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GRADE Methodologists
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APPLICATION DEADLINE:
➔ December 15, 2023

Those selected will be required to participate and complete the International Guideline Development Credentialing & Certification Program through McMaster University. The onsite training will be in Spring 2024 and is sponsored by the ACG. Applicants must agree to a 5-year term as a GRADE Methodologist.


Want to Learn More?

GRADE INFORMATION SESSION IN VANCOUVER:
Sunday October 22 3:30-4pm Room 111-112

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Participating in the Webinar



Moderator:
David T. Rubin, MD FACC

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.

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!



Week 44 – Thursday, November 2, 2023
 Vaccine Update for Gastroenterologist
 Faculty: Freddy Caldera, DO, MS, FACC
 Moderator: Francis A. Farraye, MD, MSc, MACG
At Noon and 8pm Eastern



Week 45 – Thursday, November 9, 2023
 Pharmaceutical and Device Clinical Research in the GI Practice: A Win-Win for Your Patients and Your Practice
 Faculty: Deepinder Goyal, MD, MSCR
 Faculty: Shajan Peter, MD, FACC
 Moderator: Sapna Thomas
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register

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OCTOBER 20-25, 2023 | VANCOUVER, CANADA



**PRACTICE MANAGEMENT
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📅 Friday, October 20 | 🕒 1:45pm - 6:30pm



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Disclosures



Noa Krugliak Cleveland, MD:
 Consultant to Takeda, Neurologica, and a speaker to Bristol Meyer Squibb.



David T. Rubin, MD FACP:
 Consultant/Advisor: Abbvie, Altrubio, Aslan Pharmaceuticals, Athos Therapeutics, Bellatrix Pharmaceuticals, Boehringer Ingelheim, Ltd., Bristol-Myers Squibb, Celgene, Chronicles, Syneos, ClostraBio, Connect BioPharma, Eco R1, Genentech/Roche, Gilead Sciences, Iterative Health, Janssen Pharmaceuticals, Kaleido Biosciences, Lilly, Pfizer, Prometheus Biosciences, Reistone, Seres Therapeutics, Takeda, Target RWE, Trelus Health Grant support: Takeda, Helmsley Charitable Trust, GastroIntestinal Research Foundation Board of Trustees: Crohn's & Colitis Foundation, Cornerstones Health, Inc Stock Options: Alike Health, Altrubio, Datas Health, Iterative Health

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

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Intestinal Ultrasound in Inflammatory Bowel Disease



Noa Krugliak Cleveland, MD
 Assistant Professor of Medicine
 Section of Gastroenterology, Hepatology, and Nutrition
 Director, Intestinal Ultrasound Program
 University of Chicago Medicine

 @KrugCleveland
 

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Disclosures

- Consultant for NeuroLogica (a subsidiary of Samsung Electronics) and Takeda
- Speaker for Bristol Myers Squibb

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Learning Objectives

- Describe the indications for intestinal ultrasound in IBD
- Interpret fundamental intestinal ultrasound images
- Discuss how IUS is positioned in disease monitoring of IBD

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Progress in Inflammatory Bowel Disease Care: from Reactive to Proactive

- The evolution of IBD care has evolved from reactive and crisis care to proactive management
- Getting to this point has required significant progress
- Effective treatments
- Evidence of the value of mucosal healing
- Prove that disease modifications and improvement of outcomes is possible
- Development of disease monitoring tools, and later ones that are less invasive
- Developing evidence for the use and interpretation of such monitoring tools

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Limitations to Current Disease Monitoring Strategies in Inflammatory Bowel Disease

- IBD still relapses and progresses unpredictably
- We are often too late in management decisions
- Current tools in IBD have many limitations and challenges

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Monitoring Tool	Strengths	Weaknesses
Colonoscopy	<ul style="list-style-type: none"> Gold standard 	<ul style="list-style-type: none"> Invasive Expensive Requires bowel prep Not well tolerated Limited in evaluating transmural complications
CRP	<ul style="list-style-type: none"> Blood test Reactive to change 	<ul style="list-style-type: none"> Not made by 25% Non-specific
Stool Calprotectin	<ul style="list-style-type: none"> Specific to bowel inflammation Sensitive Predicts clinical relapse 	<ul style="list-style-type: none"> Stool! Less reliable in the small bowel Delayed results
Computed Tomography (CT)	<ul style="list-style-type: none"> Widely available Less invasive Images entire abdomen and pelvis Evaluates for transmural complications 	<ul style="list-style-type: none"> Radiation exposure Expensive Contrast Delayed results Does not predict relapse
Magnetic Resonance Imaging (MRI)	<ul style="list-style-type: none"> No radiation Images entire abdomen and pelvis Evaluates for transmural complications 	<ul style="list-style-type: none"> Not available in most places Expensive Delayed results Does not predict relapse

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Treating to a Target is a Way to Personalize IBD Therapy

- Identified an appropriate “target”
- Serial adjustment of therapy until the target is reached or until the patient refuses or we run out of options
- Primary goal: maximize health-related quality of life
 - Control of symptoms
 - Normalization of function and social participation
 - Prevention of progressive structural damage
- Presumption: achieving the target improves QoL, and will change the natural history of the disease

Sofia MA, et al. *Therap Adv Gastroenterol.* 2016;9:548-559.

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Consensus of Treatment Targets in IBD

STRIDE 2: Selecting Therapeutic Targets in Inflammatory Bowel Disease Endpoints

Crohn's: abdominal pain/altered bowels and endoscopy/radiology
UC: rectal bleeding/stool frequency and endoscopy

CITATION

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The Ideal Monitoring Tool in IBD

- Accurate
- Reproducible
- Repeatable
- Affordable
- Non-invasive
- Tolerable
- Sensitive to change
- Leads the outcomes of interest allowing for intervention

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The Ideal Monitoring Tool in IBD

- | | |
|----------------|--|
| ✓ Accurate | ✓ Tolerable |
| ✓ Reproducible | ✓ Sensitive to change |
| ✓ Repeatable | ✓ Leads the outcomes of interest allowing for intervention |
| ✓ Affordable | |
| ✓ Non-invasive | |

Intestinal ultrasound “checks all the boxes”

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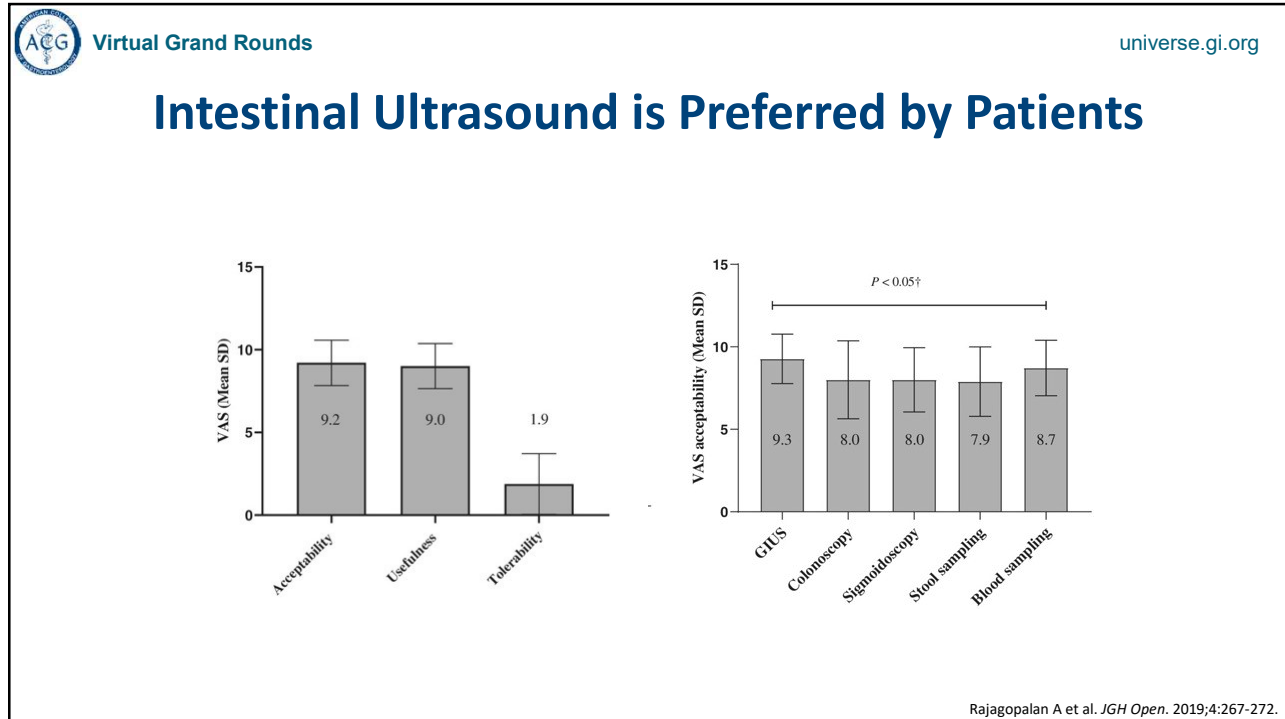


What is Intestinal Ultrasound?

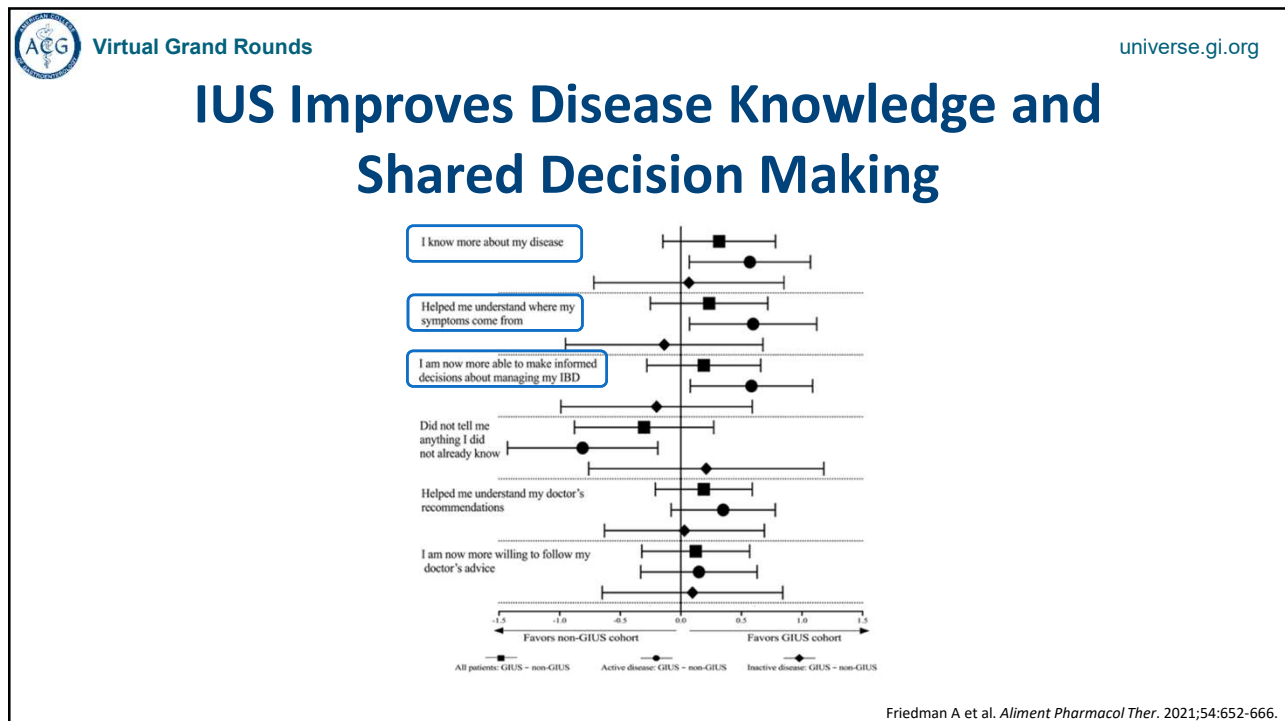
- Ultrasound examination done by scanning the abdominal wall to visualize the bowel
- Assesses for inflammation in the small and large intestine
- Used in both ulcerative colitis and Crohn’s disease
- A point-of-care test to be done during a clinic visit



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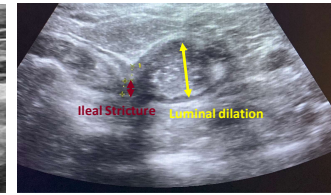
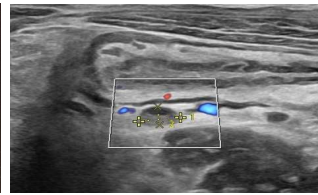
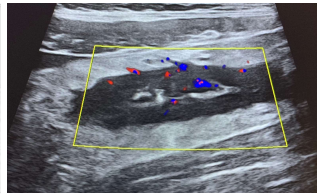
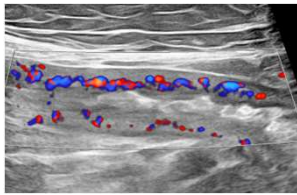
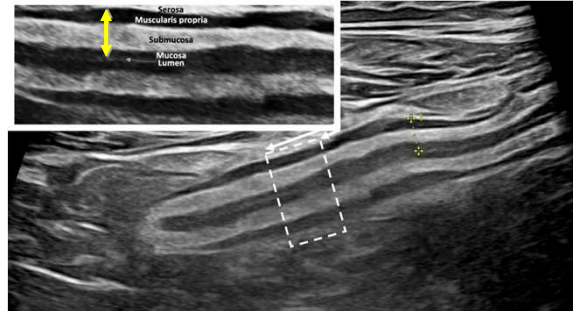


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Standard Ultrasound Parameters

- Bowel wall thickness
 - (normal < 3 mm in small bowel and colon)
- Bowel wall hyperemia by color doppler imaging
- Bowel wall layer stratification
- Presence of inflammatory/mesenteric fat
- Lymphadenopathy
- Complications (stricture, abscess, fistula)



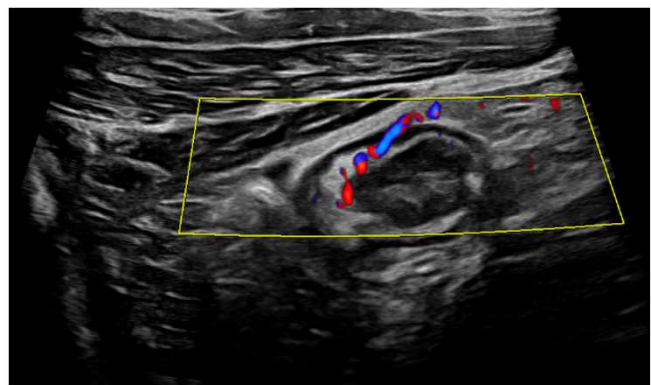
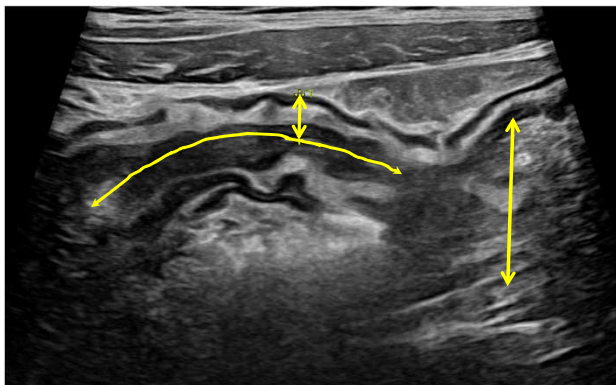
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23-year-old man with ileal Crohn's disease on weekly infliximab

HBI = 3, FCP = 1143

IUS: Terminal ileum BWT 5.1 mm, severe hyperemia



Plan: switch to risankizumab

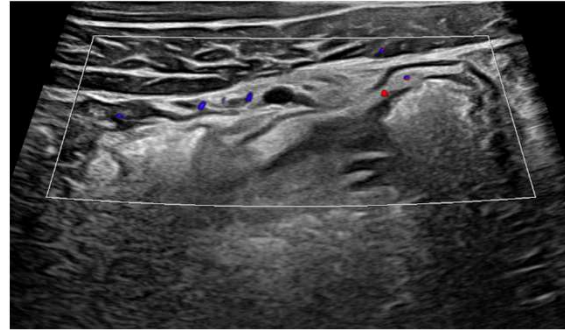
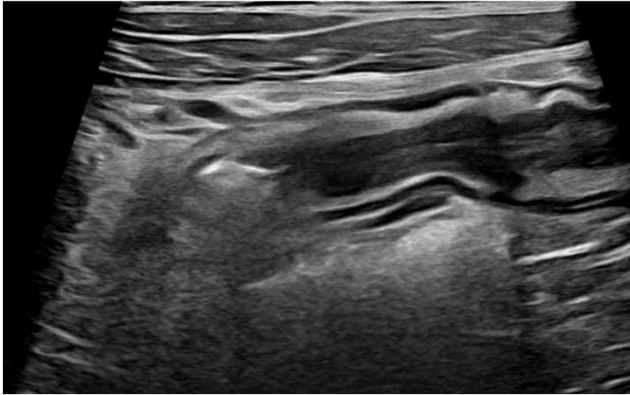
24



Risankizumab week 15

HBI = 3, FCP=164

IUS: TI (average) = 4.7 mm, mild hyperemia - improvement in BWT and hyperemia

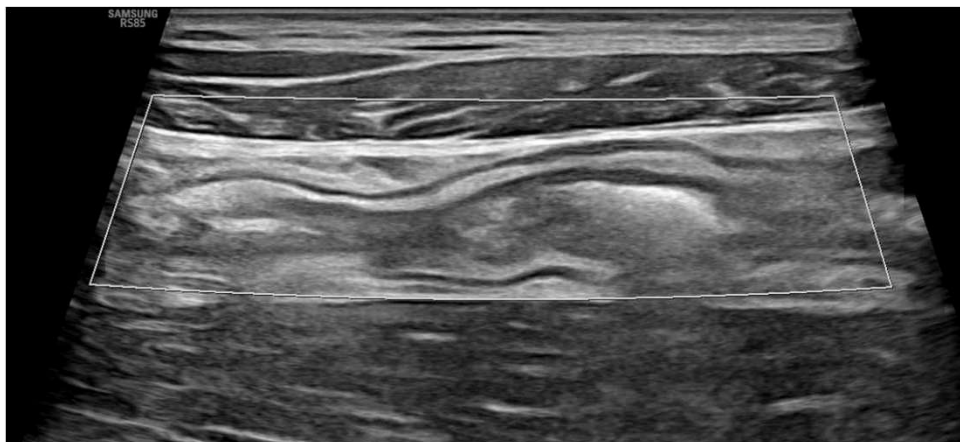


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Risankizumab - Week 26

HBI = 2, FCP = 138; TI BWT 2.7 mm, no hyperemia
Proximal bowel dilation resolved

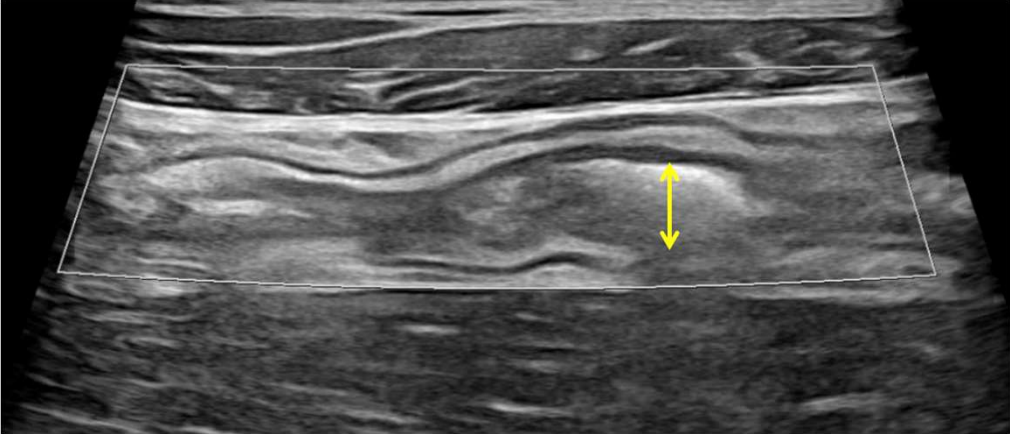


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Risankizumab - Week 26

HBI = 2, FCP = 138; TI BWT 2.7 mm, no hyperemia
Proximal bowel dilation resolved



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IUS is Highly Comparable to Endoscopy

IUS Scores vs. SES-CD and MES

IUS Score	Bowel Wall Thickness (BWT)	Inflammatory Fat	Hyperemia (mLimberg Score)	Loss of Stratification	Correlation with Endoscopy
IBUS-SAS (0-100)	✓	✓	✓	✓	-
SUS-CD* (0-5)	✓	✗	✓	✗	$\rho = 0.78$
SUAS-CD	✓	✗	✓	✗	$r = 0.72$
SPAUSS (1-14)	✓	✓	✓	✗	$\kappa = 0.85$
BUSS	✓	✗	✓	✗	-
UC-IUS (0-7)	✓	✓	✓	✓	$\rho = 0.83$
MUC	✓	✗	✓	✗	$\rho = 0.63$

*Correlated better than HBI, CRP, and FCP

Novak K et al. *JCC*. 2021;15:609-16.; Saevik F et al. *JCC*. 2021;115-24.
 Ripolles T et al. *Inflamm Bowel Dis*. 2021;27:145-54.; Kellar A et al. *JPGN*. 2019;69:e1-6.
 Allocca M et al. *CGH*. 2022;20:e723-40.
 Bots S et al. *J Crohns Colitis*. 2021;15:1264-71.
 Allocca M et al. *United European Gastroenterol J*. 2022;10:190-197.

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Diagnostic Accuracy for Small Bowel *Disease* Activity for MRE and IUS are High and Comparable

METRIC Trial

- Largest prospective multicenter comparison trial including 284 IBD patients
- Sensitivity of MRE & IUS for TI disease 97% and 92% respectively



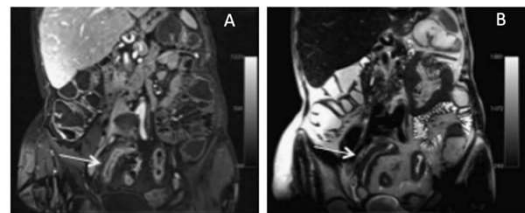
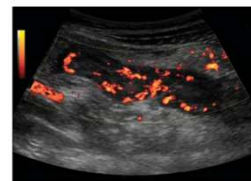
Taylor S et al. *Lancet Gastroenterology and Hepatology*. 2018;8:548-58.

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Diagnostic Accuracy of *Strictures and Abscesses* by MRE and IUS is High and Comparable

- Prospective, non-inferiority diagnostic study
- N=234 consecutive CD patients
- All underwent ileocolonoscopy, IUS, and MRE at random order by blinded physician
- Concordance between IUS and MRE
 - Strictures: $k = 0.82$
 - Abscesses: $k = 0.88$




Castiglione F, et al. *Inflamm Bowel Dis*. 2013;19:991-98.

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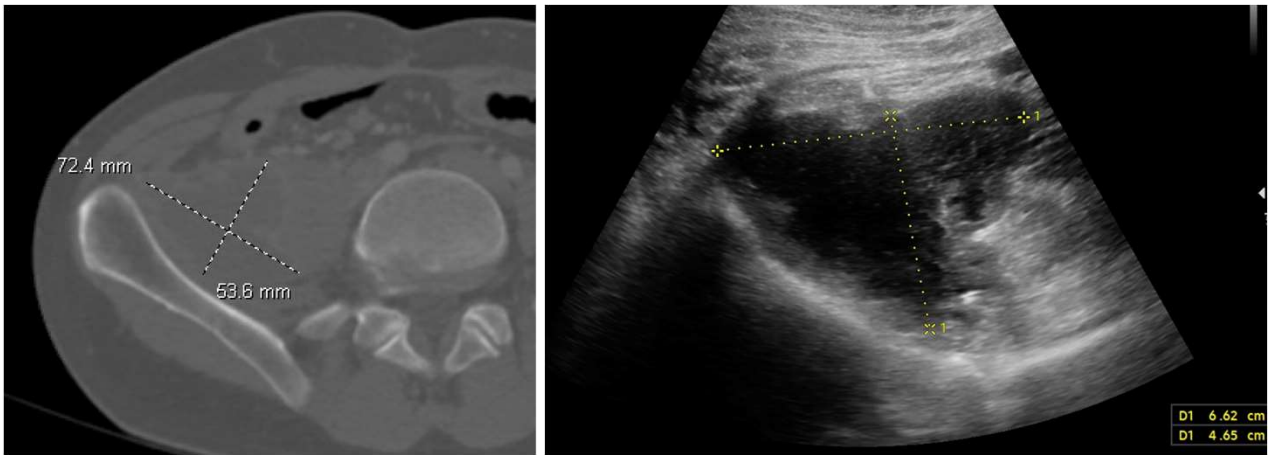
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41-year-old male with fistulizing ileal Crohn's, s/p two ileocolonic resections on no therapy, referred for IUS for disease activity assessment. Reports intermittent fevers and right groin pain.



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72.4 mm
53.6 mm

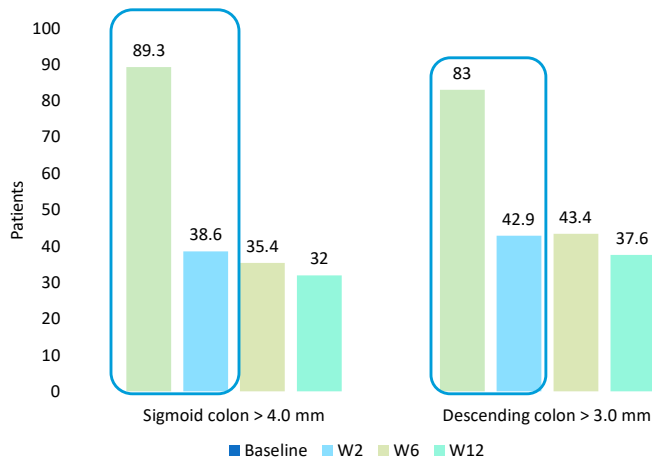
D1 6.62 cm
D1 4.65 cm

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IUS is Sensitive to Change

- TRUST&UC - observational study at 42 German IBD Centers
- 242 UC patients with clinically active disease (SCCAI > 5) receiving standard treatment
- Multiple therapies
- IUS at baseline, w2, w6, w12
- **About ½ of patients had normalized BWT within 2 weeks**

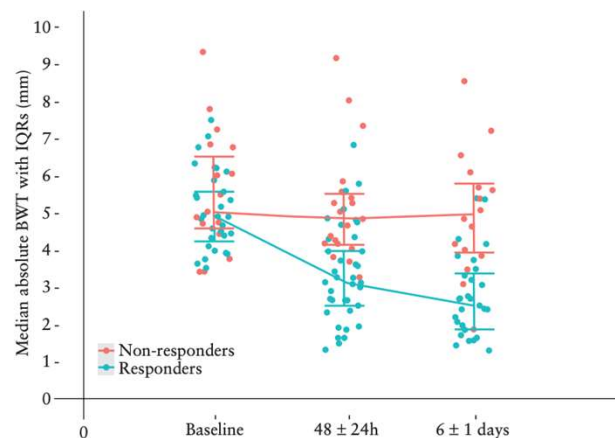
Maaser C et al. *Gut*. 2020;69:1629-36.

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IUS Predicts Response in ASUC Receiving IV Corticosteroids

- IUS parameters assessed before treatment initiation, after 48 ± 24 h, and 6 ± 1 days.
- **>20% reduction in BWT = OR 22.6 for therapeutic response**
- **$\leq 20\%$ reduction - sensitivity = 84.2%; specificity = 78.4% for determining non-response**

Ilvemark F et al. *J Crohn Colitis*. 2022;16:1725-34.

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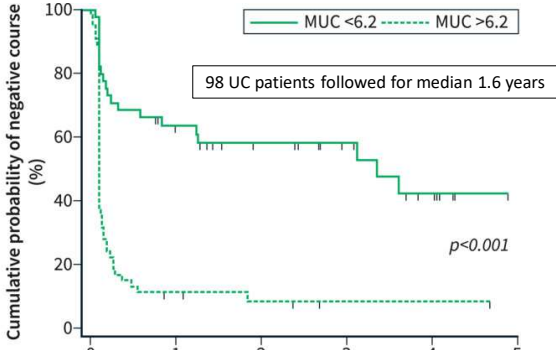
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IUS Predicts Disease Outcomes

Milan Ultrasound Criteria

- MUC ≤ 6.2 - lower cumulative probability of
 - Treatment escalation
 - Need of corticosteroids
 - Hospitalization
 - Colectomy

MUC = 1.4 × BWT + 2 × BWF	
BWT	Bowel wall thickness in mm
BWF	Bowel wall flow (0 = absence; 1 = presence)




98 UC patients followed for median 1.6 years

p < 0.001

	Time to negative course (years)					
Number at risk	0	1	2	3	4	5
Group: MUC < 6.2	44	24	17	12	5	0
Group: MUC > 6.2	54	5	3	1	1	0

Allocca M et al. *United European Gastroenterol J.* 2022;10:190-7.

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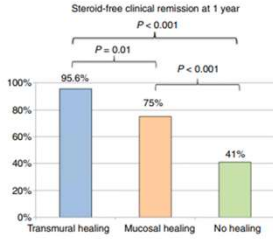


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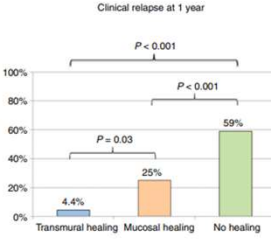
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Sonographic Transmural Healing May be a Superior Outcome to Mucosal Healing in Crohn's

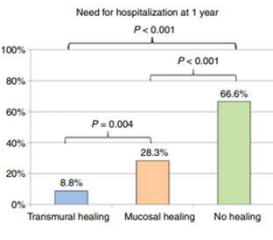
Steroid-free clinical remission at 1 year



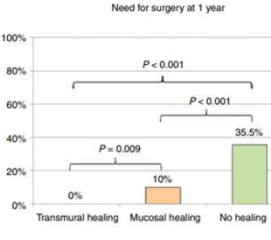
Clinical relapse at 1 year



Need for hospitalization at 1 year



Need for surgery at 1 year



Castiglione F, et al. *Aliment Pharmacol Ther.* 2019;49:1026-39.

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Should Transmural Healing be a Therapeutic Goal in UC?

Gastroenterology 2022;162:1396-1408

What Does Disease Progression Look Like in Ulcerative Colitis, and How Might It Be Prevented?



Noa Kruglak Cleveland¹ Joana Torres^{2,3} David T. Rubin⁴



aga Gastroenterology
Volume 163, Issue 6, December 2022, Pages 1485-1487

Editorial
The Use of Intestinal Ultrasound in Ulcerative Colitis—More Than a Mucosal Disease?

Carolina Palmela, Christian Maaser




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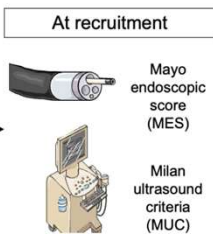
Transmural Severity Is a Superior Predictor of Colectomy Risk Compared to Endoscopic Severity

- n=141 pts, 13 colectomies
- MUC was the only independent variable associated with colectomy risk, OR: 1.53 (1.03–2.27)
- MUC demonstrated higher accuracy than MES (AUROC 0.83 vs. 0.71)
- MUC demonstrated better performance for predicting colectomy (p=0.02)
- The optimal MUC score cut- off value for predicting colectomy was 7.7

Consecutive adult UC patients

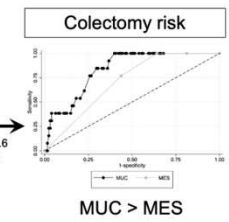


At recruitment



Mayo endoscopic score (MES)
Milan ultrasound criteria (MUC)

21.8 ± 14.6 months



MUC > MES

Milan Ultrasound Criteria (MUC) =
1.4 × Bowel Wall Thickness (mm) + 2 × Bowel Wall Flow

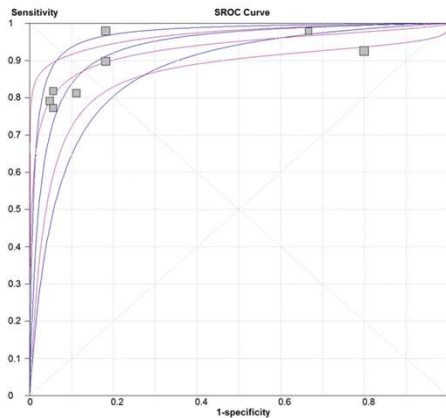
MUC > MES

Piazza N, et al. *J Crohn's Colitis*. 2023; jjad152.

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IUS in Post-Op Recurrence



- Systematic review and meta-analysis
- IUS provides accurate assessment of post-op recurrence in CD
- Sensitivity: 89%
- Specificity: 86%
- DOR: 42.3
- AUC: 0.93


Yung D, et al. Inflamm Bowel Dis. 2018.

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The Arrival of Intestinal Ultrasound to the U.S.A. *What took us so long?*

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Gut, 1979, 20, 590-595

Grey scale ultrasound in Crohn's disease

S. HOLT¹ AND E. SAMUEL

From the University Department of Therapeutics and Clinical Pharmacology and Department of Medical Radiology, The Royal Infirmary, Edinburgh

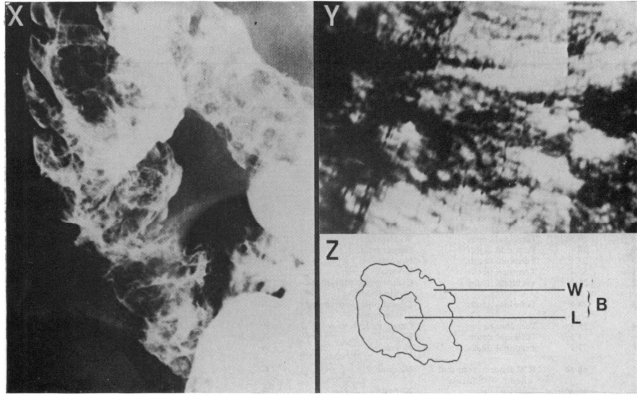



Fig. 1 The barium follow-through (X) demonstrates a contracted caecal pole and narrow terminal ileum. The transverse ultrasonograph (Y) shows the type A appearance. The diagrammatic representation of the ultrasonograph (Z) indicates that this image (B) is formed by the lumen (L) and diffusely thickened wall (W) of the caecum.

Courtesy of C. Maaser

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First Publications from Italy and Germany

> AJR Am J Roentgenol 1986; Mar;146(3):523-6. doi: 10.2214/ajr.146.3.523.

Sonographic detection of postsurgical recurrence of Crohn disease

G DiCandio, F Mosca, A Campatelli, M Bianchini, F D'Elia, C Dellagiovampaola

PMID: 3511636 DOI: 10.2214/ajr.146.3.523

Clinical Trial > Radiol Med 1990; Sep;80(3):301-3.

[Ultrasonography in the diagnosis of chronic inflammatory intestinal disease]

[Article in Italian]
A Stiatt¹, A Martinuzzi, M Bartolini, L Lasciaffari, G Tallori, A Moretini

Affiliations – collapse

Affiliation
¹ Radiologia Centralizzata Careggi, USL 10/D, Firenze.

PMID: 2236690

Comparative Study > Gastroenterology 1982; Aug;83(2):430-4.

Detection of Crohn's disease by ultrasound

A Sonnenberg, J Erckenbrecht, P Peter, C Niederau

PMID: 7084620

Abstract

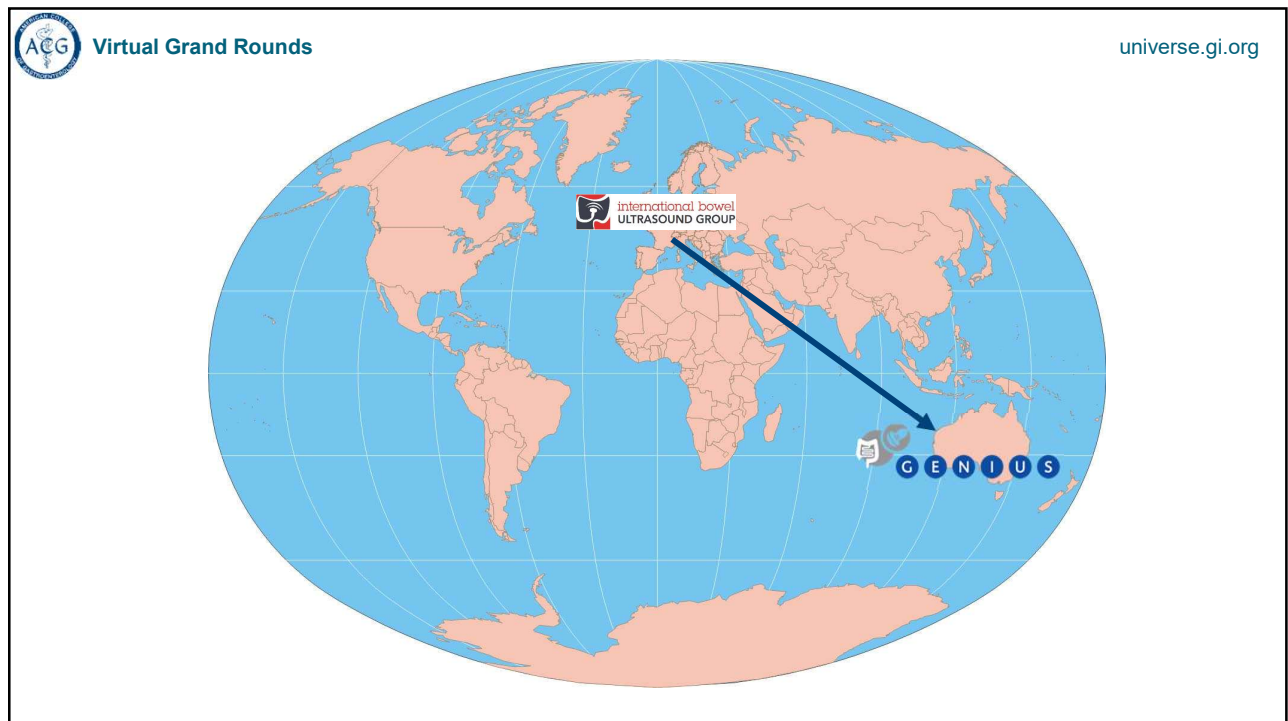
The target appearance of grey scale ultrasound is thought to be a characteristic sign of gastrointestinal wall thickening. It consists of a strong echogenic center surrounded by a sonolucent rim. In a prospective controlled study, the sensitivity and specificity of the ultrasonic B-scan for Crohn's disease were investigated. Fifty-one patients with Crohn's disease and 124 control subjects were studied. Sensitivity and specificity of the ultrasonic target appearance for Crohn's disease were 76% and 88%, respectively. When additional ultrasonic signs of inflammatory bowel disease were considered, sensitivity and specificity rose to 84% and 91%, respectively. Both colon and ileum were affected in 85% of the true-positive and in 8% of the false-negative targets. The Crohn's disease activity index was 213 +/- 136 in patients with true-positive targets and 167 +/- 118 in patients with false-negative target appearances. Most false-positive target phenomena arose from gastrointestinal tumors. It is concluded that ultrasound is a suitable complementary method for the detection of Crohn's disease.

The small and large intestine were performed in testinal resections for Crohn disease, with the ad to have had relapses; sonography revealed as. Sensitivity proved to be 82%, specificity the operator to distinguish between iral study of the thickened bowel wall, paying

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Foundation of Australia's The Gastroenterology Network of Intestinal Ultrasound (GENIUS): 2016/2017

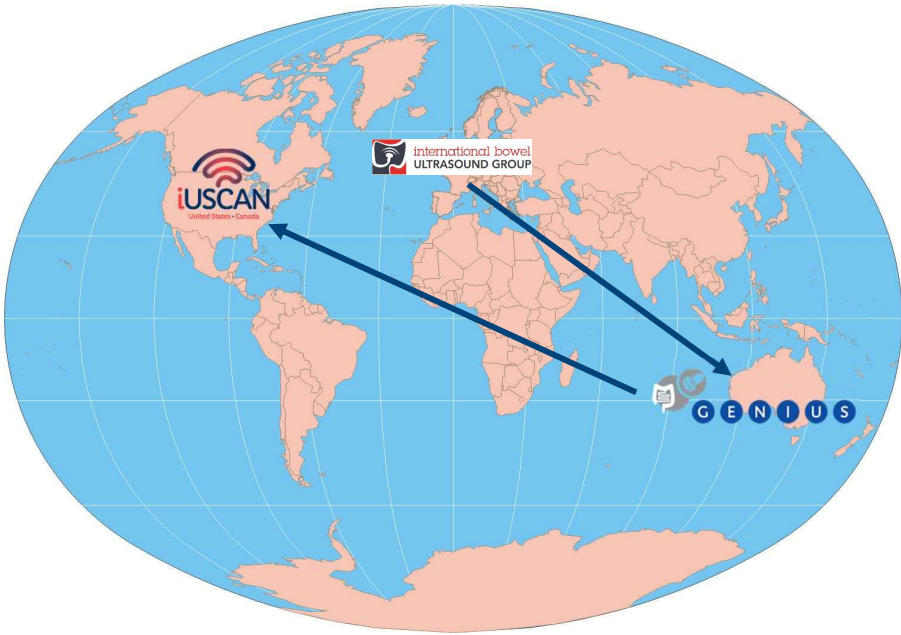


GENIUS

Anil Asthana	Peter Lewindon
Jacob Begun	Watson Ng
Rob Bryant	Kavitha
Antony	Subramaniam
Friedman	Kirstin Taylor
Peter Gibson	Emily Wright
Andrew Lee	
Rupert Leong	

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The map displays three global networks: iUSCAN (United States + Canada) in North America, International Bowel Ultrasound Group in Europe, and GENIUS in Australia. Blue arrows indicate connections between these networks across the Atlantic and Indian Oceans.


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How IUS in the U.S. began ...



David Rubin




Jean-Frederic Colombel



Marla Dubinsky

Feb 2019

Crohn's Colitis Congress, Las Vegas
David Rubin, Marla Dubinsky, JF Colombel, IBUS




2019 - 2021


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Development and Dissemination of an IBD Monitoring and Prevention Program with a Focus on Intestinal Ultrasound 2022-2025

THE LEONA M. AND HARRY B.
HELMSLEY
CHARITABLE TRUST






In 2022 received
\$1.6 million grant

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Creation of iUSCAN: September 2022



David T. Rubin, MD
Senior Advisor





Noa Krugliak Cleveland, MD





Michael Dolinger, MD, MBA





Kerri Novak, MD

Mission: Advance the use of intestinal ultrasound (IUS) in the care of patients with IBD in North America across three domains: clinical care, research, and education.


Goal: Create an alliance of clinicians and scientists to accomplish this mission.

Vision: Intestinal ultrasound will become the standard of care for patients with IBD across the U.S. and Canada.


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ACG Virtual Grand Rounds




Creation of iUSCAN: September 2022



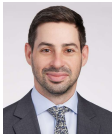
David T. Rubin, MD
Senior Advisor







Noa Krugliak Cleveland, MD





Michael Dolinger, MD, MBA





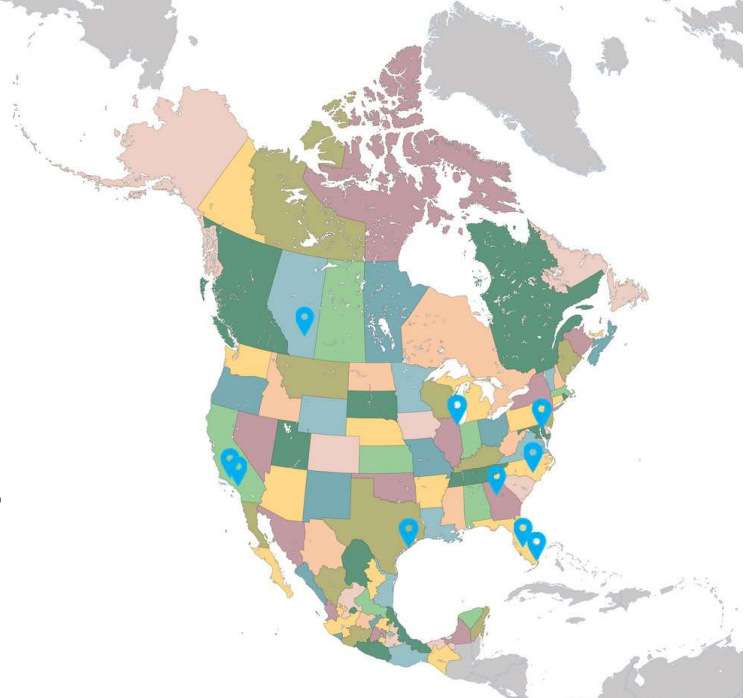
Kerri Novak, MD

Approx 200 members

THE LEONA H. AND HARRY B. HELMSLEY CHARITABLE TRUST The Mutchnik Family Foundation

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ACG Virtual Grand Rounds universe.gi.org



iUSCAN
Intestinal Ultrasound Group
of the United States and Canada

**Approx
200 members**

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ACG Virtual Grand Rounds universe.gi.org

Publications

INVITED RED SECTION: HOW I APPROACH IT

Guide to Intestinal Ultrasound Credentialing, Documentation, and Billing for Gastroenterologists in the United States

Dolinger, Michael Todd MD, MBA¹; Krugliak Cleveland, Noa MD²; Rubin, David T. MD²; Dubinsky, Marla C. MD¹

The Arrival of Intestinal Ultrasound for Inflammatory Bowel Disease Care in the United States

Noa Krugliak Cleveland, MD,¹ Emma A. Picker, BA,¹ Michael T. Dolinger, MD, MBA,² and David T. Rubin, MD¹

SHORT CLINICAL REVIEWS

Integrating intestinal ultrasound into inflammatory bowel disease training and practice in the United States

Publish date: March 3, 2023

By Noa Krugliak Cleveland, MD; David T. Rubin, MD

REVIEW ARTICLES

Intestinal Ultrasound for the Pediatric Gastroenterologist: A Guide for Inflammatory Bowel Disease Monitoring in Children: Expert Consensus on Behalf of the International Bowel Ultrasound Group (IBUS) Pediatric Committee

Kellar, Amelia MD, MSc¹; Dolinger, Michael MD, MBA²; Novak, Kerri L. MD, MSc¹; Chavannes, Mallory MD, MHSc²; Dubinsky, Marla MD²; Huynh, Hien MD³

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 Virtual Grand Rounds

First U.S. Based IUS Hands-On Trainings





Icahn SOM at Mount Sinai
Sept 2022




University of Chicago
March 2023


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 Virtual Grand Rounds













Committee Co-Chairs







iUSCAN
Intestinal Ultrasound Group
of the United States and Canada

Category	U.S. Co-Chair	Canadian Co-Chair
Education	Michael Winter Dartmouth-Hitchcock 	Jennifer deBruyn University of Calgary 
Clinical	Mallory Chavannes Children's Hospital Los Angeles 	Carla Nash Kelowna GI 
Research	Amelia Kellar University of Chicago 	Cathy Lu University of Calgary 
Advocacy	Bincy Abraham Houston Methodist 	Hughie Fraser Dalhousie University 
Communications	Maia Kayal Icahn School of Medicine at Mount Sinai 	Nancy Fu University of British Columbia 

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Virtual Grand Rounds




iUSCAN Education

- IUSMonthly – second Tuesday each month, 8 – 9 PM ET





Michael Winter, MD
Dartmouth-Hitchcock




← To Join iUSCAN

- Hands-On Workshop for Advanced IBD Fellows –2023, next in the Spring of 2024!






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Current and Future Status of IUS in the U.S.

	Current	In Development	Future
Expertise	✓ Limited centers	✓ Growing expertise	IUS available at any GI office
Training	✓ 4 Module-1 courses in the U.S. by 2025 ✓ 2 Module-2 Centers ✓ Module-3 at DDW 2024	♻️ e-Learning platform	♻️ Integrate IUS into GI curriculum
Reimbursement	✓ Borrowed CPT code	♻️ Unique CPT code	Unique CPT code for fair fee
Infrastructure	✓ Limited centers	✓ Increasing adoption of IUS	♻️ Integration into standard of care
Research	✓ Single-center studies	♻️ National database ♻️ First clinical trials designed with sonographic healing as an end point	Large multicenter studies Sonographic healing as an end-point in all clinical trials

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Virtual Grand Rounds



How to Get Trained in IUS

- IBUS membership at IBUS-group.org
- Module 1 – 2-3 days
 - Module 1 Los Angeles: March 7th – 9th, 2024
 - **Applications due: November 20th**
- Module 2 – 4 weeks
- Module 3 – During ECCO, DDW '24
 - ★ E-learning platform in development



IBUS Module 1 Workshop Los Angeles, USA – March 7th – 9th, 2024

7. March 2024 - 9. March 2024



Date & Time:

Start: March 7th, 2024

End: March 9th, 2024

Location:

Sotheb's Los Angeles at Beverly Hills - further details will be shared closer to the event.

Schedule:

Preliminary Schedule

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Virtual Grand Rounds

universe.gi.org

Thank you!




- **David T. Rubin** *University of Chicago*
- **Emma Picker** *University of Chicago*
- **Michael Dolinger** *Icahn SOM at Mount Sinai*
- **Kerri Novak** *University of Calgary*
- **Dan Carter** *Sheba Medical Center*
- **Hagar Banai** *Rabin Medical Center*
- **Marla Dubinsky** *Icahn SOM at Mount Sinai*
- **Christian Maaser** *Municipal Hospital of Lüneberg*
- **Yoon-Kyo An** *Mater Hospital Brisbane at The University of Queensland*
- **IBUS Family**


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Questions



Noa Krugliak Cleveland, MD:



David T. Rubin, MD FACG:

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CONNECT AND COLLABORATE IN GI



ACG GI Circle
Connect and collaborate within GI



IBD Circle
A Partnership of the American College of Gastroenterology
and the Crohn's & Colitis Foundation



ACG Hepatology Circle



**ACG Functional GI
Health and Nutrition Circle**

ACG's Online Professional Networking Communities
LOGIN OR SIGN-UP NOW AT: acg-gi-circle.within3.com



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