ACG INSTITUTE RESEARCH GRANTS AND AWARDS 2021

SEVEN different award types; INCREASED Junior Faculty FUNDING; NEW Mid-Career Bridge Funding; Med Resident and Student Awards

www.gi.org/research-awards

Grant System Opens: September 8, 2020
Deadline: December 4, 2020

Read the Grant Flyer, FAQs, or visit the webpage for the RFAs.

Welcome to the Virtual Grand Rounds Waiting Room – The educational activity will begin promptly at 12 Noon Eastern.

ACG 2020 Virtual

The Premier GI Clinical Meeting & Postgraduate Course

On-Demand Access Open Now- Live Sessions are Just 1 week away!

Visit acgmeetings.gi.org Register Now!

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, 2020 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, 2021 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 31: Special Considerations When Discussing Diet Elimination for EoE
Nirmala Gonsalves, MD
October 22, 2020 at Noon EDT

NOTE: there will be no Virtual Grand Rounds on October 29 due to ACG 2020

Week 32: Managing Medical-Legal Risk in Colonoscopy: Rules for Success
Douglas K. Rex, MD, MACG
November 5, 2020 at Noon EDT

Visit gi.org/ACGVGR to Register
Pouch or True “Ouch”?
Avoid Common Mistakes in the Diagnosis and Management of Ileal Pouch Disorders

Bo Shen, MD
The Edelman and Jarislowsky Professor of Surgical Sciences
Professor of Medicine and Surgical Sciences
Director of Interventional IBD Center/IBD Section
Vice Chair for Innovation in Medicine and Surgery
Columbia University Irving Medical Center
New York, NY
**Indications for Total Colectomy in UC**

- Refractory UC
- Colitis-associated Neoplasia
- Poor tolerance of medications

**Ileal Pouch-Anal Anastomosis**

- Tip of the “J”
- 2-cm cuff
- 2-cm efferent limb
- J pouch+stapled anastomosis
- S pouch+handsewn anastomosis

**J Pouch**

- Afferent limb
- Pouch inlet
- Tip of the “J”
- Cuff (cancer)
- Anal transition zone
- Dentate line

Shen B (Ed). Pouchitis and Ileal Pouch Disorders Elsevier 2019
Stoma Takedown Site

End-to-end anastomosis (risk of stricture)
Side-to-side anastomosis (risk of staple-line leak)

Shen B (Ed.). Pouchitis and Ileal Pouch Disorders. Elsevier 2019

Disorders of the Ileal Pouch

- Surgical/Mechanical
  - Anastomatic leak
  - Pelvic sepsis
  - Sinus
  - Fistula
  - Strictures
  - Efferent limb syn.
  - Afferoent limb syn.
  - Prolapse
  - Pouch folding
  - Tenia indivisa
  - Incontinuity
  - Sexual dysfunction
  - Portal vein thrombi
  - Foreign body

- Inflammatory/Infectious
  - Pouchitis
  - Cuffitis
  - Crohn’s dis.
  - Small bowel bacterial overgrowth
  - Inflammatory polyps

- Functional
  - Irritable pouch syn.
  - Anismus
  - Poor compliance

- Neoplastic
  - Pouch neoplasia
  - Squamous cell cancer

- Systemic/Metabolic
  - Anemia
  - Bone loss
  - Vit D/B12 def.
  - Renal stone
  - Celiac dis.
  - High PTH


Presenting Symptoms

- Diarrhea
- Cramps
- Urgency
- Incontinence
- Pouchitis
- Cuffitis
- Crohn’s Disease
- Irritable Pouch Syndrome

- Dyschezia
- Incomplete evacuation
- Bloating
- Stricture
- Floppy Pouch Complex
- Pouch Twist
- Anismus

- Fever
- Night Sweats
- Tailbone Pain
- Leukocytosis
- Pathogen-associated
- Pouch Inflammation
- Abscess
- Sinus/Fistula

- Pelvic MRI
- Pouchoscopy

Shen B. ACG Virtual Grand Rounds 2020
Stoma Takedown Site

- Ulcer
- Stricture (end-to-end > side-to-side anastomosis)
- Fistula (side-to-side anastomosis)
- "Pseudopouch": dilated side-to-side anastomosis

Etiology

- Surgical
- Crohn’s disease?

Stoma Takedown Site

- Stricture
- Fistula

"Pseudopouch" at the Stoma Takedown Site
**Stoma Takedown Site**

- Ulcer
- Stricture
- Fistula
- "Pseudopouch"

1st-Line treatment:
- Observe
- Endosc. balloon dilation/stricturotomy
- Endoscopic clipping
- Surgical conversion to end-to-end

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**Afferent Limb**

- Ulcer and inflammation
- Stricture

**Etiology**
- Crohn’s disease
- Backwash enteritis (primary sclerosing cholangitis)
- Pre-pouch enteritis
- Ischemia

---

**Afferent Limb**

- Ulcer and inflammation
- Stricture

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American College of Gastroenterology
**Afferent Limb**

- Ulcer and inflammation
- Stricture

**Etiology**
- Crohn’s disease
- Backwash enteritis
- Pre-pouch enteritis
- Ischemia

**1st-Line treatment**
- Endo balloon dilation/stricturotomy
- Anti-TNF/Ustekinumab
- Budesonide
- Budesonide
- Hyperbaric oxygen

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**Inlet**

- Ulcer
- Stricture

**Etiology**
- Crohn’s disease
- Surgical ischemia

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**Inlet: Normal and Variation**

- Owl’s eye
Stricture

Inlet

Afferent Limb Syndrome

Fistula

Prolapse

Ulcer

Stricture

1st-Line treatment

Observe

Endo balloon/dilation/stricturotomy

Etiology

Surgical ischemia
Tip of the “J”

- Ulcer
- Fistula

1st-Line treatment
- Observe
- Endoscopic clipping

Pouch Body

- Pouchitis
- Floppy pouch
- Prolapse
- Vertical twist
- Horizontal twist “Paper clip” pouch

Shen B. ACG Virtual Grand Rounds 2020
Spectrum of Pouchitis

Disease course: Acute Chronic
Pattern: Episodic Relapsing Chronic
Response to antx: Responsive Dependent Refractory
Etiology: Primary Secondary
Etiopathogenesis: Microbiome Immune-mediated Ischemia

Classic Pouchitis

Immune-mediated Pouchitis
Evolving Thoughts on Pouchitis

- Bacterial
- Autoimmune
- Ischemia
- Outlet obstruction/
  Fecal Stasis

Shen B. ACG Virtual Grand Rounds 2020

Observed Trend in Pouch Disorders

- Floppy pouch complex
- Twisted pouch
- Stricture, leak, fistula
- Pouchitis

Shen B. ACG Virtual Grand Rounds 2020

Fecal Stasis and Dyssynergic Defecation

Shen B. ACG Virtual Grand Rounds 2020
**Treatment of Pouchitis**

<table>
<thead>
<tr>
<th>Microbiota-associated</th>
<th>1st line</th>
<th>2nd line</th>
<th>3rd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics (ciprofloxacin, metronidazole, tinidazole, amoxicillin)</td>
<td>Mesalamines; Topically active steroids</td>
<td>Anti-TNF; Anti-IL12/23</td>
<td></td>
</tr>
<tr>
<td>Immune-mediated</td>
<td>Budesonide; Mesalamines; Oral vancomycin (PSC-enteritis/pouchitis)</td>
<td>Vedolizumab; Immunomodulators</td>
<td>Ustekinumab; Anti-TNFs</td>
</tr>
<tr>
<td>Ischemia associated</td>
<td>Vedolizumab</td>
<td>Hyperbaric oxygen</td>
<td>Pouch redo; bariatric surgery?</td>
</tr>
<tr>
<td>Structural/functional outlet obstruction-fecal incontinence</td>
<td>Endoscopic therapy; Biofeedback</td>
<td>Biofeedback; Endoscopic therapy</td>
<td>Surgery</td>
</tr>
</tbody>
</table>

**Pouch Prolapse**

Shen B. *ACG Virtual Grand Rounds 2020*

**Pouch Prolapse and Banding Therapy**

Shen B. *ACG Virtual Grand Rounds 2020*
Vertical Twist


Horizontal Twist- "Paperclip Pouch"

Shen B. ACG Virtual Grand Rounds 2020

Anastomosis

- Stricture
- Presacral sinus
- Pouch-vagina fistula

Etiology
- Surgical ischemia
Anastomotic Stricture: Dilation and Stricturotomy

Male: 20 mm balloon
Female: 18 mm balloon

Shen B. ACG Virtual Grand Rounds 2020

Presacral Sinus: Sinusotomy

Lan N, Hull TL, Shen B. Gastrointest Endosc 2019;89:144-56

Endoscopic Sinusotomy:

Lan N, Hull TL, Shen B. Gastrointest Endosc 2019;89:144-56
Pouch Vaginal Fistula: Differential Diagnosis

At the anastomosis (surgical trauma)
At the anal canal (Crohn's disease)
At the dentate line (cryoglandular)


Cuffitis and Anal Transition Zone

- Classic cuffitis
- Long cuffitis
- Ischemic cuffitis
- Crohn's disease
- Prolapse

Shen B. ACG Virtual Grand Rounds 2020

Cuff and Anal Transition Zone

Shen B. ACG Virtual Grand Rounds 2020
Cuffitis

- Classic cuffitis
- Long cuffitis
- Ischemic cuffitis
- Crohn’s disease
- Prolapse

1st-Line treatment
- Topic mesalamine/steroids
- Anti-TNFs
- Hyperbaric oxygen?
- Anti-TNF
- Endoscopic banding

Crohn’s Disease and Prolapse in the Cuff

Cuffitis and Anal Transition Zone
Summary

- Stoma takedown site, inlet, tip of the "J", and anastomosis
- Common "normal" postsurgical changes: ulcers and stricture
- Common locations for surgical strictures and acute/chronic leaks
- Pouchitis-endoscopic distribution pattern
  - Microbiota vs. Autoimmune vs. Ischemia
  - Fecal stasis related to mechanical/functional outlet obstruction
- Chronic pouchitis: Vedolizumab
- Crohn’s disease of the pouch: Anti-TNF > Ustekinumab
- Cuffitis:
  - Classic vs. Crohn’s disease vs. Prolapse
- "Floppy pouch complex" (prolapse, afferent limb syndrome, twist)
- Endoscopic therapy for stricture, prolapse, and sinus

Questions?

Bo Shen, MD
David T. Rubin, MD, FACP