteria, archaea, viruses and lower and higher eukaryotes), their genomes and the surrounding environmental conditions
- But often used to refer to
  - The collection of microorganisms
  - The collection of genes and genomes of microorganisms

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Other Commonly Used Terms

- **Microbiota:** The assemblage of microorganisms (bacteria, archaea or lower eukaryotes…) present in a defined environment

Microbiome and Microbiota often used interchangeably

- **Metagenome:** The collection of genomes and genes from the members of a microbiota

Microbiome and Metagenome are often used to refer to genomes alone

- **Metabolome:** the metabolic products of the microbiome

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Putting it Simply!

Interpreting the Methods

- High throughput sequencing – what's there (16s)
- Metagenomics – what they could do (shotgun metagenomics)
- Metabolomics, Metatranscriptomics– what they actually produce (MS, NMR, extract total RNA and convert to cDNA)

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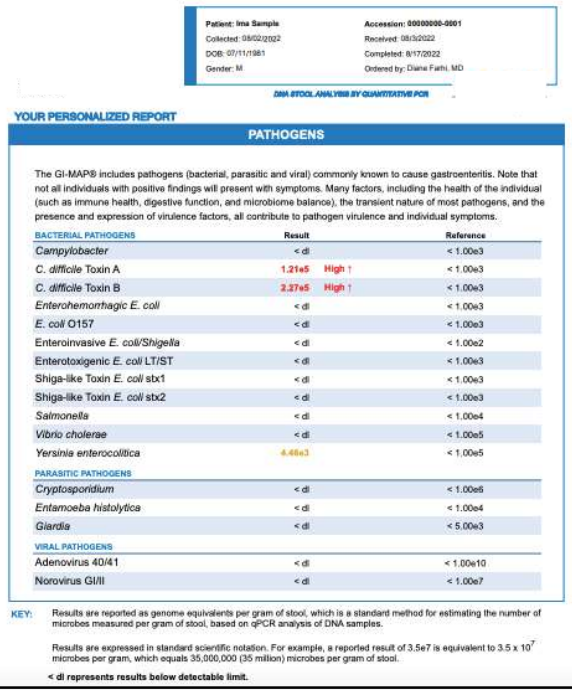
Microbiome Testing

- Several companies offering direct-to-consumer microbiome testing
- Widely used by functional medicine specialists
- Are these tests informative?
- What are the issues?



Patient: Ima Sample
Collected: 08/02/2022
DOB: 07/11/1961
Gender: M

Accession: 00000000-0001
Received: 08/3/2022
Completed: 8/17/2022
Ordered by: Diana Farhi, MD

DNA STOOL ANALYSIS BY QUANTITATIVE PCR

YOUR PERSONALIZED REPORT

PATHOGENS

The GI-MAP® includes pathogens (bacterial, parasitic and viral) commonly known to cause gastroenteritis. Note that not all individuals with positive findings will present with symptoms. Many factors, including the health of the individual (such as immune health, digestive function, and microbiome balance), the transient nature of most pathogens, and the presence and expression of virulence factors, all contribute to pathogen virulence and individual symptoms.

BACTERIAL PATHOGENS	Result		Reference
Campylobacter	< dl		< 1.00e3
C. difficile Toxin A	1.21e5	High ↑	< 1.00e3
C. difficile Toxin B	2.27e5	High ↑	< 1.00e3
Enterohemorrhagic E. coli	< dl		< 1.00e3
E. coli O157	< dl		< 1.00e3
Enteroinvasive *E. coli/Shigella*	< dl		< 1.00e2
Enterotoxigenic *E. coli* LT/ST	< dl		< 1.00e3
Shiga-like Toxin *E. coli* stx1	< dl		< 1.00e3
Shiga-like Toxin *E. coli* stx2	< dl		< 1.00e3
Salmonella	< dl		< 1.00e4
Vibrio cholerae	< dl		< 1.00e5
Yersinia enterocolitica	4.46e3		< 1.00e5
PARASITIC PATHOGENS			
Cryptosporidium	< dl		< 1.00e6
Entamoeba histolytica	< dl		< 1.00e4
Giardia	< dl		< 5.00e3
VIRAL PATHOGENS			
Adenovirus 40/41	< dl		< 1.00e10
Norovirus GI/II	< dl		< 1.00e7

KEY: Results are reported as genome equivalents per gram of stool, which is a standard method for estimating the number of microbes measured per gram of stool, based on qPCR analysis of DNA samples.

Results are expressed in standard scientific notation. For example, a reported result of 3.5e7 is equivalent to 3.5×10^7 microbes per gram, which equals 35,000,000 (35 million) microbes per gram of stool.

< dl represents results below detectable limit.

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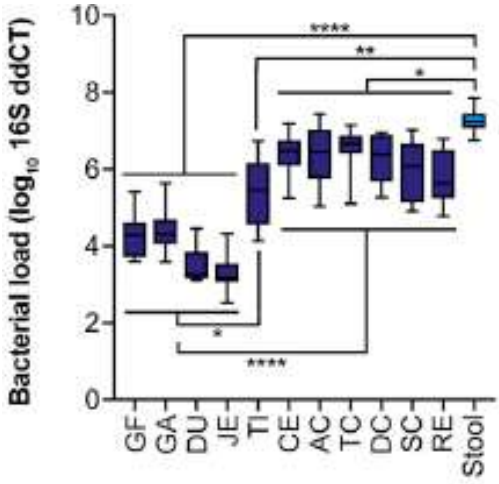
Sampling and Technical Issues

- Location
- Fresh vs frozen
- Technique
  - Culture
  - DGGE
  - 16S – what primers?
  - Shotgun sequencing
- Informatics



Zmora et al. Cell 2018;174:1388-405.

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Sampling and Technical Issues

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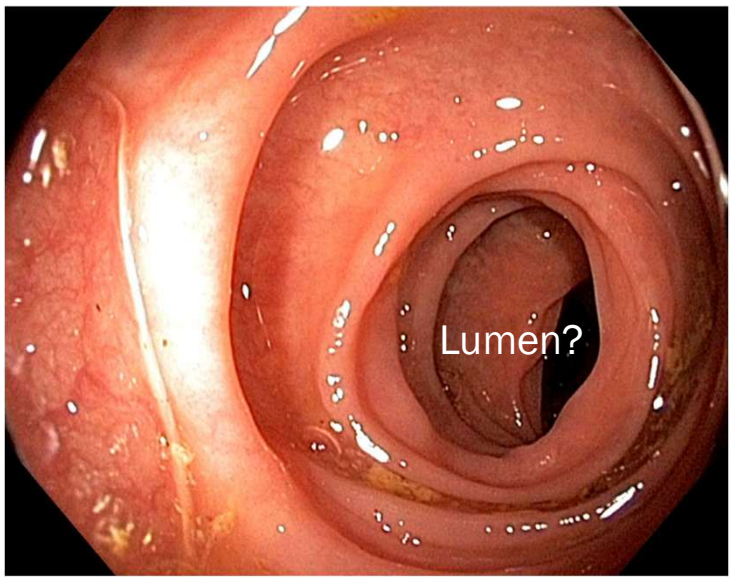

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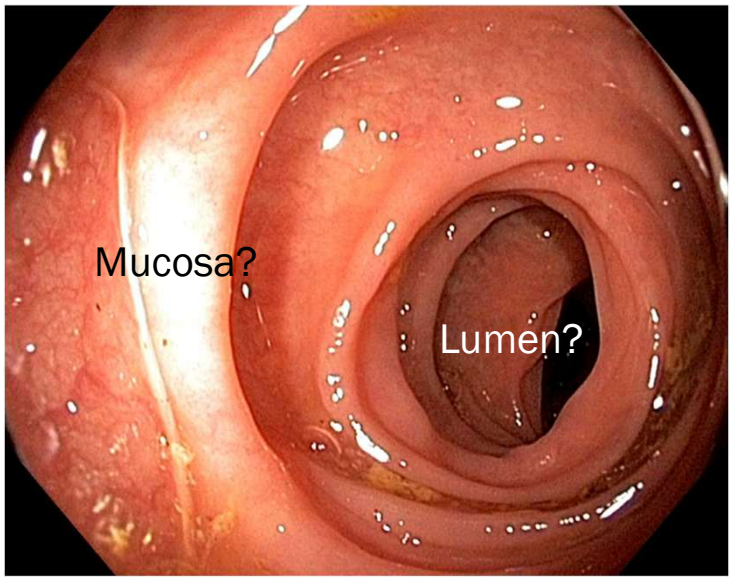

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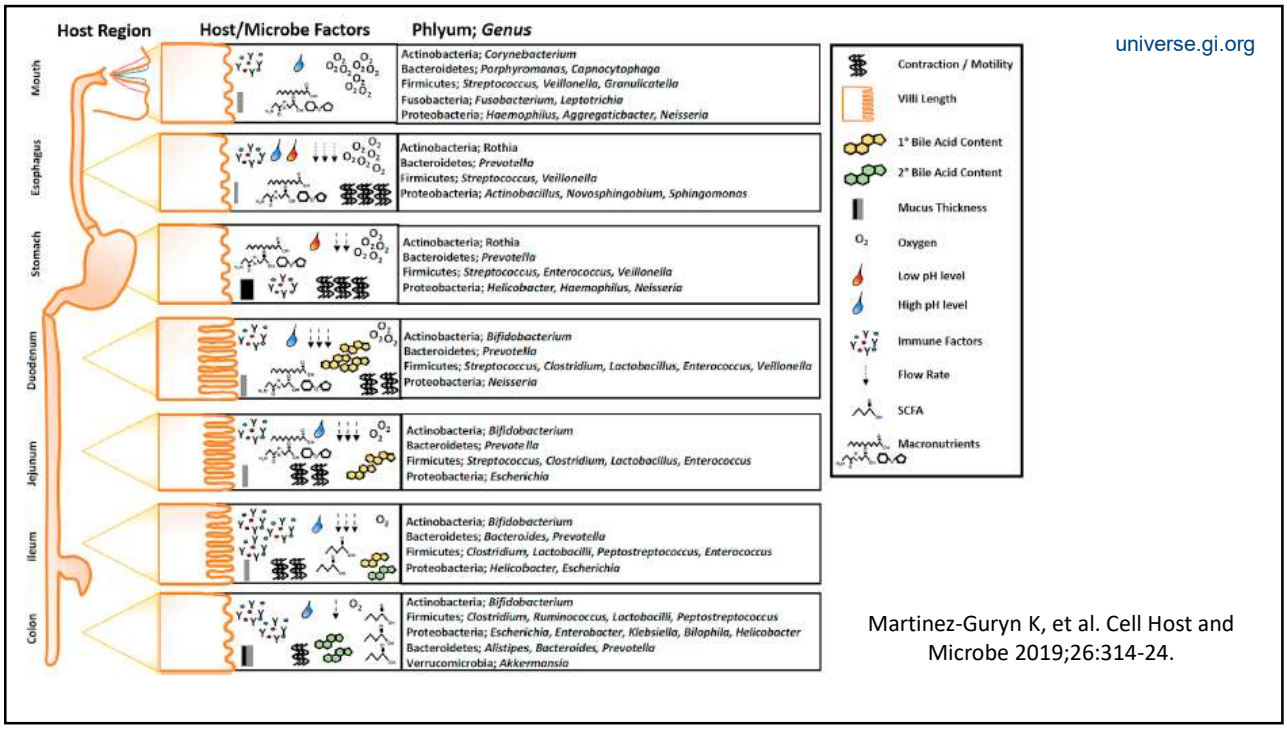
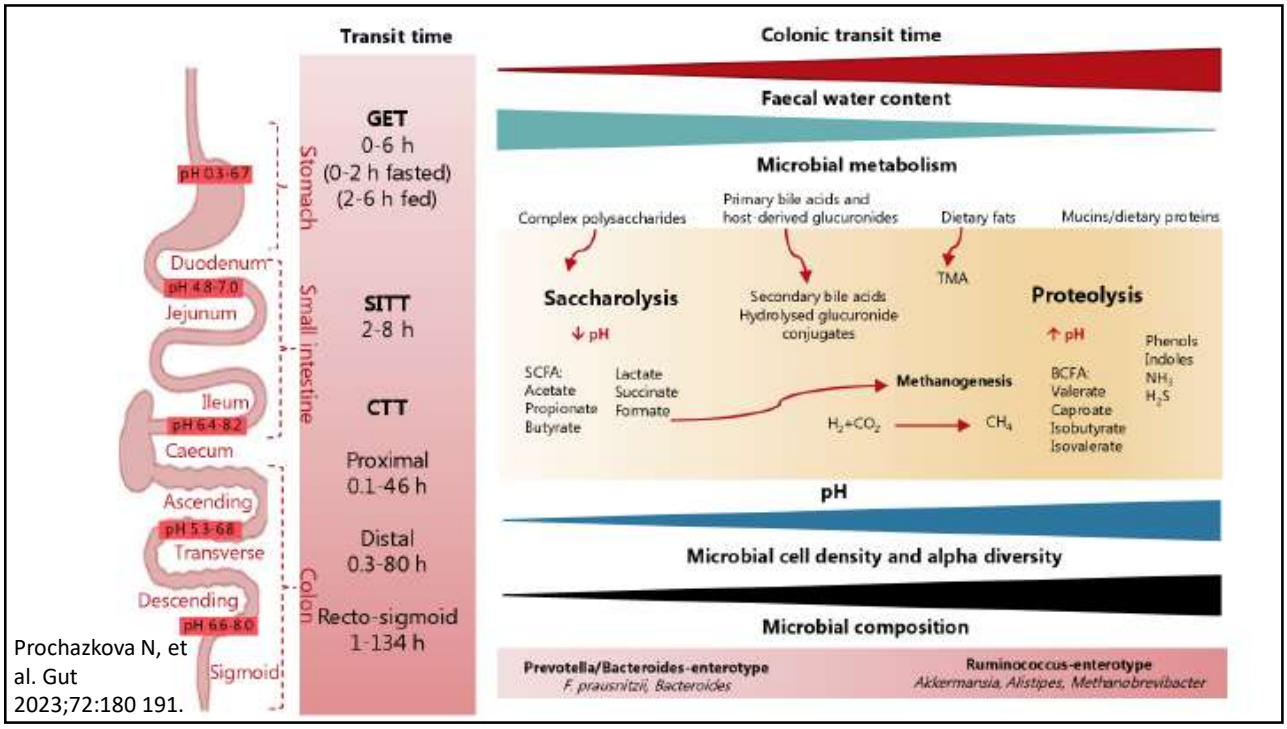


Martinez-Guryn K, et al. Cell Host and Microbe 2019;26:314-24.

21



Prochazkova N, et al. Gut 2023;72:180 191.

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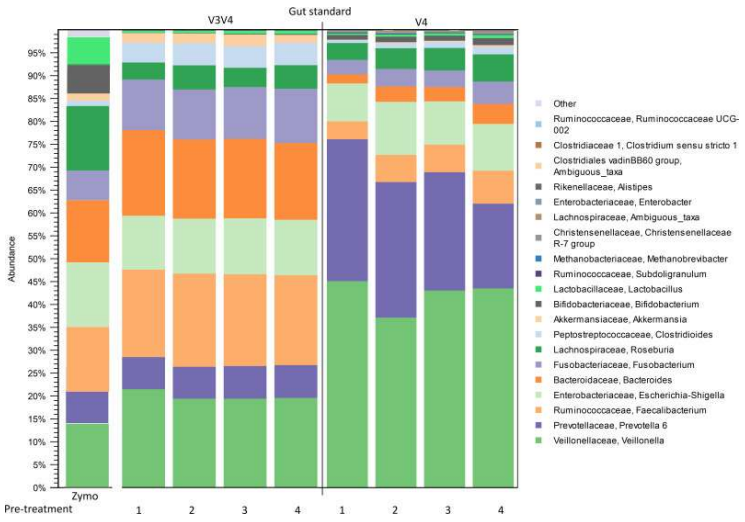
Sampling and Technical Issues

- Location
- Fresh vs frozen
- Technique
  - Culture
  - DGGE
  - 16S – what primers?
  - Shotgun sequencing
    - DNA extraction
- Informatics



Isokaanta H, et al. Microbiol Spectrum 2024;12:e02932-23.

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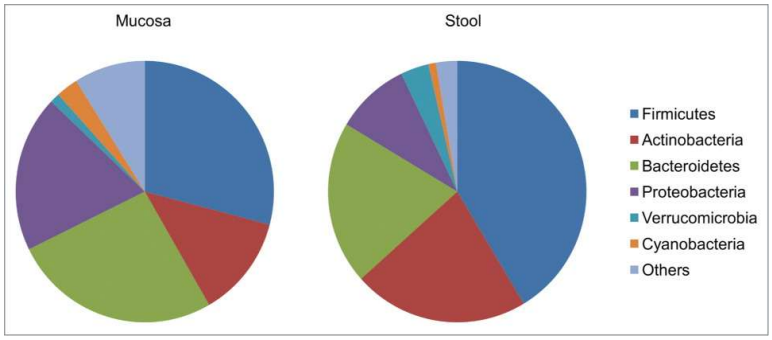
How can we expect a single fecal sample to reflect microbial composition and function of the colon or the small intestine?



Ringel Y, et al. Gut Microbes 2015;6:173-81.

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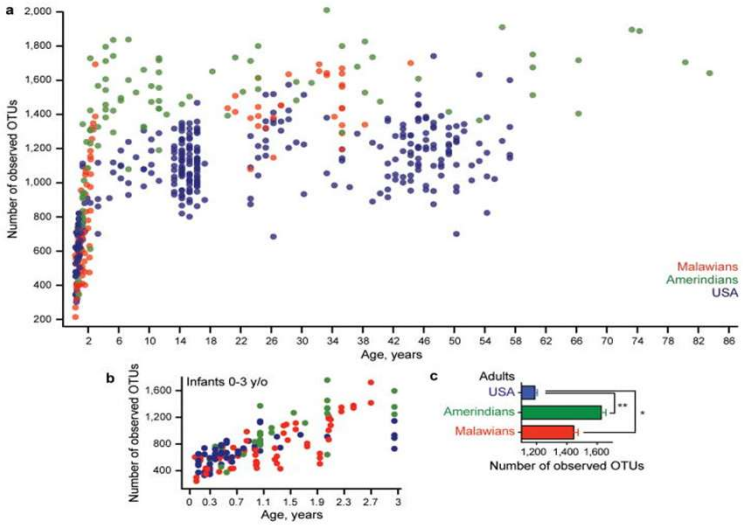
Inter-individual Variations

Temporal, Dietary and Geographic Impacts



Yatsunenko et al. Nature 2012;486:222-7.

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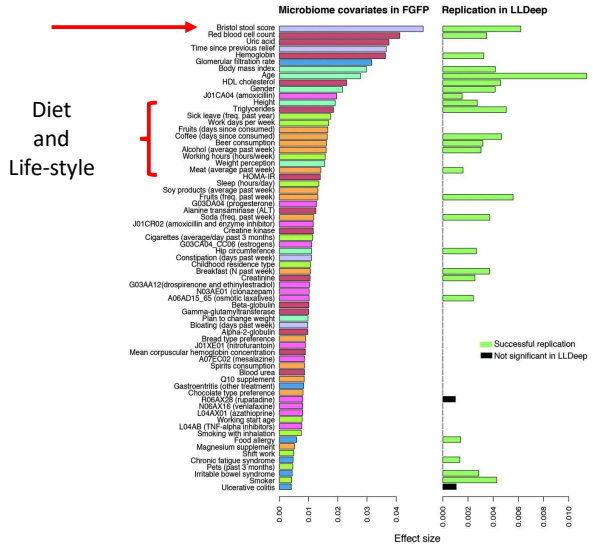
What drives inter-individual variations?



Gwen Falony et al. Science 2016;352:560-564.

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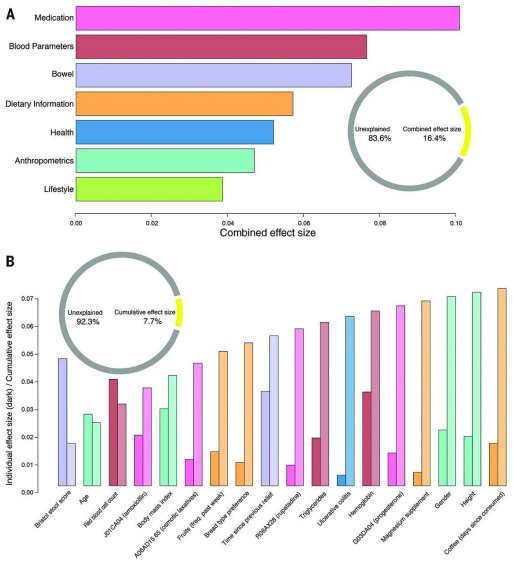
Effect Sizes of Covariates



Most of the differences in the microbiome between individuals is yet to be explained!

Gwen Falony et al. Science 2016;352:560-564.

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International Consensus Statement on Microbiome Testing in Clinical Practice

The Lancet Gastroenterology & Hepatology
Volume 10, Issue 2, February 2025, Pages 154-167

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- Providers of microbiome testing should communicate a reasonable, reliable, transparent, and scientific representation of the test, making customers clearly aware of the scarce evidence for its applicability in clinical practice
- As there is little evidence for the applicability of gut microbiome testing in clinical practice, the direct request by patients for microbiome testing without a clinical recommendation is discouraged
- There is insufficient evidence to include any dysbiosis index in the report of microbiome testing, but these metrics warrant further research
- Generally, there is not enough information to report strict healthy reference ranges of species relative abundance

Porcari S, et al. Lancet Gastroenterol Hepatol 200025;10:154-67.

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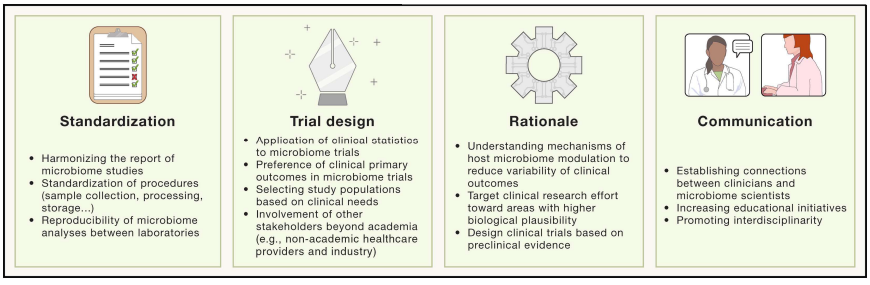
- The panel discourages the reporting of any post-testing therapeutic advice by the testing provider
- There is insufficient evidence to widely recommend the routine use of microbiome testing in clinical practice, which should be supported by dedicated studies
- Studies aimed at evaluating the value of microbiome profiling in different disorders are needed to enable testing to enter clinical practice

Porcari S, et al. Lancet Gastroenterol Hepatol 200025;10:154-67.



Porcari S, et al. Cell 2025;188:2836-44.

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SIBO – an Evolving Concept

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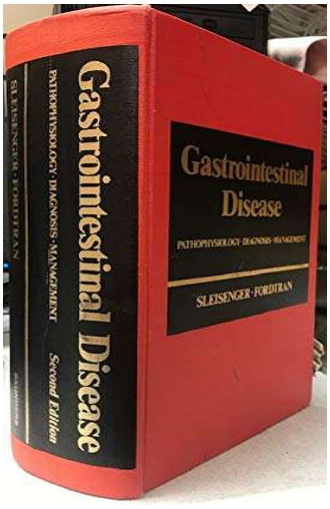
The Historical Context

(Blind Loop Syndrome/Contaminated Bowel Syndrome)

- "a number of apparently diverse intestinal conditions, such as massive diverticulosis and intestinal stricture that present with a similar clinical picture of malnutrition, anemia, steatorrhea etc."

  Card WI. Proc R Soc Med 1959;52:28-31.



1978-81

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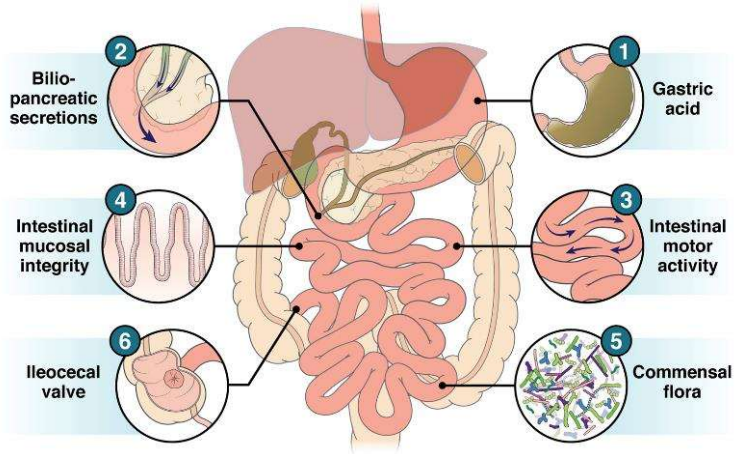
What Factors Protect against SIBO?



Can Predict Risk Factors for SIBO

Bushyhead D and Quigley EMM. Gastroenterology 2022;163:593-607.

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What Happened Next?

In the Past

- SIBO as a cause of maldigestion and malabsorption
- Well-defined pathophysiological basis
  - Plausibility
    - Bile acid deconjugation
    - Mucosal injury
    - Competition with host for nutrients and B_{12}
- Diagnosis based on aspirate and culture
- Predictable (though not well studied) response to treatment

Today

- SIBO as the explanation for a host of symptoms and disorders
- Pathophysiology not explained
  - Lots of hypotheses but little evidence
    - SIBO and bile acid deconjugation
    - Other metabolic, mucosal or immunologic effects
- Diagnosis based on breath tests
- Response to treatment largely undefined
  - Few studies of relationships between symptom, bacteriological and breath test responses to treatment

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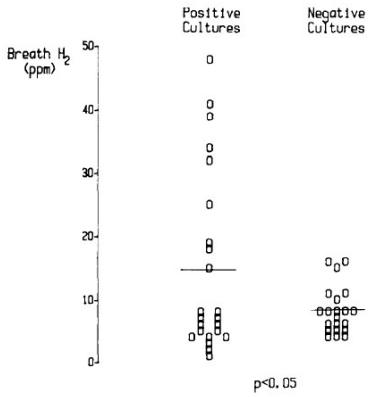
Breath Tests vs Aspirates

- 77 patients
- 75g glucose or 12 g lactulose
- Aspirates from 2 locations and using 2 techniques
  - No effect location
  - No effect open- vs closed–ended catheters

	Sensitivity (%)	Specificity (%)
Gas-liquid chromatography	56	100
Glucose-hydrogen breath test	62	83
Lactulose-hydrogen breath test	68	44



Corazza GR, et al. Gastroenterology 1990;98:302-9.

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SIBO in IBS by Diagnostic Modality

Mode of Diagnosis	Number of Studies	Prevalence in IBS	Prevalence in Controls	OR IBS v Controls	Heterogeneity
All Breath Tests	20	35.5	29.7	4.4	80.2
LBT	8	62.3	33.5	3.5 (NS)	89.1
GBT	9	20.7	4.4	6	0
Culture > 10^5	5	13.9	5.0	1.9 (NS)	83.7
Culture > 10^3	5	33.5	8.2	3.7	85.7

Shah A, et al. Am J Gastroenterol 2020;115:190-201.

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Shah A, et al. Am J Gastroenterol 2020;115:190-201.

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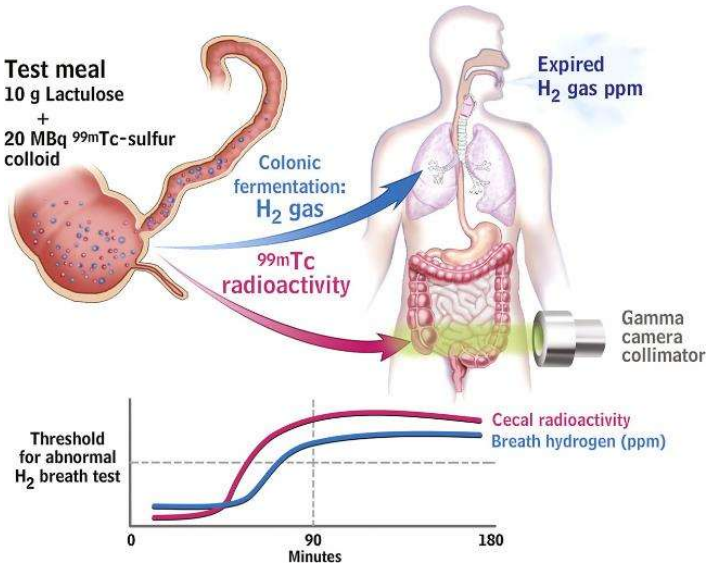
Lactulose Breath Test Measures Transit



Simrén M et al. Gut 2013;62:159-76.

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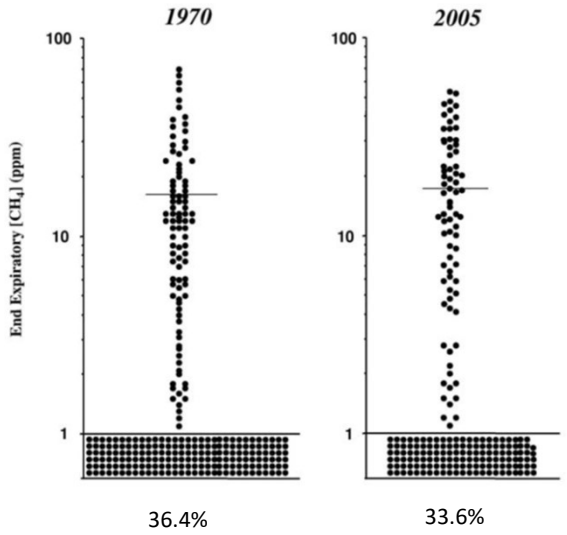
Methane

universe.gi.org



- Fasting methane levels high relative to peak
  - Result from H_2 derived from endogenous substrates
- Low levels of methanogens in the right colon where contents are liquid and H_2 is released
- H_2 trapped in the solid/semi-solid feces in the left colon where methanogens are abundant and CH_4 is produced
- Relationship to colon transit and constipation
  - Methanogens colonize the entire colon
- Low CH_4 levels in diarrheal states

Levitt MD, et al. Clin Gastroenterol Hepatol 2006;4:123-9.

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Lactulose Breath Test

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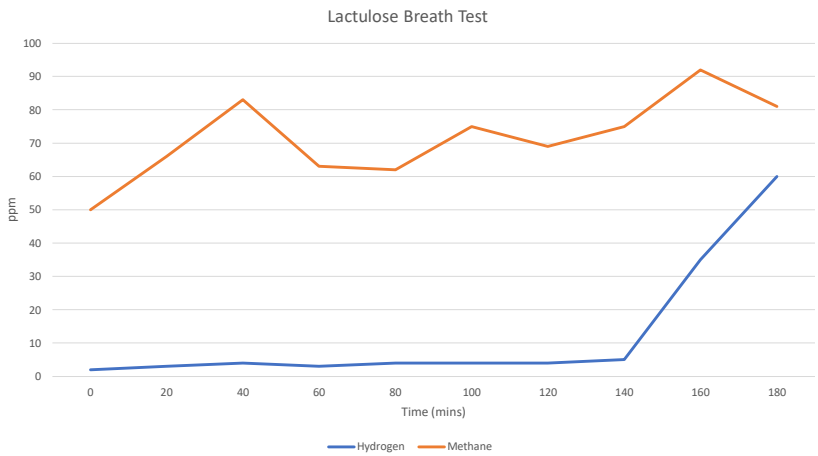

Methane from the colon – not small intestine

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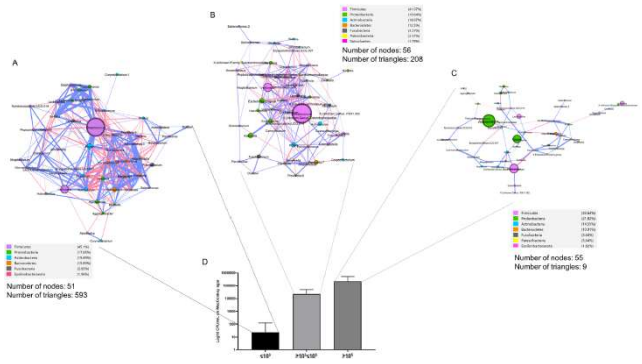
Where do we go from here?

- New technologies:
  - Dynamic breath sampling
  - Capsule sampling
- Molecular microbiology
  - High-throughput sequencing
  - Metagenomics
  - Metabolomics
  - Metatranscriptomics
- Advanced informatics



Leite G, et al. Clin Gastroenterol Hepatol 2024;22:259-70.

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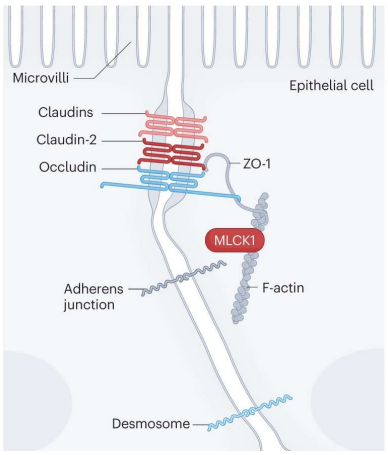
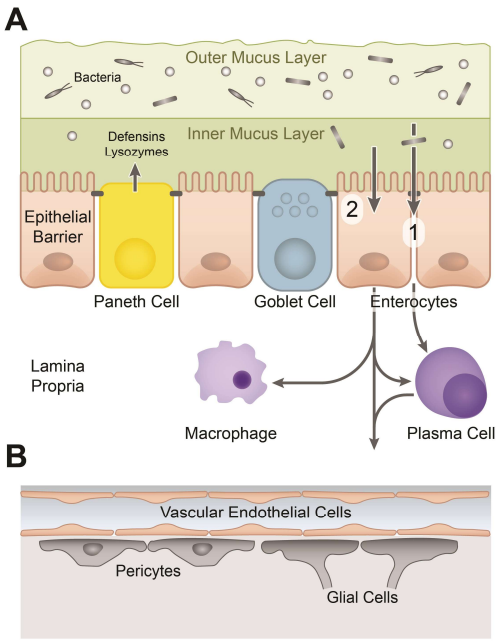
The Gut Barriers



Quigley EMM. In: Gershwin ME, Vierling JM, Manns MP, eds Liver Immunology 2nd Ed. 2016 pp 125-137.
Horowitz A, et al. Nat Rev Gastroenterol Hepatol 2023;20:417-32.



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The "Leaky Gut" Theory

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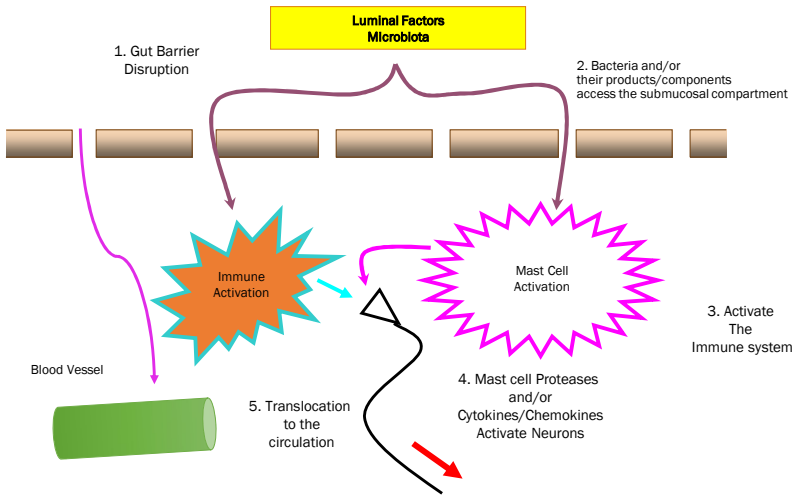

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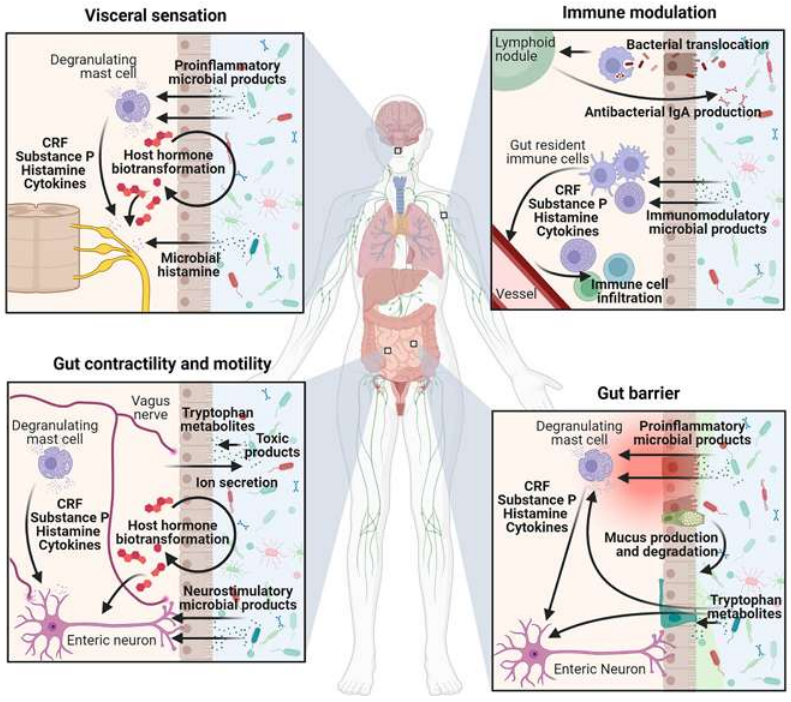
Stress and the GI Tract



Leigh S-J et al.
J Physiol
2023;601:4491-4538.

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Getting Down to the Details

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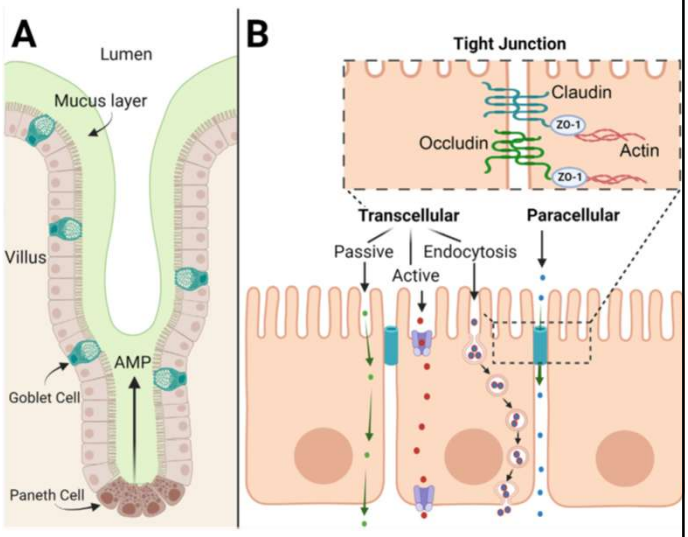
Practical Implications

- The sugar tests (sucrose, lactulose, sucralose) measure paracellular pathway
  - Contaminants in diet
  - Impact of transit
  - Bacterial metabolism
- Endoscopic
  - Ussing chamber studies on biopsies
  - Impedance in esophagus
  - CLE in duodenum



Grover M, et al. Gastroenterology 2025;168:480-95.

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Serum and Fecal Markers

- Serum:
  - Lipopolysaccharide (LPS)
    - Assay
    - Influence of diet
  - LPS-binding protein (LBP)
  - Zonulin
    - Concerns re accuracy of assay
  - Intestinal fatty acid-binding protein (I-FABP)
- Fecal:
  - Calprotectin
  - α-1 antitrypsin
  - Zonulin
  - β defensin
  - Lipocalin

The Bottom Line

- Methods of accurate measurement of intestinal barrier function in humans are still being developed

  Camilleri M. Aliment Pharmacol Ther 2025;62:128-45.
- The results of permeability tests should be interpreted with caution because different aspects of barrier function are assessed and not all of them — especially noninvasive biomarkers — are properly validated. Currently, none of the available tests have a role in clinical practice

  Grover M et al. Gastroenterology 2025;168:480-95.

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Take Home Points

- While widely advocated, use of “at home” microbiome test kits or microbiome testing in routine clinical practice are not advocated
- SIBO represents an evolving area which has transitioned from a former role as a cause of maldigestion and malabsorption to its implication in DGBI
  - Avoid lactulose breath tests
  - Interpret all breath tests with caution
  - Be mindful of the hazards of antibiotic use
- The status of other “overgrowths” (methane, hydrogen sulfide, fungi) in DGBI remains to be established
- Several tests are available to evaluate intestinal permeability
  - They each test specific aspects of barrier function
  - Do not extrapolate from permeability to translocation

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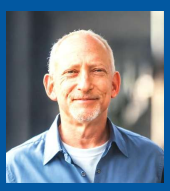
Questions

Eamonn M. M. Quigley, MD, MACG



Neil H. Stollman, MD, FACG

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