



President's Report

President, NASPGHAN: Carlo Di Lorenzo, MD

On October 5–8, 2016 the 5th World Congress of Pediatric Gastroenterology, Hepatology and Nutrition will be held in Montréal, QC, Canada.

The World Congress is organized by the Federation of International Societies of Pediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN) and will also serve as the 2016 Annual **NASPGHAN** Meeting.

Hosting a World Congress brings tremendous responsibilities but also unlimited opportunities for the four societies that 20 years ago had the foresight to decide pediatric gastroenterologists from all over the world would meet every four years. Such meetings started in 2000 in Boston and have now been hosted by each of the four pediatric GI societies in their own continents (they have been held in USA, France, Brazil and Taiwan), and it is now time to host it again in North America. Despite the remarkable success that these meetings have had, I sense that we are now at a crossroads to decide whether it still makes sense to continue to hold world congresses in the future.

For the youngest among the readers of this column (assuming that actual readers indeed exist), allow me to summarize the history and highlight the spirit that led to the creation of the first World Congress. More details can be found in a beautiful and very exhaustive article written by Drs. Walker-Smith and Walker in 2003 (Pediatric Research 53, 706–715, 2003). In 1995, the then Presidents of the four Societies, Ronald Sokol of **NASPGN** (it is not a typo, there was no H yet in the acronym), Ulysses Fagundes-Neto of the Latin American Society for Pediatric Gastroenterology and Nutrition (LASPGN), Samy Cadranet of ESPGHAN and Geoff Cleghorn of the Asian Pan Pacific Society for Pediatric Gastroenterology and Nutrition (APPSPGAN) started to plan the organization of a World Congress to be held in the new millennium. With the addition in 1996 of new Presidents, Harland Winter of **NASPGN** and Yuichiro Yamashiro of APPSPGAN, these discussions culminated in the signing of an agreement among all the four major societies in November 1998 that crystallized the concept of the World Congress. One of the goals of the World Congress was to formally address the major global issues concerning digestive disease, liver disease, and nutrition of children. Working groups with experts from different

countries and members of the World Health Organization and the Commonwealth Association of Pediatric Gastroenterology and Nutrition were formed. They generated 20 reports about different gastrointestinal, liver and nutritional diseases that outlined the current state of the problem, defined areas of emphasis in need of investigation or implementation, and made recommendations for the future directions and initiatives needed to improve child health in each area. They served as the blueprint for the research agenda of the next decade.

I very fondly remember the 2000 Boston meeting, which was a tremendous success, with over 1100 abstracts submitted and over 2100 paid attendees. There was an atmosphere of excitement and camaraderie, numerous friendships developed and scientific and clinical collaborations were started. For many attendees and trainees from developing countries this was the first time that they had attended a large scale meeting with people who shared the same passions and interests. After another very successful World Congress meeting in Paris in 2004, the enthusiasm for the World Congress started to wane slightly. The North American and European Societies elected to have their own national conference in the year of the World Congress because many societal members, especially young investigators and trainees, could not afford to attend meetings in far-away countries. This decision led to a lower number of submitted abstracts and decreased attendance in Iguazu and Taipei.

The World Congress in Montréal now will have the opportunity to demonstrate that world congresses are still viable from the financial and, more importantly, the scientific point of view. Nowadays, with the wide distribution of the Internet, physicians from developing countries have easier access to journal articles, webinars, and scientific presentations. I do believe, though, that there is still a role for personal interactions, face-to-face discussions, and passionate dialogues. As an immigrant who moved to a different continent in order to find the ideal work environment, I love to share my knowledge with and learn from colleagues from other countries. I am fortunate enough to attend many meetings around the world and it never ceases to amaze me how much one can learn from the experiences and the realities of physicians working in different environments. The World Congress in Montréal has been planned with the goal to disseminate

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knowledge, share expertise, and establish collaborations. It was spearheaded by Dr. Claude Roy, and after his death, the torch has been enthusiastically carried on by Dr. Ernie Seidman and the rest of the organizing committee.

The program of the Congress was put together by nine committees with two members each from the four organizing societies and will encompass nine themes—IBD, Celiac and other luminal disorders, Neurogastroenterology and Motility, Endoscopy, Hepatology, Pancreatology, Global Health, Nutrition and Intestinal Rehabilitation, and Transplantation. The conference will last one extra-day compared to the previous **NASPGHAN** meetings. There will still be a Postgraduate course on Wednesday, followed by a three-day scientific meeting. We have been fortunate to secure the presence of world-renowned speakers who will deliver keynote addresses and state-of-the-art lectures. In keeping with the international theme of the Congress, there will be sessions in Spanish, French and Arabic. Multiple FISPUGHAN/World Congress Outreach Travel Grants will be given to allow participation in the World Congress by colleagues from countries designated as other than high income by the World Bank. There will also be Young Investigator Travel Grants given to young investigators presenting abstracts at the Congress. The grants are designed to help defray travel

expenses to and from the meeting and to encourage participation by young investigators as well as recognize the scientific excellence of their research. Finally, ESPGHAN is also awarding travel grants.

On a personal basis, I would love to see the same enthusiasm in Montréal that permeated the meeting in Boston 16 years ago. There are still tremendous challenges in pediatric gastroenterology that need to be addressed, especially in developing countries. We can all contribute to improving children's digestive health by learning from each other and developing collaborative efforts. I truly hope to see as many of you as possible in Montréal. I guarantee that you will enjoy the program and will be enriched by the experience. J'espère vous voir bientôt à Montréal!



Carlo Di Lorenzo, MD
Division Chief, Pediatric Gastroenterology
Nationwide Children's Hospital
President, **NASPGHAN**

Secretary-Treasurer Report



The first half of 2016 has been a busy time for **NASPGHAN**.

We have been working hard planning the World Congress of Pediatric Gastroenterology, Hepatology and Nutrition. Drs. Seidman, Heubi and Di Lorenzo have been working tirelessly to put together a fabulous educational conference. I know that I am biased, but the program is fantastic. I urge all of **NASPGHAN**

to take advantage of this conference this year. This takes the place of our Annual Meeting and the Annual Meeting is one of the major factors in the revenue that supports **NASPGHAN's** efforts on behalf of the **NASPGHAN** membership.

As promised at the Annual Meeting in October of 2015, the **NASPGHAN** Council has reviewed the bylaws and you have been asked to vote on the bylaw changes with the election of the new Council members and officers this summer. Here are the key items for of the bylaw changes:

- ◆ With the advent of the Pediatric Transplant Hepatology Fellowship, we have clarified that Pediatric Transplant Hepatology Fellows are eligible for Associate Membership
- ◆ We have clarified the classification of Emeritus membership in **NASPGHAN** and aligned this with many other societies. Emeritus status is reserved for individuals who have been active members of

NASPGHAN for the 10 preceding years who have reached the minimum age of 65 and are fully retired will be eligible for Emeritus Membership. We value the ongoing contributions of our Emeritus members and will not require them to pay dues.

- ◆ As Carlo Di Lorenzo announced at last year's Annual Meeting, we have created a new Council position that will be reserved for a member representing the clinical practice community. Candidates for this position will be nominated by the Clinical Practice Committee.
- ◆ We have cleaned up some language that brings us to the 21st century. We have eliminated mention of mail ballots and inserted language to allow us to adapt to changes that may come along in the future.

If anyone has had any questions or concerns about the proposed bylaw changes, please do not hesitate to contact me at (michael.narkewicz@childrenscolorado.org).

I look forward to seeing all of you in Montreal at the WCPGHAN in October 2016.

Sincerely,



Michael Narkewicz MD
Secretary Treasurer, **NASPGHAN**

President-Elect Report

..... **President-Elect, NASPGHAN: James E. Heubi, MD**



Although I had planned to provide an update on the World Congress, Carlo has done a magnificent job. The leadership of **NASPGHAN** looks forward to seeing a huge turnout in Montréal in October where the Postgraduate Course and World Congress Program are going to be outstanding with speakers and attendees from around the world. We have received over 1250 abstracts from 55 countries. Please visit the website by

clicking here [link](#) to look at the preliminary program.

I also want to provide an update about **NASPGHAN** Committees and Special Interest Groups. If you have an interest in serving as a member on a **NASPGHAN** Committee, please complete the committee appointment application [link](#). The leadership of **NASPGHAN** including the officers and Councilors are indebted to all of the hardworking committee members who provide many hours of hard work to make **NASPGHAN** a successful organization of which we are all proud.

Although we currently have 23 Committees, with the recently minted Pancreas Committee, our Bylaws allow for development of new committees and Special Interest Groups (SIGs). We currently have 3 SIGs, with the recent approval of the Global Health SIG. This SIG was proposed by Dr. Suzanna Attia, with the support of Drs. George Fuchs and Sean Moore. This SIG will report to the International Committee and its goals include, (but are not limited to) to provide a forum for members interested in global health to collaborate and learn from each other;

to attract trainees with interests in global health to a group of like-minded members; to increase awareness of global health topics and for advocacy of relevant issues; support presentations relevant to global health at the Annual Meeting, and provide content experts in global health to **NASPGHAN** membership. If you have an interest in being a member of the Global Health SIG, please contact Drs. Attia, Fuchs or Moore.

There are two other SIGs within **NASPGHAN**: Fecal Transplantation, which reports to the IBD committee and ERCP, which reports to the Endoscopy Committee. If you have an interest in either of those SIGs, please reach out to Stacy Kahn, chair of Fecal Transplant, or Victor Fox, chair of ERCP.

If you and your colleagues have interest in developing an SIG, the guidelines for development are found on the **NASPGHAN** webpage here [link](#). A SIG is defined as an interest group within **NASPGHAN** with a focus on a specific topic in which there may be a gap in knowledge that can be served to benefit our membership.

Sincerely,

James E. Heubi, MD

Director, Clinical Translational Research Center, University of Cincinnati
President-Elect, NASPGHAN

— New Modules Added to NASPGHAN MOC Collection —

A new Constipation MOC module, which carries both MOC Part II and IV credits, and a Transition Module, which carries MOC Part IV credits, are now available on the **NASPGHAN** website. The six MOC modules now available are Colonoscopy, Upper Endoscopy, Failure to Thrive, Informed Consent, Constipation and Transition.

Enteral Nutrition and Hepatitis B screening will be available in the fall of 2016. For those members whose MOC cycle ends in 2016, it is recommend that you register now to allow ample time for completion of these MOC Part IV activities. Remember that it takes 4 months to complete these activities.

NASPGHAN charges \$250 for participation in MOC Part IV quality improvement modules per 5-year cycle. Each module will be worth 25 MOC Part IV credits; thus, taking 2 modules will fulfill all ABP part 4 MOC requirements for a 5-year cycle. Single MOC modules can be purchased for \$150 each.

To register and begin your MOC Part IV activities, please visit the website [link](#). Once you are at the site, click “add to cart.” You will need to sign onto your **NASPGHAN** account to continue with the checkout process. After your payment has been received, you will receive an email with instructions on accessing the MOC Module. If you have any questions, please email us at (naspghanmoc@ucsd.edu).

For your own specific requirements, please refer to your individual American Board of Pediatrics MOC portfolio. Please forward this information to any physician in your division that may require MOC IV credits.

NEWS from Our Foundation Partners


New Allergy Management Products from Nestlé

- **Gerber® Extensive HA®** – The first of its kind for infants with cow's milk protein allergy. A new extensively hydrolyzed whey protein formula with *B. lactis* is now available.

Two studies have been published on the use of Gerber® Extensive HA® Infant Formula:


Gerber® Extensive HA® Hypoallergenicity study:


The aim of this study was to determine whether a new 100% whey protein extensively hydrolyzed formula containing *B. lactis* meets the American Academy of Pediatrics (AAP) hypoallergenicity criteria. Children with diagnosed cow's milk protein allergy (CMPA) were randomized to double-blind placebo-controlled food challenges (DBPCFC) with a new extensively hydrolyzed formula (Gerber® Extensive HA® Test) and a commercial extensively hydrolyzed formula (Control) in a cross-over fashion followed by an at-home open challenge with the Test formula. Allergic reactions in the DBPCFC's were assessed using a comprehensive scoring system. Seventy-seven children (3.30 ± 2.98 years old) with recently confirmed CMPA were enrolled. Of the 68 subjects participating in the Test DBPCFC, one had an allergic reaction (lower bound 95% confidence interval of 0.921 for Test), while 4 out of 75 subjects participating in the DBPCFC with Control had an allergic reaction. The Test formula met the AAP hypoallergenicity criteria. Gerber® Extensive HA® meets the AAP criteria for hypoallergenicity and can be recommended for the management of CMPA.

For more on the study .

Gerber® Extensive HA® Growth study:

Full-term, healthy, formula-fed infants were randomized to receive either an extensively hydrolyzed casein formula (Control) or an extensively hydrolyzed whey formula with *B. lactis* (Test; Gerber® Extensive HA®). Subjects were fed from 2 weeks to 4 months of age, and anthropometrics were assessed at baseline and 1, 2, 3, 4 months of age. The drop-out rate in the Control group was significantly higher than the Test group (56% vs 41%, $p=0.015$). Mean daily weight gain was significantly higher in the Test group and was within 3 g/day (27.95 vs 25.93 g/d; $p=0.027$) of the Control group. The Control group had significantly more frequent stools and more days with >3 loose stools/day. The study demonstrates adequate growth of healthy infants fed Gerber® Extensive HA® with good tolerance.

For more on the study .

For more information about product .


- **Alfamino™** – A new amino acid formula with a unique lipid blend for infants and children with CMPA, multiple food allergies, or malabsorptive conditions is now available.


Two studies have been published on the use of Alfamino™ Infant Formula:

Alfamino™ Hypoallergenicity study:

This study's objective was to determine whether a new amino acid-based formula (Alfamino™ Infant, Test) meets the American Academy of Pediatrics hypoallergenicity criteria. Children with cow's milk protein allergy (CMPA) were randomized to double-blind placebo-controlled food challenges (DBPCFC) with a new amino acid-based formula (Test) and a commercially available amino acid-based formula (Control) in crossover fashion followed by an at-home open challenge with the new AAF. Allergic reactions were assessed


using a comprehensive scoring system. Thirty-three subjects completed DBPCFCs with both formulas without acute allergic reactions, and the hypoallergenicity criteria were met. No unusual stool patterns, allergic symptoms, or signs of intolerance were reported during the open challenge. Alfamino™ meets AAP hypoallergenicity criteria and can be recommended for the management of CMPA.

For more on the study .

For more on the study .

Alfamino™ Growth study:

Full-term, healthy infants were randomized to a new amino acid-based formula (Alfamino™; Test) or a commercially available amino acid-based formula (Control) from 2 weeks to 4 months of age. Anthropometric measurements were taken at baseline, 1, 2, 3, and 4 months of age. Tolerance records were completed prior to each visit. Serum albumin and plasma amino acids were ascertained in a subset of infants at 84 days of age. A total of 119 subjects completed the study per protocol. Mean daily weight gains were 27.26 ± 4.92 g/day for Control and 27.42 ± 6.37 g/day for Test ($P = 0.8812$). There were no significant differences between groups in formula intake, adverse events, flatulence, spit-up/vomiting, mood, or sleep. Albumin and plasma amino acids were within normal limits for both groups. Healthy infants fed Alfamino™ had similar daily weight gains as infants fed a commercially available amino acid formula.

For more on the study .

For more information about product .

Shire Clinical Trial Overview

► Shp621-301 Orbit 1 Study

Protocol Title:

Budesonide Oral Suspension (BOS) in Adolescent and Adult Subjects (11 to 55 Years of Age, Inclusive) with Eosinophilic Esophagitis: A Phase 3 Randomized, Double-blind, Placebo-controlled Study.

Disease Overview:

Eosinophilic esophagitis (EoE) is a chronic, immune-mediated esophageal disease characterized by symptoms related to esophageal dysfunction and eosinophil-predominant inflammation. In adolescents and adults, the primary symptoms of esophageal dysfunction are dysphagia and food impaction. Esophageal mucosal eosinophilia is demonstrated by histopathology of endoscopic biopsies. Other causes of esophageal dysfunction and eosinophilic inflammation, particularly gastroesophageal reflux disease (GERD), need to be ruled out for the diagnosis of EoE to be made.¹

Clinical Trial Overview :

This is a Phase 3, multi-center study taking place at approximately 60 sites in the United States. Approximately 300 subjects will be enrolled and be required to visit the site up to 6 times over a 22-week period:

- Screening period over 3-6 weeks
- Treatment period over 16 weeks
- Safety Follow-Up contact after 4 weeks

An optional Treatment Extension study may follow for eligible subjects.

Study Intervention:

- BOS 10 mL of 0.2 mg/mL (2 mg) or placebo every morning and at bedtime (2:1 ratio)

Study Status:

- Start Date: November 2015
- Completion Date: July 2018

Key Inclusion Criteria:

- Male or female aged 11-55 years, inclusive
- Histologic evidence of EoE with a peak eosinophil count of ≥ 15 /high powered field (HPF), from 2 of 3 (proximal, mid-, and/or distal) levels of esophagus at the screening endoscopy
- History of clinical symptoms of esophageal dysfunction (e.g. eating problems, abdominal pain, heartburn, dysphagia, vomiting, food impaction, weight loss) intermittently or continuously at screening
- No proton pump inhibitor (PPI)–responsive EoE based on esophageal biopsies performed after patient has been on ≥ 8 weeks of high-dose PPI therapy
- No appearance of esophageal stricture
- No pure liquid diet or 6-food elimination diet

Study Objectives:

- Co-primary:
 - BOS induces a histologic response (eosinophilic count ≤ 6 /HPF)
 - BOS reduces dysphagia, as measured by the Dysphagia Symptom Questionnaire (DSQ), by at least 30% from baseline
- Key Secondary:
 - BOS reduces dysphagia, as measured by the DSQ score from baseline to the final treatment period evaluation
- Secondary:
 - To assess the response of endoscopically identified esophageal features to BOS as compared to placebo as measured by the EoE Endoscopic Reference Score (EREFS)
 - To explore other responding criteria based on histology and DSQ
 - To assess the impact of BOS on pain, as measured by the DSQ pain score
 - To assess the safety and tolerability of BOS
 - To obtain BOS pharmacokinetic data in adult subjects with EoE

1Furuta G & Katzka D. Eosinophilic Esophagitis. N Engl J Med 2015; 373: 1640-1648

For More Information:

www.clinicaltrials.gov (Identifier: NCT02605837) 

www.OrbitEoE.com 

www.Shiretrials.com 

Medical Monitor

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Allergan Clinical Research Studies

► Marco Clinical Research Study is Now Enrolling Pediatric Patients with Constipation


Jersey City, New Jersey, February 10, 2016–Physicians across the nation are pleased to announce that the Marco Clinical Research Study is now enrolling pediatric patients with constipation at 50 participating locations in the US.

Constipation in children is a frequent problem and parents commonly seek medical help to resolve it. Studies have reported constipation in up to 23% of

children 17 or younger.¹ Constipation is cited as the primary complaint in 3–5% of pediatric outpatient visits.¹

The hallmarks of pediatric Functional Constipation are infrequent bowel movements. Clinical criteria for diagnosing the condition have been established at 2 or fewer bowel movements per week. Affected children may actively try to stop their bowel movements.

Medical help for these patients has lagged but this new clinical research study will evaluate the investigational use in children of a study drug that has already been approved by the FDA to treat adults with symptoms of constipation. Physicians are currently enrolling the Marco Clinical Research Study for patients aged 6–17 who have Functional Constipation and who, at least for the past 2 months, have had 2 or fewer bowel movements each week, may actively try to stop their bowel movements or exhibit retentive posturing, where they stand straight, on their toes, or have a red face as they try to stop their bowel movements. They may also have painful or hard bowel movements.

For more information and to learn about additional eligibility criteria, please contact 1-888-609-3456 or additional information is available here .

- Borowitz, SM. 


► Polo Clinical Research Study is Now Enrolling Pediatric Patients With Irritable Bowel Syndrome with Constipation


Jersey City, New Jersey, February 10, 2016–Physicians across the nation are pleased to announce that the Polo Clinical Research Study is now enrolling pediatric patients with Irritable Bowel Syndrome with Constipation at 50 participating locations in the US.

Pediatric Irritable Bowel Syndrome (IBS) is a frequent problem. Studies have reported IBS in up to 16% of children between the ages of 11 and 17.¹ Constipation is the most common subtype.²

Children suffering from Irritable Bowel Syndrome with Constipation (IBS-C) experience abdominal pain that sometimes resolves after completing a bowel movement. These children may also experience a change in the frequency or appearance of their bowel movements with the onset of pain. Additionally, they have 2 or fewer bowel movements per week. Affected children may actively try to stop their bowel movements.

This new clinical research study will evaluate the investigational use in children of a study drug that has already been approved by the FDA to treat adults with symptoms of constipation. Physicians are currently enrolling the Polo Clinical Research Study for patients aged 7–17 who have IBS-C and who, for at least the past 2 months, have had 2 or fewer bowel movements each week and may actively try to stop their bowel movements or exhibit retentive posturing where they stand straight, on their toes, or have a red face as they try to stop their bowel movements. Additionally, children must have had abdominal pain or discomfort with bowel movements at least sometimes for the last 2 months.

For more information and to learn about additional eligibility criteria, please contact 1-888-609-3456 or additional information is available here .

- El-Baba MD, et al. 
- Giannetti E, et al. Subtypes of irritable bowel syndrome in children: prevalence at diagnosis and at follow-up. J. Pediatr. 2014. 164:1099-1103.

Sucampo Clinical Research Study

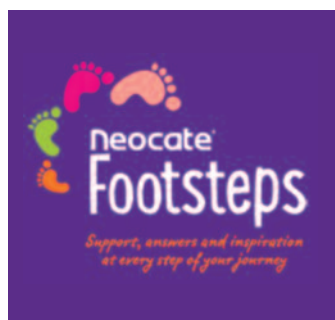


Sucampo Pharma Americas would like to thank our **NASPGHAN** Partner Investigators for their contributions on our study of Amitiza™ in children and adolescents with Pediatric Functional Constipation.

The study is now fully enrolled thanks to your hard work and dedication. We look forward to initiating another trial to evaluate Amitiza™ in children aged 6 months to 6 years of age in mid-2017.

We welcome any clinical investigator who may be interested in participating on this trial to contact Sucampo at (pedstudy@sucampo.com).

Nutricia's New Patient APP on Food Allergy



Diagnosis may only be the beginning of the food allergy journey for your patients.

We created the Neocate® Footsteps app for everything after diagnosis: it's the only app that tracks usage of Neocate, other food intake, allergic symptoms, mood, sleep, diapers and more.

Brought to you by the makers of Neocate, the world's #1 amino acid-based brand, the Neocate Footsteps app is designed to support families at every step of their food allergy journey.

Once diagnosed, patients & their families may have questions:

- How do I mix the formula you prescribed? Is it covered by my insurance?
- How can I keep track of foods and possible reactions?
- Should my baby's poop be green?
- Can I cook with Neocate?

To help support families through their food allergy journey, we created the all-new Neocate Footsteps app, now available in the iPhone app store.

Designed for anyone with food allergies or those who care for children with food allergies, this app allows patients, parents and caregivers to:

- Track events and share reports with their healthcare team: Diaper changes, symptoms, sleep times, meals, bottles, mood, weight, height and head circumference. Reports can be emailed in advance and shared during appointments
- Create and share allergy cards: Easily share important information about food allergies with babysitters, daycare providers or teachers or while dining out
- View easy-to-read charts that can help identify patterns in sleeping, eating, and allergic symptoms
- Attach images and notes to any event, such as a diaper or skin rash

Additional features include:

- Tips & resources: guidance by healthcare professionals and other experts updated weekly
- Allergy-friendly recipes

- Reimbursement & Coverage: Experts who can help you and your patients explore all options to find coverage for Neocate.
- Pharmacy finder: Locate convenient pharmacies to order Neocate
- Neocate product information: Detailed product information with the option to buy direct from the company

The Neocate Footsteps program offers an array of resources to support, answer and inspire at each milestone of your patients' food allergy journey. Learn more here.

With a full line of amino-acid based products to help children thrive from infancy through school age and beyond, only Neocate offers a range of solutions designed to support your patients—and their families—at every step of their journey.

Alexion's New Treatment Approved for Patients with LAL-D

The lysosomal acid lipase (LAL) enzyme is responsible for the hydrolysis of cholesterol esters and triglycerides. Patients with deficient LAL enzyme activity often suffer from uncontrolled accumulation of cholesteryl esters and triglycerides in the liver, blood vessel walls, spleen, and gastrointestinal tract. LAL deficiency (LAL-D), which has historically been referred to as Wolman disease (WD) in infants and Cholesteryl ester storage disease (CESD) in children and adults, is a life-threatening, genetic disease causing ongoing, progressive, multi-organ damage and premature death, primarily due to liver failure, myocardial infarction, or stroke.

Testing at risk patients is critical to finding those with LAL-D, as many patients are not diagnosed, or misdiagnosed, resulting in early demise. Common misdiagnoses include NAFLD, NASH, and Metabolic Syndrome, among others, which share similar symptoms with LAL-D, including elevated transaminases, steatosis, and/or dyslipidemia. The diagnosis of LAL-D can be confirmed by measuring LAL enzyme activity with a simple enzymatic blood test, available at certain labs including Lab Corp. A genetic mutation analysis can also be used to diagnose LAL-D, but it is not required to confirm diagnosis. More information about LAL-D can be found here.

Finding patients with LAL-D is more critical today than ever before because a treatment to treat this devastating disease is now available. KANUMA™ (sebelipase alfa) was approved by the FDA for the treatment of patients with a diagnosis of Lysosomal Acid Lipase Deficiency in December, 2015. KANUMA™ (manufactured by Alexion Pharmaceuticals) is a recombinant form of the human LAL enzyme and has been shown to improve survival and weight gain in infants, and dyslipidemia, ALT levels, and liver fat content in pediatric and adult patients.² More information about KANUMA™ can be found here.

References:

- Bernstein DL. Cholesteryl Ester Storage Disease: Review of Findings in 135 Reported Patients With an Underdiagnosed Disease. *Hepatology* 2013; 58: 1230-1243.
- Kanuma™ (sebelipase alfa) {package insert} Cheshire, CT: Alexion Pharmaceuticals, Inc.; 2015



NASPGHAN Foundation News

Barry Wershil, MD


President, NASPGHAN Foundation

Dear **NASPGHAN** Colleagues:

The **NASPGHAN** Foundation exists to fund and support the research and educational missions of **NASPGHAN**. In doing so, the Foundation strives to foster the professional development of our membership, and create educational opportunities and disseminate information so that our members can provide the best care and clinical outcomes for patients and families. As the summer approaches, I am pleased to report that the Foundation has had a great start to 2016, making significant strides in all of our missions. Advancing our field through innovative research is a top priority of the Foundation. We have recently completed the review of the **NASPGHAN** Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Disease, and we are pleased to announce Dr. Ross Maltz from Nationwide Children's Hospital is this year's recipient for the grant proposal, "The Effect of Social Stressors on Inflammation in a Murine Model of Colitis."

We are excited as we prepare to engage in another grant cycle for our members. The July 1 submission date is approaching for the:

- ♦ **NASPGHAN** Foundation/**NASPGHAN** George Ferry Young Investigator Development Award
- ♦ **NASPGHAN** Foundation/Nestlé Nutrition Research Young Investigator Development Award
- ♦ **NASPGHAN** Foundation Mid-level Career Development Award
- ♦ **NASPGHAN** Foundation/AstraZeneca Research Award for Disorders of the Upper Gastrointestinal Tract
- ♦ **NASPGHAN** Foundation/Crohn's & Colitis Foundation of America Research Award
- ♦ **NASPGHAN** Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition—Due date September 1
- ♦ **NASPGHAN** Foundation/APGNN Susan Moyer Nursing Research Award.

I particularly want to draw your attention to the newly named **NASPGHAN Foundation Innovations in Clinical Care Grant** (previously called the In Office Member Grant) also due July 1. This Award is specifically designed to support investigation and development of innovative approaches for improving health care delivery and is targeted towards the clinically focused pediatric gastroenterologist. To this end, the amount of the Award has also been significantly increased. For more details, go to the Foundation website and click on Research and then Grants or click here .

On the Education front, we have successfully completed a series of webinars. The webinar "Proton Pump Inhibitors: To use or not to use . . . that is the question!" supported by AstraZeneca went live in

January. It was well attended and received and is now being spun-off into a Grand Rounds Series.

In April, we held a webinar entitled "Primary sclerosing cholangitis, autoimmune hepatitis, and autoimmune sclerosing cholangitis" generously supported by a gift from Christine and John Browner. These webinars are archived on the **NASPGHAN** website so they can be viewed anytime at your convenience.

N²U, supported by Nutricia North America, was held in April and was attended by both junior and senior faculty, fellows, and dietitians. This conference include state-of-the-art talks on a variety of clinically relevant topics and cutting edge research in nutrition and health (see related story, page 11).

And now let me draw your attention to just some of the other educational activities to expect in 2016.

On June 28th, we will be holding a live webinar entitled "Pediatric Exocrine Pancreatic Insufficiency: Diagnosis & Management". (see related story, page 10). We will have a Neonatal Cholestasis slide set completed and begin a Grand Rounds series in 2016. We anticipate the release of new patient educational materials in 2016 as well. An educational video to prepare patients and families for capsule endoscopy entitled "Cappy" has been completed. Also, look for a patient oriented Treatment Options for Pediatric Crohn's: A Guide for Patients and Families. We acknowledge and appreciate the support of our industry partners, but 2016 is shaping up to be a banner year for philanthropic giving by our members as well. Your financial support has fully funded the Balistreri Award, initiated the Grand/Watkins Award, and has allowed us to re-direct funds back to you by increasing the Award for the **NASPGHAN** Foundation Innovations in Clinical Care Grant. Thank you all for this support.

I hope you and your families have a safe and fun summer. If you have questions regarding **NASPGHAN** philanthropy or other activities, please do not hesitate to contact the **NASPGHAN** national office at NASPGHAN@NASPGHAN.org or me at (bwershil@luriechildrens.org)

Sincerely,

Barry K. Wershil, MD
President, **NASPGHAN** Foundation
Chicago, IL

Committee Reports

INTERNATIONAL COMMITTEE

Chair: *Leonel Rodriguez, MD, MS, MA*

First, I would like to thank all the members of the International Committee for another successful year, especially in the organization and coordination of the LASPGHAN Concurrent Session at our 2015 Annual Meeting. The LASPGHAN Concurrent Session is available on the LASPGHAN and **NASPGHAN** websites.

At the 2016 World Congress in Montréal we anticipate the most attended session ever and we have prepared a very ambitious agenda with speakers representing North America, South America and Spain. We have made a few changes to the format to accommodate a larger group and interests: we will include a state-of-the-art lecture in nutrition, a lecture in hepatology, a lecture highlighting new advances in pediatric gastroenterology and a debate contrasting enteral therapy vs. steroids/biologics for induction of remission in IBD. We will also include presentations of the best four abstracts from colleagues from Latin America and, as it was started last year, we will also give awards to the best abstracts from the different regions of the world. This year's meeting will include three Meet the Professor Breakfasts in Spanish with colleagues from North America, South America and Spain.

For the last couple of years, we have embarked on an initiative to translate into Spanish the clinical practice guidelines published by **NASPGHAN** and **ESPGHAN**. We will continue with this project and translated guidelines will be available on the LASPGHAN website. We are considering translating the guidelines to other languages.

The International Committee continues to work on strengthening our relationships with the pediatric gastroenterology societies in the world and for that purpose we have created sub-committees representing different regions: Latin America, Pan-Arab, Asia, Europe, Africa and Oceania. Each sub-committee will interact directly with members from other societies with the goal of increasing academic collaborations. Under the leadership of Dr. Miguel Saps, **NASPGHAN** members have established important research collaborations with colleagues from Latin America and last year several abstracts were presented that were products of those collaborations. We look forward to support those collaborations in the coming years. We are also in the process of integrating a global health initiative within the International committee.

Finally, we want to thank our previous chair, Dr Miguel Saps, for his leadership and commitment to foster collaborations with Latin America.

TECHNOLOGY COMMITTEE

Chair: *John Pohl, MD*

Co-Chair: *Jason Silverman, MD*

The Technology Committee has been very active after the 2015 **NASPGHAN** Meeting. We have been involved with Innate Agency (our digital design agency that contracts with **NASPGHAN**), and as a result, we have seen our social media presence grow for both **NASPGHAN** and GIKids.org. At the time of this writing, the Twitter

feed for **NASPGHAN** has 1,657 followers while GIKids.org recently has passed 500 followers. Facebook also is a popular social media site for our organization with GIKids.org now having 1,280 "likes" and **NASPGHAN** having 248 "likes." In particular, we are expanding our social media presence through branding of the GIKids.org Facebook site in which we recently posted a series of healthy school lunch ideas to educate our patients and their parents. We also are beginning to work with Instagram, the photo-sharing app, and our new **NASPGHAN** Instagram account has excellent pictures of our recent Annual Meeting, disease processes, and images from the history of our field. We are excited that GIKids.org also is about to start an Instagram account as well.

Please follow **NASPGHAN** on all of these social media platforms in order to communicate with both our society and society members, and please tell your patients and families about the social media resources available through GIKids.org. We always like to remind our members to engage in social media. Our patients and their families are definitely involved in platforms such as Facebook and Twitter, and your engagement in social media allows for patient education while being a great way to advertise your research or clinical services.

Other work through our Committee has been finalizing and posting the **NASPGHAN** Annual Meeting 2015-LASPGHAN Session on the **NASPGHAN** Youtube channel (see International Committee report) and developing a discussion group for clinical practice through a LinkedIn account. Finally, we are working on **NASPGHAN** guidelines for the endorsement and development of smartphone and tablet applications (apps).

Finally, we plan to use Guidebook again as an itinerary resource for the 2016 World Congress of Pediatric Gastroenterology, Hepatology, and Nutrition as it has been a very successful meeting app for our organization. As always, don't forget the hashtag for advertising World Congress in Montréal via your social media accounts—#WCPGHAN16

Feel free to contact our committee if you have any questions or suggestions.

FELLOWS COMMITTEE

Co-Chairs: *Shelly Rustagi, MD & Neha Santucci, MD*

The Fellows Committee has been working on three major projects: the question of the week initiative; **NASPGHAN** Board Review Regional Champions; and development of a pediatric GI reference mobile phone application.

The question of the week initiative is something spearheaded by Carlo Di Lorenzo to help with pediatric GI boards, using the American Board of Pediatrics question of the week format. Thus far, the Fellows Committee has prepared five questions for this effort, and many other fellows are in the process of writing questions. These questions need to be high quality, require intense effort and are akin to writing a manuscript. We encourage all **NASPGHAN** members to join us in this effort. Those who are interested should contact Neha Santucci (nsantu@lsuhsc.edu) or Sandeep Gupta (sagupta721@gmail.com).

We are very excited to announce our most recent initiative: A **NASPGHAN** Board Review Fellows Regional Competition!

NASPGHAN fellowship programs will be divided into geographic regions, which will compete against each other in a board review question competition, for a chance to win a free registration for the **NASPGHAN** board review course in spring of 2017. Stay tuned for more details.

We also are pleased about developing the first pediatric GI reference application. Our goal is to develop an app that will help physicians, trainees, and mid-level providers in the everyday practice of pediatric gastroenterology. We recently conducted a survey on survey monkey circulated via the pediatric GI list serve, in which 235 pediatric gastroenterologists and fellows participated and provided valuable feedback. Some of the survey results were:

- ▶ 97% of respondents felt the need for a pediatric GI reference app and supported the initiative.
- ▶ Anticipated usage:
Daily: 56%
Once a week: 36%
Once a month: 7%
Never: 1%
- ▶ Cost for purchase:
Want it for free: 16%
1-2 dollars: 20%
2-5 dollars: 28%
5-10 dollars: 36%

We are currently in the development phase and working with our faculty advisor to curate topics to include and identify an appropriate app design firm. Our goal is to have an app ready for consumers by late 2017.

We would like to thank Jim Heubi, Carlo Di Lorenzo, Mike Narkewicz, Sandeep Gupta, Dinesh Pashankar, Jonathan Teitelbaum, Jeannie Huang and Margaret Stallings for their mentorship.

TRAINING COMMITTEE


Chair: Cary Sauer, MD

The **NASPGHAN** Training Committee continues to work on improving training and education and oversees the fellows conferences.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)

The **NASPGHAN** EPAs are complete and include the following:

1. Common Outpatient GI and Liver
2. Inflammatory Bowel Disease
3. Mucosal Diseases
4. Congenital Issues and Short Bowel Syndrome/Intestinal Rehab
5. Liver Diseases
6. Biliary and Metabolic Diseases
7. Pancreatic Diseases
8. Liver Transplantation
9. Nutrition
10. Endoscopy and Procedures

The **NASPGHAN** Training Committee has put together curricular resources for each of these 10 **NASPGHAN** EPAs that include sentinel articles, position statements/guidelines, and other resources. These curricular resources will be updated yearly by the Training Committee and any comments or additional resources can be emailed. These resources can be used by training programs as they create reading lists, curriculum, and objectives around EPAs. The curricular resources can be found on the **NASPGHAN** website at the following link .

Future projects include work on the assessment of EPAs and their use by clinical competency committees as well as the development of additional educational resources, videos, etc. to meet the needs of gaps in training in response to a Training Committee gaps survey completed last year. Please contact the Training Committee if you would like to help develop resources that could be helpful to training and education.

FELLOWS CONFERENCES

The fellows conferences continue to be a highlight for many trainees, and this year was no exception. The 1st year conference was held in Florida, while the 2nd and 3rd year conferences were held in Scottsdale, Arizona (see related stories and pictures pages 12–14). These conferences provide fellows with information for research, career building, networking, and many tools that will help as fellows transition in their careers. We are as always thankful to the fellows conference sponsors for their dedication and support of these exceptional conferences.

MATCH CHANGES

This year marks the first year of a fall match with a shift in the timeline that was a change requested by residents and a change that almost all pediatric subspecialties have completed. The new timeline includes applications in June/July with interviews typically in August, September, and October and match day in December with a start date the following July.

TEACHING AND TOMORROW

Teaching and Tomorrow will continue at **NASPGHAN** and will be open to 2nd year residents considering a career in GI, as usual. The program is ideal for residents to meet faculty, better understand the GI subspecialty, and get ideas on how to improve their application. The program is not designed for residents in the middle of interviews. As in past years, there is no application, and residents pay their own way to the program with a discounted rate for the conference.

I would like to thank all of the Committee members for their hard work. Please feel free to contact me directly at (csauer@emory.edu) or Kim Rose (krose@naspghan.org) with any thoughts, suggestions, comments, or ideas for the Training Committee.



LIVE WEBINAR: June 28, 2016 ♦ 8:00–9:15 PM EDT

Register Now

Pediatric Exocrine Pancreatic Insufficiency: Diagnosis and Management

CME and CPE Credits Offered

Pediatric exocrine pancreatic insufficiencies remain a condition that has serious sequelae and can lead to malabsorption, diarrhea, malnutrition, bone disease, and growth failure if not promptly diagnosed and treated. These symptoms mimic other disorders making it a diagnostic dilemma in the pediatric specialist's office.

Join us for a webinar where we will shed the light on the most frequent presentations and the basic work up that can help health care providers recognize this entity.

CO-CHAIRS:

Veronique Morinville MD, CM, FRCPC

Associate Professor of Pediatrics; Division of Pediatric Gastroenterology and Nutrition

Montreal Children's Hospital, McGill University, Montreal, QC

Maisam Abu-El-Haija, MD

Assistant Professor of Pediatrics, Medical Director, Pancreas Care Center, Division of Gastroenterology, Hepatology and Nutrition, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

FACULTY:

J. Antonio Quiros, MD

Associate Professor, Division of Pediatric Gastroenterology and Nutrition

Medical University of South Carolina, Charleston, SC

Mark E. Lowe, MD, PhD

Professor and Vice-Chairman of Pediatrics, Chief, Pediatric Gastroenterology, Hepatology and Nutrition

Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA

Tami Miller, RD, CSP

Clinical Dietitian Specialist, Cystic Fibrosis Program

Children's Hospital of Wisconsin, Milwaukee, WI

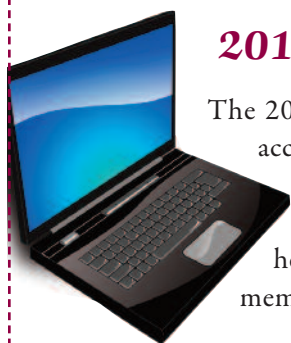
CME REVIEWER:

Terry Sigman, MD, FRCP


Assistant Professor of Pediatrics, Division of Pediatric Gastroenterology and Nutrition

Montreal Children's Hospital, McGill University, Montreal, QC

Support for this program provided by AbbVie.



2016 NASPGHAN Membership Directory Now Posted on Website

The 2016 annual **NASPGHAN** membership directory is posted on the **NASPGHAN** website. You can access it now by clicking here , which will take you to the Member Center where you can sign in.

Members can also search for one another in the "Members Only" Member Search Directory located here, which accesses the live membership database and represents the most recent information for each member.



Congratulations to our 2015 **NASPGHAN** Nutrition University (N²U) attendees.

Our program continued to focus on specialized nutrition education in areas associated with the practice of pediatric gastroenterology and nutrition with the goal of challenging our members and providing information they need in their everyday practice.

We expanded eligibility this year to include experienced clinicians as well as third-year post-doctoral fellows and graduates of pediatric gastroenterology training programs within the past 10 years.

This year's Course included in-depth case-based review sessions, panel discussions, challenging cases and hot topics submitted by attendees, and Nutrition Jeopardy where participants and faculty tested their limits on nutrition knowledge.

Thank you to our dedicated faculty, CME and application reviewers and Nutrition Committee who developed the vision for this program.



A special thank you to Program Chair, Praveen Goday, MBBS, CNSC, who worked tirelessly to make this Course a success again this year. Additional thanks to:

FACULTY

Karin Ballard, MS, RD, LDN
Valeria Cohran, MD, MS
James Heubi, MD
Catherine Karls, MS, RD, CD, CNSC
Maria Mascarenhas, MBBS
Rebecca Pipkorn, RD, CD, CNSD
Ann Scheimann, MD, MBA
Sally Schwartz, RD, CSP, LDN
Robert Shulman, MD



CME CONTENT REVIEWERS

Dinesh Pashankar, MD
Ritu Walia, MBBS, MD

We look forward to our attendees serving as ambassadors to share the information within their practices and home institutions.

Support for this program provided by Nutricia North America.



2016 NASPGHAN Joint Pediatric Symposium

Friday, November 11, 2016

The joint AASLD/**NASPGHAN** Pediatric Symposium will be held Friday, November 11 from 12 pm to 3 pm at the John B. Hynes Veterans Memorial Convention Center in Boston, Massachusetts. The topic is Liver Injury and Repair in Children, co-chaired by **NASPGHAN** members Steven Lichtman, MD, and Rohit Kohli, MBBS, MS.

The Liver Meeting 2016 is Friday, November 11 through Tuesday November 15 at the Convention Center in Boston. Registration will open during the summer. For more information click here [NASPGHAN](#).

NASPGHAN—Nestlé First-Year Pediatric GI Fellows Conference

Course Director: Norberto Rodríguez-Báez, MD

Course Co-Director: David Brumbaugh, MD



The **NASPGHAN** First-Year Fellows Conference was held at the Ft. Lauderdale's Marriott Harbor Beach Hotel in Florida from January 21-24, 2016. We celebrated the 14th anniversary of this conference. This year, we made history. We had the highest attendance ever at the conference—132 fellows from the United States, Canada and Mexico who participated in this dynamic conference focused on helping fellows develop strategies to achieve success in their scholarly activities during their fellowship training and beyond.

The conference provided exposure to multiple aspects of pediatric gastroenterology including various career paths such as administration, basic and clinical research, education, private practice and industry. In addition to short lectures that focused on everything from “How to Choose a Research Project and a Mentor” to “How to Balance Work and Life”, there were panel discussions in which faculty discussed their individual pathways. The Clinical Research Exercise was a high point of the conference in which the fellows designed mock research projects for presentation to the entire group. The fellows also took advantage of one-on-one interaction with the faculty to discuss their individual concerns and questions. To end this successful conference, faculty and fellows danced (... including zumba dance) into the wee hours of the morning!

We had a terrific faculty that made this conference possible: Drs. Norberto Rodríguez-Báez (Course Director), David Brumbaugh (Course Co-Director), Jeffrey Brown, Ryan Carvalho (Nestlé Nutrition), Rosalyn Díaz, Jennifer Dotson, Benjamin Gold, Regino González-Peralta, Judith Kelsen, Carlo Di Lorenzo (**NASPGHAN** president), Cara Mack, Emily Perito, Meghana Sathe, and Cary Sauer (Chair of **NASPGHAN**'s Training Committee).

This conference, which began in 2002, would not be possible without the continued support of the Nestlé Nutrition Institute, Linda Hsieh and Dr. Ryan Carvalho, and Margaret Stallings, **NASPGHAN** Executive Director. This conference has been instrumental in the development of lasting professional relationships within the pediatric gastroenterology field.



NASPGHAN—Abbott Nutrition Second-Year Pediatric GI Fellows Conference

Course Director: Jeannie S. Huang, MD, MPH

Course Co-Director: Andrew Grossman, MD



For 36 consecutive years Abbott Nutrition has sponsored the **NASPGHAN** Second-Year Fellows conference, which took place this year on February 25-28 in Scottsdale, Arizona. Based on the well-received 2015 program directed by Dr. Ed de Zoeten (who graciously came back to join as faculty), with some very minor changes, we provided the fellows with a career-building program that included brief lectures integrated with small group sessions that promoted interactions between faculty and fellows. Sessions on “Interviewing and Negotiating for a Job”, “How to Give a Great Talk”, as well as “Creating your CV/Academic Portfolio” were popular. Private feedback was also provided to fellows through personal CV review with fellow-selected faculty, and the newly incorporated “How to Sell Yourself in an Elevator Ride” was well received. Also, we were privileged to have representation by the FDA at the conference this year through Dr. Andrew Mulberg. We were again extremely fortunate to have a faculty full of excellent role models representing faculty, division chiefs and everywhere in between. In addition, the faculty was able to provide insight into careers in IBD, motility, education, nutrition, quality improvement, and more, as well as careers in research, private practice, academic practice, the FDA, and industry.

The weather was amazing as always and fellows and faculty enjoyed dinners al fresco and breakout sessions held outside in the sun.

Many thanks go to Bob Dahms and Abbott Nutrition supporting this successful meeting for the past 36 years but also to the faculty who helped make this meeting so enjoyable: Athos Bousvaros, Bruno Chumpitazi, Ed de Zoeten, Karen Murray, Jenifer Lightdale, Steven Liu, Vicky Ng, Maria Oliver-Hemker, Matthew Riley, Steven Liu and Larry Williams. Finally, this meeting would never happen without the hard work and dedication of the **NASPGHAN** national office including Executive Director Margaret Stallings and Associate Director Kim Rose.



NASPGHAN—Mead Johnson Nutrition Third-Year Fellows Conference has Record Attendance

—Course Co-Directors: Cary Sauer, MD and Binita Kamath, MD—



The annual 3rd Year Fellows Conference, sponsored by Mead Johnson, was held in February in Scottsdale, Arizona. The conference was led by Binita Kamath and Cary Sauer and featured an exceptional faculty including Drs. Carlo Di Lorenzo, Jim Heubi, John Barnard, Petar Mamula, Melanie Greifer, Matt Riley, Joel Rosh, and Steven Wu. The conference included new curriculum with an emphasis on career branding and transition from fellow to attending.

The course was met with record attendance and the dynamic faculty mentored 3rd year fellows in their pursuit to develop a career niche and transition into life beyond fellowship. One-on-one mentoring



and new sessions on career branding, transitioning, negotiating and leadership skills engaged fellows and equipped them with tools for their careers.

This year, the 3rd year conference will move to a new timepoint in the fall (November 2016) to better equip fellows for their job search, interviews, negotiating and career development. It will be November 3-6, 2016 in Scottsdale, Arizona. We thank Mead Johnson for their continued support of this conference and look forward to its evolution and high attendance.



NASPGHAN Reception at DDW 2016 in San Diego, CA





NASPGHAN Endoscopy Prize

Quin Liu, MD, of Children's Hospital Los Angeles was awarded the 2016 Endoscopy Prize during DDW 2016 in San Diego, California, in May. The abstract was entitled

"Predators of prolonged fluoroscopy exposure time in pediatric ERCP: A report from the PEDI database."

AASLD/FDA Primary Sclerosing Cholangitis Conference Brings Together Various Groups, Individuals To Tackle Issues

Dennis Black MD, NASPGHAN Representative Conference Steering Committee

The March AASLD/FDA Conference on Design and Endpoints for Clinical Trials in Adults and Children with Primary Sclerosing Cholangitis (PSC) brought together scientists, physicians, patient support group and industry representatives, as well as FDA officials, to review the current status of issues surrounding the effective conduct of clinical trials in PSC that have been hampered by difficult recruitment, lack of consistent diagnostic criteria and stratification, disease progression and heterogeneity, and reliable surrogate markers for study endpoints.

The conference, March 3 and 4 at the FDA White Oak Campus in Silver Spring, MD, was co-sponsored by the ACG, AGA and **NASPGHAN**.

PSC is a rare and devastating liver disease resulting in chronic inflammation and obliterative fibrosis of the intra- and/or extrahepatic biliary tree, leading to cholestasis, biliary stricturing, hepatic fibrosis and ultimately to cirrhosis and end-stage liver disease in adults and children. In children especially, there is often overlap with autoimmune hepatitis. Most patients also have IBD, most often ulcerative colitis. Transplantation is currently the only proven effective treatment.

Although several drugs have been tested so far, mainly in adults, results have been generally disappointing. Promising new therapeutic agents are currently in development or early trials, including antibiotics (vancomycin), bile acid mimetics (noNextrUDCA), FXR receptor agonists (obeticholic acid), apical bile acid transporter inhibitors, and monoclonal antibodies (vedolizumab, simtuzumab). However, the successful conduct of definitive randomized, controlled trials is a major challenge, especially in children.

Lectures and discussions at this conference focused on these issues in both adults and children. For example, alkaline phosphatase (ALP) reduction has been used extensively as a treatment endpoint in adult studies, and near normalization at one year may define a subgroup with a significantly better prognosis. However, it may not be suitable for use in children, in whom most ALP is of bone origin, necessitating identification of other biomarkers.

Dr. Mark Deneau presented data from the international Pediatric PSC Consortium suggesting that ALP, GGTP, total bilirubin levels and AST/platelet ratio as a crude index of fibrosis at diagnosis may all accurately predict progression to portal hypertension in pediatric patients. Other biomarkers and endpoints discussed and critically appraised for both adults and children included liver histology, serum markers, imaging, non-invasive techniques for measuring liver fibrosis, as well as symptom scores and clinical endpoints.

Dr. Cara Mack reviewed the use of several of these in children.



A Celebrity in Our Midst

The 2016 movie **"Miracles from Heaven"**, based on a book by the same name, is about a 9-year-old girl suffering from an intestinal disease.

Her doctor is none other than Dr. Sam Nurko, director of the Center for Motility and Functional Gastrointestinal Disorders at Boston's Children's Hospital. Dr. Nurko was present at the film's Chestnut Hill premiere with actress Jennifer Garner. He watched himself being portrayed by Mexican actor Eugenio Derbez, who sported in the movie Dr. Nurko's signature Elmo tie.

Here is a link to a story that ran in the Boston Globe .

2016 NASPGHAN Annual Meeting Advertising Package

Get exposure on the **NASPGHAN** electronic Job Board as well as at the World Congress of Pediatric Gastroenterology, Hepatology and Nutrition October 5-8, 2016 in Montreal Canada!

With a specially-priced package now posted on the **NASPGHAN** website you can receive a 90-day job posting on **NASPGHAN's** electronic Job Board and a discount on Guidebook, the mobile device app available to all attendees at the World Congress. Your employment ad will be featured in the Job Bank on the mobile app, which will list, among other World Congress information, times and meetings and exhibitor information. The Guidebook app will be live in September and stay live through the end of 2016. The app was widely used by 2015 attendees and usage is expected to increase for the World Congress.

You can post an ad or get further details about the package by going to the Job Board . This is a limited time discount offer, with a deadline of September 19. **NASPGHAN** will reach out to you upon purchase about details of the ad for placement on Guidebook. Please contact Kim Rose, Associate Director, **NASPGHAN**, with any questions. 215-641-9800 or (krose@naspghan.org).

2016 NASPGHAN FOUNDATION GRANTS DUE JULY 1, 2016

Grant submissions are due by July 1, 2016 for most of the 2016 **NASPGHAN** Foundation grants. Two 2016 grants have separate deadlines. The **NASPGHAN** Foundation/Abbott Nutrition Advanced fellowship Training in Pediatric Nutrition is due September 1, 2016, and the **NASPGHAN** Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Diseases is due March 27, 2017.

New this year is the **NASPGHAN** Foundation Innovations in Clinical Care Grant. Known previously as the **NASPGHAN** Foundation In-Office Grant, this one-year grant has been rewritten and supports the development and implementation of prototype projects that focus on patient education in practice settings. The goal of this grant is to support the creation of prototypic concepts that will be potentially available and free of charge to be utilized by the **NASPGHAN**/APGNN community for patients' needs. Criteria for award selection include the general applicability of the project to any practice setting. The Foundation will award up to two grants, each ranging from \$2,000 to \$5,000 for a one year period.

In addition, the criteria for the **NASPGHAN** Foundation/Crohn's & Colitis Foundation of America Research Award was changed last year to broaden the eligibility to include those who have completed their fellowship in the last 10 years.

Additional information on this grant and the other 2016 **NASPGHAN** Foundation grants can be found on the **NASPGHAN** website here [link](#).

July 1, 2016 Submission Deadlines

- ▶ **NASPGHAN** Foundation Young Investigator Development Awards, including **NASPGHAN** Foundation George Ferry Young Investigator Development Award and **NASPGHAN** Foundation/Nestlé Nutrition Research Young Investigator Development Award
- ▶ **NASPGHAN** Foundation/Crohn's & Colitis Foundation of America Research Award
- ▶ **NASPGHAN** Foundation Mid-Level Career Development Award
- ▶ **NEW!** **NASPGHAN** Foundation Innovations in Clinical Care Grant
- ▶ APGNN/**NASPGHAN** Susan Moyer Nursing Research Award
- ▶ **NASPGHAN** Foundation/AstraZeneca Research Award for Disorders of the Upper Gastrointestinal Tract

September 1, 2016 Submission Deadline

- ▶ **NASPGHAN** Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition

March 27, 2017 Submission Deadline

- ▶ **NASPGHAN**–**NASPGHAN** Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Diseases

American Academy of Pediatrics Corner



Dear Friends,

It gives me great pleasure to announce that PREP GI has been successfully launched and already has more than 450 learners! Familiar to many of you who have used PREP materials for general pediatrics, PREP GI is being jointly developed by AAP and NASPGHAN as an online self-assessment course. The program delivers clinically relevant, peer-reviewed questions, in-depth discussions of preferred answers, and references for further study—all mapped to the ABP subspecialty content specifications.

PREP GI is approved for 20 points of MOC Part 2 credit by the ABP through the AAP MOC Portfolio program. I am also happy to pass on the good news that PREP GI received an educational grant from Abbott Nutrition that is providing actively training fellows in pediatric gastroenterology with a gratis subscription. Any fellow in a training program who has not availed themselves of this opportunity should please feel free to reach out to me.

Development of PREP GI has represented a monumental undertaking by chief editors Steve Schwarz, MD, FAAP and Judy Sondheimer, MD, FAAP and has required many hours of dedicated volunteer work by editorial board members: Athos Bousvaros, MD, MPH; Steven Ciciora, MD, FAAP; Edwin de Zoeten, MD, PhD; Michael K. Farrell, MD, FAAP; Regino P. Gonzalez-Peralta, MD, FAAP; Rishi Gupta, MD, FAAP; Sandeep Gupta, MD, FAAP; B U.K. Li, MD; Esther Jacobowitz Israel, MD, FAAP; Daniel P. Mallon, MD, MSH-PEd, FAAP; Anthony Porto, MD, FAAP; Eitan Rubinstein, MD, FAAP; Paul Rufo, MD; and Robert H. Squires, MD, FAAP. For more information [link](#). Both AAP and **NASPGHAN** members are eligible for discount pricing.

Look for an article in the June issue of AAP News that features an interview with Robert Kramer, MD, FAAP about the dangers of button battery ingestions. The SOGHN is very interested in partnering with **NASPGHAN** and a host of AAP groups, including the Sections on Otolaryngology-Head and Neck Surgery (SOOHNS), Surgery (SOSu) and Emergency Medicine (SOEM) on a pediatric focused Button Battery Task Force that can bring a unified AAP/pediatric subspecialty voice to a national discussion on this topic.

Finally, the National Conference and Exhibition (NCE), the Annual Meeting for AAP members with over 14,000 attendees, will take place October 22-25, 2016, in the beautiful city of San Francisco. The SOGHN is excited to sponsor a number of outstanding pediatric gastroenterology, hepatology and nutrition sessions. I continue to serve on the NCE Planning Group and welcome your suggestions for future topics specific to our specialty and of interest to general pediatricians. We hope to see many of you there!

Best wishes for a healthy and fun summer!

Jenifer Lightdale, MD, MPH, FAAP
Chair, AAP Section on Gastroenterology, Hepatology and Nutrition
Email: jenifer.lightdale@umassmemorial.org



JPGN

News from the Editor

Mel Heyman, MD, Editor-in-Chief,
Western Hemisphere, JPGN

NEW JPGN INITIATIVES!

Online Articles: This year *JPGN* has expanded its online pages as a way to increase the number of articles that can

be published each year. In addition to *Rapid Communications* (that have a quick review turnaround time), *Online Articles* may be applied by the editors as a mechanism to publish articles more rapidly compared with print pages. Look for acceptances for online articles when an accept decision is made on your manuscripts.

New Subcategories: You may have noticed that *JPGN* has again made some additional changes on the cover and in the categories of articles. We are now labeling subcategories of articles in the Gastroenterology section—those of general “Gastroenterology” interest, and those specifically regarding “Gastroenterology—Inflammatory Bowel Disease” and “Gastroenterology—Celiac Disease”. Articles with focus in these areas will fall into the respective subcategories. Our other categories, “Hepatology”, “Pancreatology” and “Nutrition” continue unchanged. By the way, we still have a very rapid turnaround from acceptance to publication for Pancreatology articles, so please submit these manuscripts to *JPGN*.

CME Articles: We have approval to begin to provide up to 10 CME credits for authors who provide CME material for their articles that are accepted for CME. Readers will still have access to CME credit through the **NASPGHAN** website. *JPGN* wishes to thank Sandeep Gupta (*JPGN* CME Editor), members of the Professional Education Committee of **NASPGHAN** and you, our readership, in continuing to make CME possible.

Feedback: Please pay attention to the questions on the *JPGN* website that seek your opinion about various aspects of the journal. The questions will change every few months as we continue to improve our journal. Current questions pertain to some of the newer initiatives implemented last fall (new categories; what is known/what is new).

UPDATE YOUR EDITORIAL MANAGER CONTACT INFORMATION

Again, we request that all *JPGN* authors and reviewers update their profiles in Editorial Manager. Please visit the site and update your contact information and affiliation. This can be done at the “Update My Information” link at the top of every page.

Updating your contact information carries several benefits. As a potential reviewer, you will be eligible to receive invitations to review manuscripts and submit commentaries and other invited content. Updating your specific

interests also helps the editorial board find a good match between the reviewer and the content of the submitted manuscripts. **Most important, submission and peer review processing will not be delayed because the Editorial Office is trying to contact you at the wrong address**, so please update your email and other contact information. As an author, your manuscript submission will automatically populate with the correct affiliation, and the *JPGN* Editorial Office will be able to contact you with any updates regarding your manuscript and/or review.

The Editorial Board is especially interested in reviewers with expertise in biostatistics. If you have this expertise and are willing to assist in reviewing a few submissions each year, please be sure to register this expertise in the Editorial Manager. Additionally, please let me (Mel.Heyman@ucsf.edu) or Naima Stone (Naima.Stone@wolterskluwer.com) know of your interest in this area.

SOCIAL MEDIA

Be sure to follow *JPGN* on Facebook at www.facebook.com/thejpgn and on Twitter at www.twitter.com/jpgnonline. We encourage you to Tweet about articles in *JPGN*. Use the hash tag #jpgnonline.

You can also download the *JPGN* iPad app from the App Store and read the latest issue on your iPad!

CALL FOR CONTENT

Rapid Communications: We welcome your best research that can be submitted as a Rapid Communication, with a 10–14 day turnaround to first decision.

JPGN is currently focused on attracting and publishing state-of-the-art scientific articles. As we strive to continuously improve the quality of our journal, we encourage you to submit your gastroenterology, hepatology and nutrition-related basic, translational and clinical scientific studies to *JPGN* for consideration for publication. In particular we are seeking articles focusing on basic concepts of growth and development and pathophysiology of disease related to our fields of interest.

Filler Items: The Journal is soliciting content specifically to maximize any blank space in the print publication. This content will not appear online.

Materials considered for publication as fillers include:

- ◆ Brief articles [under 150 words] dealing with the history of pediatric gastroenterology, hepatology and nutrition
- ◆ Cartoons
- ◆ Photographs
- ◆ Original artwork
- ◆ Poetry

Please be sure to use the “Invited Filler” article type for your submission.

If you have any suggestions regarding any of these or other new initiatives for our journal, please feel free to contact me, and keep sending your papers to *JPGN*, your journal!

Mel Heyman, MD
Editor-in-Chief, Journal of Pediatric Gastroenterology and Nutrition
(Mel.Heyman@ucsf.edu)

In Memoriam—J. Richard Hamilton

(March 8, 1934–April 19, 2016)



J. Richard ("Dick") Hamilton graduated from medical school at the University of Toronto in 1958. After a period in family practice with his newlywed wife, Patricia, as his nurse, he trained in pediatric gastroenterology.

Dick was appointed to the staff of the Hospital for Sick Children, Toronto by the Chair of Paediatrics, Dr. Harry Bain, in 1966. He developed an academic Division of Gastroenterology with research at its core, by appointing clinician scientists at a time when such combined research & clinical positions were unusual.

Dick's research elucidated mechanisms of viral diarrhea and intestinal transport. He contributed to the development of oral rehydration solution and championed its use in the developing world throughout his career, including through a long-standing relationship with the International Centre for Diarrheal Disease Research in Dhaka, Bangladesh.

Closer to home, Dick recognized the extent that chronic inflammatory bowel disease (IBD) impacts on patients and families lives. He set up the first dedicated paediatric IBD clinic and worked with affected families to establish the Crohn's and Colitis Foundation of Canada. In 1986, Dick moved to be Chair of Paediatrics at McGill University and physician-in-chief at Montreal Children's Hospital.

Dick was a compassionate and committed clinician, a sage teacher and mentor, an outstanding researcher, and a highly effective, visionary leader. He attracted and nurtured countless trainees from around the world. Dick's contributions to advancing knowledge, his medical leadership and his work in global child health were recognized when he received the Shwachman Award of **NASPGHAN** and the Samuel J. Fomon Nutrition Award of the AAP. He was appointed to the Order of Canada.

Colleagues and trainees remember his mentorship, his ability to soften serious advice with warm humor, and the generosity of Pat and Dick's wonderful hospitality. He was nowhere happier than at his cottage on the Ottawa River where he indulged his love of fishing, gardening, painting and playing cards with Pat, their three sons, daughters-in-law and grandchildren.

~Submitted by Dr. Simon Ling

www.WCPGHAN2016.COM



Registration for World Congress Now Open!

Registration is now open for the World Congress of Pediatric Gastroenterology, Hepatology and Nutrition October 5-8, 2016 in Montreal, Canada. Register now and get the Early Bird registration rates, which will end on July 14, 2016.

The Postgraduate Course will be held Wednesday, October 5, followed by the World Congress Thursday, October 6 through Saturday, October 8. The Teaching and Tomorrow program is once again available and will include registration for the Postgraduate Course and World Congress. Click here [for registration information](http://www.wcpghan2016.com/registration.html).

You can also copy and paste this url into your browser: (<http://www.wcpghan2016.com/registration.html>)

Welcome New NASPGHAN Members

Hala Mohsen Abdullatif, MD, MSc

Colette Deslandres, MD, FRCPC

Mohammad Ali Kiani, MD

Mohammad Shatnawi, MD

Gayathri Tenjarla, MD

NASPGHAN Meetings & Important Deadlines

2016

- ▶ **OCTOBER 5–8, 2016**
World Congress of Pediatric Gastroenterology, Hepatology and Nutrition
Montréal, Canada
- ▶ **NOVEMBER 3–6, 2016**
Third-Year Fellows Conference
Scottsdale, AZ

2017

- ▶ **JANUARY 26–29, 2017**
2017 First Year Fellows Conference
Orlando, FL
- ▶ **FEBRUARY 23–25, 2017**
Board Review Course
Scottsdale Plaza Resort—Scottsdale, AZ
- ▶ **MARCH 9–12, 2017**
2017 Second-Year Fellows Conference
Scottsdale, AZ
- ▶ **NOVEMBER 2–5, 2017**
2017 NASPGHAN Postgraduate Course & Annual Meeting
Caesar's Palace—Las Vegas, NV

2018

- ▶ **OCTOBER 25–28, 2018**
2018 NASPGHAN Postgraduate Course & Annual Meeting
Diplomat Resort and Spa—Hollywood, Florida

2019

- ▶ **OCTOBER 16–19, 2018**
2019 NASPGHAN Postgraduate Course & Annual Meeting
Sheraton Chicago Hilton and Tower—Chicago, IL

Meetings of Interest

3rd Athens International Symposium: Gastrointestinal Cancer Prevention, Recognition & Management



- ♦ **Date:** July 8–9, 2016
- ♦ **Location:** Athens Hilton Hotel—Athens, Greece

38th Annual Aspen Conference on Pediatric Gastrointestinal Disease



- ♦ **Date:** July 11–15, 2016
- ♦ **Location:** Aspen/Snowmass, Colorado

KVO Update 2016-Hot Topics in Pediatric Gastroenterology, Hepatology, Liver Transplantation and Hands On Endoscopy Workshops



- ♦ **Date:** August 20–21, 2016
- ♦ **Location:** New Delhi, India

10th International Liver Cancer Association (ILCA) Conference



- ♦ **Date:** September 9–11, 2016
- ♦ **Location:** Vancouver, Canada

SPLIT (Studies in Pediatric Liver Transplantation) Annual Meeting



- ♦ **Date:** September 14–16, 2016
- ♦ **Location:** St. Louis, Missouri

Fourth International Conference on Oesophageal Atresia



- ♦ **Date:** September 15–16, 2016
- ♦ **Location:** Sydney, Australia

Fourth Annual Pediatric Inflammatory Bowel Disease Research Day at Weill Cornell



- ♦ **Date:** September 16, 2016
- ♦ **Location:** New York, New York

15th World Congress of the International Society for the Diseases of the Esophagus



- ♦ **Date:** September 19–21, 2016
- ♦ **Location:** Singapore

The International Congress of Pediatric Hepatology, Gastroenterology and Nutrition



- ♦ **Date:** September 21–24, 2016
- ♦ **Location:** Hurghada, Egypt

The Liver Meeting 2016



- ♦ **Date:** November 11–15, 2016
- ♦ **Location:** Boston, MA



Kathleen A. Mueller

Billing & Coding

Provided by Kathleen A. Mueller, RN, CPC, CCS-P, CCC Healthcare Consultant in association with McVey Associates, Inc.

Modifier 53 and Colonoscopies—According to CPT instruction, prior to calendar year (CY) 2016, an incomplete colonoscopy was defined as a colonoscopy that did not evaluate the colon past the splenic flexure (the distal third of the colon). Physicians were previously instructed to report an incomplete colonoscopy with **45378** and append Modifier 53 (discontinued procedure), which was paid at the same rate as a sigmoidoscopy.

In CY 2016, the CPT instruction changed the definition of an incomplete colonoscopy to a colonoscopy that does not evaluate the entire colon. The 2016 CPT Manual states: When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report **45378** (colonoscopy) or **44388** (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

Effective for services performed on or after January 1, 2016, the MPFS database will have specific values for the codes listed above. Given that the new CPT definition of an incomplete colonoscopy also include colonoscopies where the colonoscope is advanced past the splenic flexure but not to the cecum, CMS has established new values for incomplete diagnostic and screening colonoscopies performed on or after January 1, 2016. Incomplete colonoscopies are reported with Modifier 53. Medicare will pay for the interrupted colonoscopy at a rate that is calculated using one-half the value of the inputs for the codes. Many commercial payers are also following the same policy.

If the scope does not advance to the splenic flexure, sigmoidoscopy is to be reported.

EXAMPLE #1

Indication:

Hematochezia

Post-Endoscopy Findings:

Normal colonoscopy to the ascending colon.

Poor prep proximal to that area. Recommend re-evaluation in 2 months.

Procedure:

Colonoscopy with limited view proximal to the ascending colon.

CPT Code:

45378 Diagnostic colonoscopy to the cecum and/or small intestine/colonic anastomosis. Recommend the 53 modifier to indicate incomplete procedure.

Diagnosis Code:

K92.1 Hematochezia

Z53.8 Procedure and treatment not carried out for other reasons

EXAMPLE #2:

Indication:

Iron deficiency anemia

Post-Endoscopy Findings:

Poor prep. Stool in the rectal vault. Procedure terminated.

Patient to be repped and repeat tomorrow.

Procedure:

Incomplete colonoscopy to the rectosigmoid only.

Procedure Code:

45330 (Might want to add the 53 modifier since a complete sigmoidoscopy was not done)

Diagnosis Code:

D50.9 Iron deficiency anemia, unspecified

Z53.8 Procedure and treatment not carried out for other reasons

PROVIDERS BEWARE: ICD-10-CM Grace Period Expiring Soon—Make sure that all of your providers are using the most specific diagnosis codes on their primary diagnosis as the Medicare and Commercial providers are going to be enforcing specificity on diagnosis codes supporting medical necessity of the claims. Some commercial payers are already beginning to pend claims with the use of the denial reason “lacks specificity”. Medicare will begin on October 1, 2016, to enforce specificity on the claims. Remember that the cost of a denied/pended claim is around \$40 per claim and that adds up very quickly.

QUESTIONS AND ANSWERS—

Question: What is the different between the new colon neoplasm codes versus the colon polyp codes?

Answer: Before assigning ICD-10 code **D12.0-D12.9**, (benign neoplasm, colon through rectum), make sure that pathology has been reviewed and returned as adenomas, sessile serrated polyps and/or neoplasms since instruction in ICD-10 is to assign the neoplasm codes only upon histologic confirmation. If other than a neoplasm or if pathology has not been returned, codes **K62.0** (anal polyp), **K62.1** (rectal polyp) and **K63.5** (colon polyp) can be assigned.

.....

Question: What is the difference between codes **K22.2** (Esophageal obstruction) and **Q39.3** (Congenital esophageal stricture)?

Answer: **K22.2** is an acquired stricture and **Q39.3** is a congenital stricture. That is the major difference. Just because the patient is not an adult doesn't necessarily mean that this is congenital (patient born with it). Most esophageal strictures are acquired either from GERD, surgical procedures, medication side effects, etc. If not sure, please make sure to contact your provider to help choose the correct diagnosis code.

Washington Update

Camille S. Bonta and Geoff Werth, NASPGHAN Washington Representatives

Congress Takes Steps to Improve Access to Medically Necessary Foods

Advancing legislation in Congress is often compared to moving a football down the field — gaining ground in increments through each strategic play toward the goal line. This spring in Congress, **NASPGHAN** made significant progress in moving legislation down the field that would improve access and coverage of medically necessary foods for TRICARE beneficiaries.

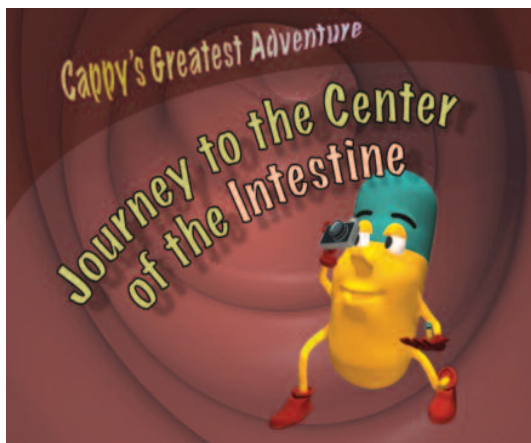
On June 14, the Senate is expected to vote on legislation that would require TRICARE to cover medically necessary foods, including the equipment and supplies necessary to administer that food, and vitamins for digestive disorders and inherited metabolic disorders. TRICARE provides health care coverage for uniformed service members and their families.

The medical food coverage requirement is part of a larger package of legislation, the Fiscal Year 2017 National Defense Authorization Act (NDAA), which is considered “must-pass” legislation before the end of the legislative year.

The legislative language covers a wide range of diseases of the digestive system that affect pediatric populations, including, but not limited to, inflammatory bowel disease, gastroesophageal reflux, eosinophilic disorders, and malabsorption due to liver or pancreatic disease.

The House NDAA bill, while it raises the issue of access to medically necessary foods, does not go as far as the Senate bill. The House bill includes report language that “directs the Secretary of Defense to review the adequacy of current TRICARE coverage policy for nutritional therapy and provide a briefing of its findings to the Armed Services Committee of the House of Representatives by July 1, 2017.” The House passed its NDAA bill on May 18.

Once the Senate passes its bill, the differences between the Senate and House bills will need to be reconciled. **NASPGHAN’s** goal is to retain the strong Senate legislative text in a final bill. This summer, **NASPGHAN** members will be asked to contact their members of Congress and to voice support for improving coverage of and access to medical foods for TRICARE patients. Every **NASPGHAN** member is encouraged to take action on this important issue when called upon. Passing legislation to improve coverage of medically necessary foods for TRICARE patients will not only represent a significant accomplishment, but success will establish an important marker for future efforts to ensure that all patients with diseases of the digestive system, regardless of insurance, have access to medical foods when necessary.



For Your Patients and Families: New Animated Video on Capsule Endoscopy



If you have a patient who is considering or undergoing a capsule endoscopy procedure, here is a new video to help them prepare.

Our comic book – “Cappy's Greatest Adventure” is now available as an animated video adventure featuring Cappy traveling through the small intestine.

To access the video click [here](#) .

Support for was provided by Medtronic

Interested in working on a NASPGHAN Committee?

If you are interested in serving on a **NASPGHAN** Committee, please complete the application form [here](#) . Committee member responsibilities and a list of all committees are available on the **NASPGHAN** website .

Deadline for registration is July 15, 2016. Appointments will be made later this summer and terms will begin at the NASPGHAN Annual Meeting in October.

Classifieds

YOU CAN NOW POST YOUR JOBS AND LOOK FOR EMPLOYMENT ONLINE

**GO TO (WWW.NASPGHAN.ORG)
CLICK ON TRAINING AND CAREER
DEVELOPMENT AND THEN CLICK ON
JOB BOARD**

♦ Florida—

The Section of Pediatric Gastroenterology, Hepatology and Nutrition of the University of Colorado School of Medicine and the Digestive Health Institute of Children's Hospital Colorado (CHCO) are seeking a BC/BE pediatric gastroenterologist for a full time Assistant or Associate Professor faculty position based out of our main Hospital in Aurora, Colorado.

The successful candidate will devote approximately 20% of time to developing and directing a multi-disciplinary clinical and research Pancreas Program, and up to 60% of time to clinical care of patients with digestive diseases at Children's Hospital Colorado and its network of care facilities. Additional primary responsibilities will include outpatient clinical evaluation and management of patients with pediatric gastrointestinal disease, inpatient attending and consultations, and performing the full range of gastrointestinal procedures. In addition, education and teaching of pediatric residents, pediatric gastroenterology fellows, students, and others will be an important responsibility.

The successful candidate will have experience and academic interest in acute and chronic pancreatitis and other chronic pancreatic disorders; experience and knowledge of all pediatric Gastrointestinal and Hepatology disorders; demonstrated skills in the full gamut of pediatric GI endoscopic and other procedures; excellent teaching and education skills, and excellent communication skills. The candidate will have completed fellowship in good standing in Pediatric Gastroenterology at RRC-approved fellowship program (or equivalent), MD (or equivalent) degree and American Board of Pediatrics Board Certified in Pediatrics, and Board Eligible or Certified in Pediatric Gastroenterology. The candidate

should ideally have a minimum of two years of clinical experience following fellowship. The successful candidate will join an expanding group of collaborative, dedicated academic pediatric gastroenterologists and hepatologists in a program at one of the top 5 Children's Hospitals in the United States (<http://www.childrenscolorado.org/departments/digestive>).

The Section is currently composed of 21 MD and 5 PhD faculty members, 9 fellows in an NIH T32-funded training program, 5 Nurse Practitioner/Physician Assistants, and a large team of nurses, dietitians, social workers, psychologists, transplant coordinators and support staff with the common mission of improving the digestive health of children.

Highest quality patient care, cutting-edge research and career development and training are all of highest priority. The Section includes specialized Centers or Programs in liver disease and transplantation, inflammatory bowel disease, eosinophilic GI diseases, celiac disease, intestinal rehabilitation, aerodigestive disorders, neurogastroenterology and motility, and advanced therapeutic endoscopy, and wishes to develop a Pancreas Program. The Section has over 16,000 annual patient visits performs over 4,000 procedures within a busy endoscopy and GI procedures program. Salary will be based on rank and includes an excellent benefits package. The Section receives over \$3.5 million of grant support each year that supports research in a variety of GI, hepatology and nutrition areas. All faculty appointments are within the University of Colorado School of Medicine, one of the top public medical schools in the nation.

Children's Colorado (www.childrenscolorado.org) is located in a new 414 bed facility, adjacent to the SOM and the adult hospital, on the new Anschutz Medical Campus east of Denver. Numerous campus resources are available to support basic, clinical and translational research, including an NIH-funded CTSA program which includes a specific Pediatric Clinical Translational Research Center at CHCO. Denver is a wonderful place to live and is rated one of the top cities for families and for lifestyle. Women, minorities and individuals with disabilities are encouraged to apply.

If interested, please mail or email (with subject line "Associate Professor Position") a copy of

your CV and a cover letter that describes your qualifications and interest in the position to:

Ronald J. Sokol, MD
Chief, Pediatric GI, Hepatology and Nutrition
Vice Chair, Department of Pediatrics
Digestive Health Institute
Children's Hospital Colorado, Box B290
13123 E. 16th Ave, Aurora, Colorado 80045
Phone: 720-777-6669
Fax: 720-777-7277
Email: ronald.sokol@childrenscolorado.org

♦ Tennessee—

The D. Brent Polk Division of Gastroenterology, Hepatology and Nutrition in the Department of Pediatrics at Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV) and Vanderbilt School of Medicine seeks a BE/BC Pediatric Hepatologist with strong clinical skills in pediatric transplant hepatology, to join our team. Responsibilities will involve comprehensive management of pediatric patients with acute and chronic liver disease, complications of end-stage liver disease, and pre- and post-operative transplant patients. Track, rank, and leadership roles will be commensurate with clinical and academic experience.

MCJCHV serves as the regional pediatric gastroenterology center for Middle Tennessee and provides care throughout the Southeast. The division is comprised of thirteen physician faculty members, and four nurse practitioners. The division additionally has an ACGME-approved, fellowship training program. Currently, Pediatric Gastroenterology has 13 auxiliary subspecialty programs, including a Pediatric Liver Transplant program. The Pediatric Liver Transplant program serves as part of the Vanderbilt Transplant Center. More than 40 faculty and staff participate in a multidisciplinary, collaborative approach to treatment making the Vanderbilt Transplant Center one of the largest in the Southeast.

Our faculty's academic and professional responsibilities include participation in education, patient-oriented or basic research, quality improvement, and development of an area of expertise of the individual's choosing. With several nationally-ranked Divisions, Vanderbilt offers an unprecedented

opportunity for multi-disciplinary care, education, and research. Vanderbilt offers a very competitive salary and benefits package. The position is available immediately upon successful licensure with the State of Tennessee.

Vanderbilt University Medical Center is an Equal Opportunity, Affirmative Action employer of all protected classes, including veterans and individuals with disabilities. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States.

Please submit a letter of interest along with a CV to:

Sari Acra, MD, MPH
Professor and Chief of D. Brent Polk
Division of Pediatric Gastroenterology,
Hepatology and Nutrition
Phone: 615-343-9034
Email: sari.acra@vanderbilt.edu

♦ West Virginia–

The Department of Pediatrics is seeking a pediatric gastroenterologist for a fulltime academic position at the Robert C. Byrd Health Sciences Center, West Virginia University, Charleston Division. The position is primarily clinical and will provide academic support to the Department of Pediatrics. Faculty position academic rank will commensurate with experience and qualifications.

Benefits include

- ♦ Excellent benefits package with generous PTO of 24 days annually as well as holidays
- ♦ Salary commensurate with qualifications and experience
- ♦ Vibrant community
- ♦ Superb family environment
- ♦ Unsurpassed recreational activities
- ♦ Outstanding school systems

The search will remain open until a suitable candidate is identified. No J-1 Waiver sponsorship available for this position.

Job Requirements

- ♦ MD, DO degree or foreign equivalent degree from an accredited program
- ♦ Board Certified or Board Eligible by the American Board of Pediatrics
- ♦ Possess aptitude and passion for educating residents and medical students
- ♦ Willingness to participate in appropriate academic, clinical research or other scholarly activity as may be required of clinical faculty
- ♦ Academic exposure in the last 5 years preferred

WVU is an EEO/Affirmative Action Employer - Minority/Female/Disability/Veteran

To apply for this job, contact:
Tommy Spurlock
Email: tommy.spurlock@camc.org