2022
ACG / LGS REGIONAL
POSTGRADUATE COURSE
MARCH 18-20, 2022 | In-Person
HILTON NEW ORLEANS RIVERSIDE | NEW ORLEANS, LOUISIANA

COURSE DIRECTORS:
James D. Morris, MD, FACP and Eric P. Trawick, MD

2022
ACG’S HEPATOLOGY SCHOOL & EASTERN REGIONAL
POSTGRADUATE COURSE
APRIL 1-3, 2022 | In-Person
THE SEAPORT HOTEL • BOSTON, MASSACHUSETTS

ACG’S HEPATOLOGY SCHOOL | EASTERN REGIONAL COURSE
EARN UP TO 8.25 CME CREDITS | EARN UP TO 8.25 CME CREDITS
EARN UP TO 12.75 MOC POINTS | EARN UP TO 12.75 MOC POINTS
International GI Training Grants

GRANT AWARDS: $10,000 | DEADLINE MARCH 31, 2022

Whether you live in the U.S. or another country, you may be eligible!
Acquire or develop new cognitive knowledge or technical skill to improve patient care in your geographic area. The grant is to be used for travel to and from the training center and to the ACG Annual Meeting as well as for incidental expenses related to the training.

Visit gi.org/trainees/gi-training-grants for more information.

ACG AWARDS

Nominate a Colleague by April 15th!

2022 Award Categories:

- New! NP/PA Award for Clinical Excellence
- Berk/Fise Clinical Achievement Award
- Community Service Award
- Distinguished Mentorship & Teaching Award
- Diversity, Equity & Inclusion Award
- International Leadership Award
- Master of the American College of Gastroenterology
- Samuel S. Weiss Award

Nominations for these awards will be presented at the College’s Annual Scientific Meeting in Charlotte, NC on October 22, 2022.

gi.org/about/awards
On the Occasion of Lynch Syndrome Awareness Day

State of the Art in Colorectal Cancer Prevention for Lynch Syndrome Patients

📅 Tuesday March 22, 2022
⏰ 8:00 PM EST  5:00 PM PT

Presented by:
Swati Patel, MD, MS

Moderated by:
Carol Burke  MD, FACP
Anu Chittenden  MS, LGC

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TUNE IT UP: A CONCERT TO RAISE COLON CANCER AWARENESS

ACG Virtual Community Event in honor of March Colorectal Cancer Awareness Month

Thursday, March 31, 2022 at 8 pm EDT

Hosted by Dr. Benjamin Levy and ACG Public Relations Committee

American College of Gastroenterology | gi.org/Concert
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.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2022 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2023 for this activity.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 12
Endoscopic Submucosal Dissection: What Gastroenterologists Need to Know
Moamen Gabr, MD, MS
March 24, 2022 at Noon Eastern and 8pm Eastern!

Week 13
Chromoendoscopy in IBD Surveillance: Always, Sometimes or Never?
Gursimran Singh Kochar, MD, FACP, CNSC
March 31, 2022 at Noon Eastern - No 8pm Broadcast

Join ACG at 8pm on Thursday March 31st for the Tune it Up Concert to Raise Colon Cancer Awareness!

Visit gi.org/ACGVGR to Register
ACG SPECIAL Grand Rounds
Join us for upcoming Virtual Grand Rounds!

March 22, 2022 at 8:00pm Eastern!
Lynch Syndrome Awareness Day!
State of the Art in Colorectal Cancer Prevention for Lynch Syndrome Patients
Speaker: Swati G. Patel, MD, MS

March 29, 2022 at 8:00pm Eastern!
Private Equity in Gastroenterology - "I Went the Private Equity Model: Reflections and Guidance"
Featured Speaker: Scott Frasier, MBA

Visit gi.org/ACGVGR to Register

Disclosures:

Speaker:
Allison Rosen
Exact Sciences: Consultant
Convatec: Consultant

Moderator:
Aasma Shaukat, MD, MPH, FACG
Freenome Inc: Consultant
Iterative Scopes: Consultant
Medtronic: Consultant

*All of the relevant financial relationships listed for these individuals have been mitigated
CRC Survivor & Advocate Allison Rosen on the Patient Journey: What GI Clinicians Need to Know Now

Allison Rosen
Cancer survivor, patient, research and policy advocate

Agenda

1. CRC journey from a patient perspective
2. The rise in early age onset CRC
3. Shared decision making
4. Empathy as a best practice
Who am I?

Cancer Timeline

- **Diagnosis**
  - Start experiencing symptoms, colonoscopy, diagnosis of cancer

- **Surgery**
  - Temporary ileostomy reversal

- **Complications**
  - Pouchitis, sepsis, temp ileostomy formation, kidney infections, hair loss, menopause

- **Survivorship**
  - Ileostomy made permanent, dehydration, osteoporosis, sexual dysfunction

- **March-June 2012**
  - Treatment/Surgery
  - Chemoradiation, total abdominal colectomy with J-pouch and temp. ileostomy, adjuvant chemotherapy

- **June-October 2012**

- **March 2013**

- **2013-2015**

- **2015-present**
Cancer Journey

9 year Colorectal cancer survivor
• History of: Crohn’s disease and asthma
• 4 open abdominal surgeries
• Treatment also included: radiation and oral chemotherapy

"Cancer does not define me but it has made me the person I am today, stronger, happier and healthier."

Cancer Journey

9 year Colorectal cancer survivor
• History of: Crohn’s disease and asthma
• 4 open abdominal surgeries
• Treatment included: radiation and oral chemotherapy
• Permanent ostomy
• Sepsis survivor
• Kidney disease: infections and kidney stones
• Cognitive ability affected

"Cancer does not define me but it has made me the person I am today, stronger, happier and healthier."
A year in the life of oral adherence

2 full cycles of Xeloda
Oral medications (too many to count) for:
- Nausea
- Vomiting
- Constipation
- Pain
- Anxiety
- Fertility/Hormones
- Long term side effects

The average cost of Stage 2 colorectal cancer treatment is $200,000-$250,000 in the first year
What helped me

- Hand-written calendars
- Setting alerts/alarms on my phone
- Caregivers
- Mental Health services
- Support service
  - Transportation: proximity to hospital
  - Wigs
  - Connections with other cancer patients
  - Support group
  - Acupuncture/alternative medicine

All of these had to turn into oral medications

Early Age Onset CRC

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AYA Special needs

Psychosocial and Supportive care
Onco-fertility
Support programs
Survivorship
Financial toxicity
Genetic testing

AYA SUPPORT SERVICES

AYA SUPPORT SERVICES

CRC INCIDENCE INCREASING UNDER AGE 50

- Diagnosis before age 50 has increased by 51% over past 2 decades
  - Majority of the increase in age 40-49
  - Increases also seen in those in 30s and even in 20s
- Rectal cancer increase > than colon cancer
- Numbers are small overall – but steadily growing

American College of Gastroenterology
Survey results

Colorectal Cancer Alliance conducted a survey assessing EAO

• 67% of patients reported that they saw at least 2 physicians or more before they were correctly diagnosed with CRC.
• 71% diagnosed at an advanced stage of the disease, stages III or IV (metastatic)
• Most common symptoms in young onset includes constipation, blood in stool, bloating, rectal bleeding, and diarrhea
• Nothing is absolute, so if any one of these symptoms is presented it needs taken seriously and investigated thoroughly and in a timely manner.

Source: https://www.ccalliance.org/about/never-too-young/survey

Current Research

A 2014 study in JAMA Surgery predicts that by 2030, the number of colon cancer cases in those between 20 and 34 years old will increase by 90 percent and rectal cancer will increase by 124.2 percent

# Survival Rates

<table>
<thead>
<tr>
<th>Localized:</th>
<th>There is no sign that the cancer has spread outside of the colon or rectum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional:</td>
<td>The cancer has spread outside the colon or rectum to nearby structures or lymph nodes</td>
</tr>
<tr>
<td>Distant:</td>
<td>The cancer has spread to distant parts of the body such as the liver, lungs, or distant lymph nodes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEER STAGE</th>
<th>5-YEAR RELATIVE SURVIVAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>91%</td>
</tr>
<tr>
<td>Regional</td>
<td>72%</td>
</tr>
<tr>
<td>Distant</td>
<td>14%</td>
</tr>
<tr>
<td>All SEER stage combined</td>
<td>64%</td>
</tr>
</tbody>
</table>


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## Shared decision making

*ARosen380*
Essential Steps of Shared Decision Making

**STEP 1**
SEEK YOUR PATIENT’S PARTICIPATION
Communicate that a choice exists and encourage your patient to become involved in the conversation

**STEP 2**
HELP YOUR PATIENT EXPLORE & COMPARE TREATMENT OPTIONS
Discuss the benefits and risks of each option

**STEP 3**
ASSESS YOUR PATIENT’S VALUES & PREFERENCES
Take into account what matters most to your patient

**STEP 4**
REACH A DECISION WITH YOUR PATIENT
Decide together on the best option

**STEP 5**
EVALUATE YOUR PATIENT’S DECISION
Is the decision reasonable? Any concerns?
Essential Steps of Shared Decision Making

**STEP 1**
Seek Your Patient’s Participation

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**STEP 5**
Evaluate Your Patient’s Decision

- Is the decision reasonable? Any concerns?

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Empathy

“Empathy is communicating that incredibly important message, You’re not alone”
~Brene Brown

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Connections via Conversations

**Introduce yourself**
Introducing who you are and your role on the clinical team is important for a positive care team-patient relationship. It shows your patient that you want them to know exactly who you are and what you'll be doing to care for them.

**Validate fears, desires, or other concerns**
When you validate what your patient says, you're telling them that you hear and understand their concerns, but you're not telling them what you think they should do about it. By validating your patient’s feelings, you open the door to learning more about their feelings and experience, and this can improve care.

**Listening means assessing and understanding**
At some point during patient care -- and the sooner the better -- put down your pen, close the laptop or sleep the computer, and just listen.

**Do what you say you’re going to do**
We all know that waiting is stressful, especially when you feel vulnerable. Be honest with your patients about when you'll be back with pain medicine or to provide anything else they’ve asked for.

**Learn about life outside the hospital**
Take a little extra time to connect with your patients in positive ways and build trusting relationships. Patients will feel cared for and be more honest and open with you.

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In clinical medicine, **empathy is the ability to understand the patient’s situation, perspective, and feelings and to communicate that understanding to the patient.**

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American College of Gastroenterology
From a healthcare provider standpoint, what are some do’s and don'ts to consider when talking to a patient who has a medically sensitive condition?

<table>
<thead>
<tr>
<th>Don’t</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Offer unsolicited advice</td>
<td>• If you have any valuable research to share, feel free to do so</td>
</tr>
<tr>
<td>• Tell the patient how they should feel</td>
<td>• Let the patient lead the conversation</td>
</tr>
<tr>
<td>• Say everything is going to be ok</td>
<td>• Use correct terms; For example: “cure” “remission” “cancer-free”</td>
</tr>
<tr>
<td>• Don’t say: “I know how you feel,” “Everything happens for a reason,” “It’s only a colon,” “It’s no big deal”</td>
<td>• Be present and really listen</td>
</tr>
<tr>
<td></td>
<td>• Stay optimistic but not dismissive</td>
</tr>
</tbody>
</table>

When you have done everything right…

- If you take the advice given in the previous slides a relationship of mutual respect should be achieved.
- There will always be some patients that are never satisfied.
- You can say all the right things but it won’t be enough.
- All you can do is be present and do your job.
- No relationship is better than a forced one.
- Sometimes, depending on the culture, age, or prior experiences, the patient doesn’t want that personal connection; they simply want the facts.
Quote by Kathleen Bonvicini, executive director of the Institute for Healthcare Communication in New Haven, Conn.

“The most powerful skill a clinician can have is genuine empathy,” Bonvicini states. “If their eyes are tearing up, you hand them a tissue. It can go a long way. It makes the patient feel as if you are really trying to understand them and that you care.”

Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
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<tbody>
<tr>
<td>Colon Cancer Coalition</td>
<td><a href="https://coloncancercoalition.org/">https://coloncancercoalition.org/</a></td>
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<tr>
<td>Fight Colorectal Cancer</td>
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<tr>
<td>Colorectal Cancer Alliance</td>
<td><a href="https://www.ccalliance.org/">https://www.ccalliance.org/</a></td>
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<tr>
<td>American Cancer Society</td>
<td><a href="https://www.cancer.org/">https://www.cancer.org/</a></td>
</tr>
<tr>
<td>MD Anderson</td>
<td><a href="https://www.mdanderson.org/patients-family/diagnosis-treatment/patient-support/mycancerconnection.html">https://www.mdanderson.org/patients-family/diagnosis-treatment/patient-support/mycancerconnection.html</a></td>
</tr>
<tr>
<td>National Coalition for Cancer Survivorship</td>
<td><a href="https://canceradvocacy.org/">https://canceradvocacy.org/</a></td>
</tr>
<tr>
<td>CRC POP</td>
<td><a href="https://www.browardgi.com/colorectal-cancer-provider-outreach">https://www.browardgi.com/colorectal-cancer-provider-outreach</a></td>
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Thank you!!

Contact me at
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@alicat380
@alicat380
@ARosen380

Questions?

Speaker:
Allison Rosen

Moderator:
Aasma Shaukat, MD, MPH, FACG
CONNECT AND COLLABORATE IN GI

ACG & CCF IBD Circle
ACG Hepatology Circle

ACG Functional GI Health and Nutrition Circle
ACG Women in GI Circle

ACG GI Circle
Connect and collaborate within GI

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