



President's Report

President, NASPGHAN: James Heubi, MD

The spring of 2017 is in an exciting time for **NASPGHAN**. We have virtually nailed down the programs for the Postgraduate Course and Annual Meeting on November 1–4, 2017 in Las Vegas. Not only is the meeting in Vegas, it is an exciting program with great opportunities for

updates on the science of our discipline and interaction with our colleagues. This year, as in 2015 and 2016, abstracts will be integrated with the clinical sessions. APGNN (our sister nursing organization) and CPNP (our sister nutritionist organization) will have their own programs in parallel with the **NASPGHAN** Annual meeting as well as having members from those groups integrated into the Annual Meeting along with our psychology colleagues. Thanks to the leadership of Veronique Morinville, Sohail Husain and Jay Freeman, we will have an outstanding single topic symposium entitled “Frontiers in Pediatric Pancreatology” on November 1 that will cover topics including the natural history of pancreatic diseases, imaging and functional testing of the pancreas, management of pancreatitis and areas for future research in pediatric pancreatic disease. Jenny Strople and Maria Oliva-Hemker and the Professional Education Committee have done an outstanding job putting together the Postgraduate Course.

I would also like to acknowledge the hard work of Chris Liacouras and the faculty who made the **NASPGHAN** Review Course a great success. We had 200 registrants for the course given on February 23–25, 2017, with excellent feedback attesting to the quality of the program. It is now available on our website ([access on the Home Page](#)) for members and non-members for a modest fee. The cost is \$400 for members and \$600 for non-members.

Our Committees have been very busy and productive. Our 21 committees and 5 SIGs, that include over 15% of our membership (now 2300+), serve important functions designed to support the **NASPGHAN** mission. I would like to provide a few highlights of the work of our Committees. One of the major values that members derive from **NASPGHAN** is the creation of Guidelines and Clinical Reports. In the last 12 months, there have been 9 Guidelines/Clinical Reports published in *JPGN*. Guidelines/Clinical Reports originate from **NASPGHAN** Committees, which are organized into the final products through efforts of the Clinical Care and Quality (CCQ) Committee. These recently have included topics related to IBD, gluten related disorders, cholestasis, NAFLD, capsule endoscopy, developing an endoscopy unit, pancreatic disease with a joint guideline with ESPGHAN related to esophageal atresia and TEF. Hats off to KT Park (Chair of CCQ)

and Vicky Ng (Consulting Editor for Societal Papers) for their efforts in coordinating the development and timely review of these proposals. We are currently working on ways to better coordinate our joint Guidelines between **NASPGHAN** and ESPGHAN. We have at least 9 additional Guidelines/Clinical Reports in development with the potential to collaborate with AAP and ESPGHAN on future projects.

Members of the Public Affairs and Advocacy Committee, led by Amethyst Kurbegov and supported by our advocate Camille Bonta, recently visited the Hill to support **NASPGHAN** efforts to pass legislation to provide support for medically necessary foods. A bill recently passed Congress for support of medically necessary foods for TriCare covered children (military insurance) and a similar bill is now being sponsored by Democratic and Republican senators that would include coverage for children with insurance underwritten by Medicaid. Ultimately, it is hoped that all 3rd party payers would support payment for foods and vitamins for infants/children with metabolic and gastrointestinal diseases.

Finally, I want to personally single out the Fellows Committee for its outstanding work led by Neha Santucci. During the last months, they have been working to develop what is being called the “**NASPGHAN** Toolbox”, which is an application that will include a variety of resources including algorithms, images, guidelines, patient education and other resources on hand held or desktop devices. The projected roll out of this project is late in the 4th quarter of 2017 or 1st quarter of 2018. The Fellows Committee also developed and successfully deployed the “Fellow’s Feud”, under the direction of Justin Wheeler, which was a competition to answer Board review questions between fellows from various regions of North America vying for free registration for the **NASPGHAN** Review Course.

We look forward to seeing you in Las Vegas and encourage you to make plans soon to attend the **NASPGHAN** Annual Meeting!

James Heubi, MD

Director, Center for Clinical and Translational Science and Training and Associate Dean, Clinical and Translational Research, Cincinnati Children’s Hospital Medical Center

President, NASPGHAN

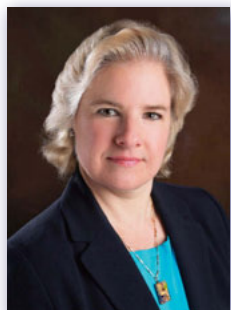
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President-Elect Report

..... *President-Elect, NASPGHAN: Karen F. Murray, MD*



The **NASPGHAN** planning committee has been hard at work putting together the best Annual Meeting yet! The 2017 **NASPGHAN** Annual Meeting and Postgraduate Course will be held in Las Vegas, Nevada, from Thursday, November 2, 2017—Saturday, November 4, 2017 at Caesars Palace, Las Vegas.

The Annual Meeting will be preceded by a Single Topic Symposium, “Frontiers in Pediatric Pancreatology”, directed by Dr. Veronique

Morinville, Sohail Husain and Jay Freeman on Wednesday, November 1. The one-day Postgraduate Course will follow on Thursday, November 2, and will provide a comprehensive overview of pediatric endoscopic interventions, hepatology, nutrition, intestinal inflammation, motility, and functional gastrointestinal disorders. Organized by the Professional Education Committee (led by Drs. Jennifer Strole and Maria Oliva-Hemker), the course will have small group learning luncheons that will provide more in-depth case based discussion of gluten sensitivity and fad diets, chronic abdominal pain, GERD, medical management of refractory IBD, post-surgical therapeutic monitoring in IBD, gastrointestinal bleeding, topics in pancreatitis, and evaluation of the cholestatic infant. There will again be the opportunity to earn MOC part II credits by participating in the **NASPGHAN** Postgraduate Course.

The Annual Meeting will be ushered in at 5 PM Thursday, November 2 with a Welcome Reception and the first Poster Session, and is designed to engage the interest of clinicians, academicians, nurses, nutritionists, psychologists and trainees alike.

Friday morning will be the only plenary session this year, allowing for more time for concurrent sessions. Dr. Mel Heyman will present the Year in Review, showcasing the most significant Basic and Clinical Science publications of the last 12 months. The best laboratory and clinical science abstracts of our society will also be presented. The Keynote speaker will be Dr. James Wells, the Director of the Pluripotent Stem Cell Center at Cincinnati Children’s. He is an engaging speaker, who will discuss generative medicine, and the current and future promise of organoids for changing treatment of gastrointestinal and liver disorders.

This year the concurrent sessions will have clinically relevant state-of-the-art presentations by our **NASPGHAN** thought leaders as well as research abstracts relevant to the topic. Additionally, we have integrated the expertise of gastrointestinal clinical psychologists into the sessions where their expertise is especially salient. There will be 25 concurrent sessions, including two “Hot Topics” sessions that will discuss issues such as treating to target in IBD, EoE, and Celiac Disease, the use of biosimilars in IBD, the latest controversies and updates on PPI use and their safety, and the evidence pro and con for the role of Fecal Microbial Transplantation in disease management. On Friday there will be a session dedicated to reviewing our society’s recent guidelines (H. pylori, GERD, TEF, and Cholestasis) as well as one dedicated to Advocacy, with a look at the Consumer Product

Safety Commission, and advocacy during the Trump administration. On Saturday, sessions will include topics such as the role of the microbiome in IBD, IBS, and NAFLD, topics in Global Health, and the roles of the endoscopist and psychologist in treating obesity.

The Hands-on Endoscopy course will again be organized by Dr. Marsha Kay, and Drs. José Cocjin and Jaime Belkind-Gerson will direct the Hands-on Motility course. New this year will be a Hands-on Colonoscopy session directed by Drs. Doug Fishman and Catharine Walsh, and designed for practicing pediatric endoscopists wishing to improve or develop their skills in performing high quality colonoscopy procedures.

By popular demand, the Professional Development Workshop, Clinical Practice Forum, and Research Skills Workshops will be Saturday afternoon, allowing all interested members to attend without interference from evening distractions. Organized by Dr. Toba Weinstein, the Professional Development Workshop will focus on Value, with discussion of value as viewed from hospital systems and payors, optimizing the value of divisions, and communicating value as an individual provider. Directed by Dr. Matthew Riley, the Clinical Practice Forum will focus on topics of special interest to the practitioner, and the Research Skills Workshops, directed by Dr. Rohit Kohli, will combine lectures with panel discussions to showcase pathways to research success, including practical suggestions and pearls that fellows and junior faculty can emulate in their own career development plans.

In keeping with the multicultural spirit of the meeting we will again have a **NASPGHAN** meeting and reception in Spanish, on Friday evening. Additionally, the Annual APGNN meeting for nurses will be on Friday and Saturday, and the CPNP Nutrition Symposium directed toward the interests of dietitians, on Saturday.

There will be 17 breakfast sessions (2 in Spanish) which will facilitate more intimate interaction between speakers and society members. In addition to the case-based disease-focused breakfast sessions, there will be a session on Immigration with immigration attorneys, two sessions on the use of social media, and sessions focused on nutritional management of disease.

Finally, the meeting will end with the tremendously entertaining and instructive GI Jeopardy for Fellows and Faculty, and then the relaxing, nutritious, and engaging social program that will foster the continuing relationships of our members and guests.

Look forward to seeing you all in Las Vegas in November!

Karen F. Murray
Chief, Division of Pediatric Gastroenterology and Hepatology
Seattle Children’s Hospital
President-Elect, **NASPGHAN**

Secretary-Treasurer Report

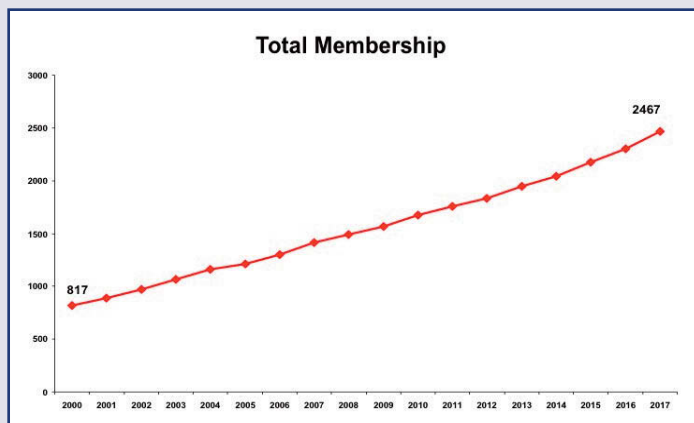


Dear Colleagues:

As my term as your Secretary Treasurer draws to an end, I am pleased to report that the **NASPGHAN** membership and finances continue to grow and are strong.

MEMBERSHIP

The current membership of **NASPGHAN** is 2467 and includes 1786 full members, 56 emeritus members, 381 associate (fellow) members, 62 international members and also includes our CPNP members who number 182. The graph shows our continued growth. Some of this is due to the inclusion of dietitians (CPNP members) and psychologists who have found that membership in **NASPGHAN** is professionally helpful to them. The Council recently voted to offer a discounted membership rate for psychologists and we hope that this will encourage more to join and actively participate in our societal activities (Annual Meeting, work groups, etc).



FINANCES

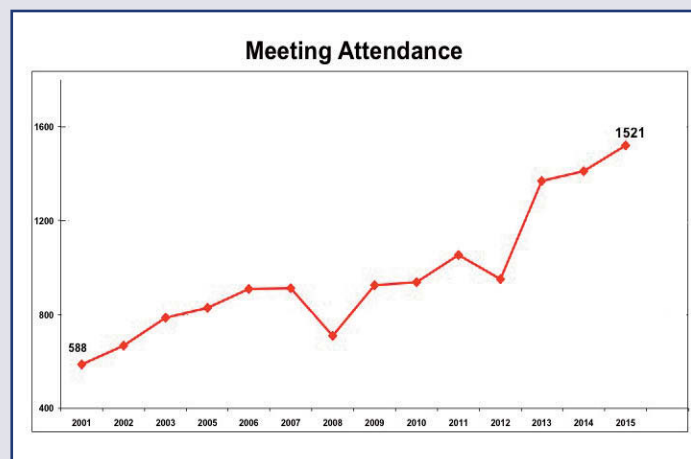
NASPGHAN finances remain strong. Our investment corpus has grown over the last 3 years in large part due to revenue from the journal and other activities. In an era of budget reductions in many areas of medicine, it is critically important that we utilize all revenue streams available to support the mission of **NASPGHAN**.

To that end, we have recently reviewed and updated our investment policy and with input from the Finance Committee, outside experts and the Council. The net result of this update will allow us to access investment income as an additional revenue source to help fund programs for the membership. Examples include the recent Review Course, MOC Part II and Part IV modules, fellows' conferences and Teaching and Tomorrow. We have many to thank for organizing these programs but special thanks goes to Chris Liacouras and Jeannie Huang respectively for their leadership on the Review Course and MOC programs.

We have also strengthened our infrastructure to allow the National Office to support the membership, expanded activities and the **NASPGHAN** Foundation.

ANNUAL MEETING

The Annual Meeting continues to be the centerpiece of our educational programs. As you have read in Dr. Murray's column, an excellent program has been planned and should have appeal to everyone with an interest in our subspecialty. The attendance at our Annual Meeting continues to grow and I would hope that this will be our largest meeting ever in the exciting venue of Caesars Palace in Las Vegas.



ELECTIONS

An excellent slate of candidates has been chosen based on membership recommendations. These include: Secretary Treasurer, Leo Heitlinger, MD and Jeannie Huang, MD, MPH; Canadian Councilor, Eric Benchimol, MD and Anthony Otley, MD; Clinical Practice Councilor, Ian Leibowitz, MD and Adam Noel, MD, and Councilor, Rick Caicedo, MD, Melanie Greifer, MD, Cara Mack, MD and Rina Sanghavi, MD.

I encourage all of you to vote in this year's election. Electronic ballots will be sent out later in June.

I look forward to seeing you all in Las Vegas.

As always, should you have any questions or concerns, please feel free to contact me by email (michael.narkewicz@childrenscolorado.org).

Sincerely,

Michael Narkewicz MD
Secretary Treasurer, **NASPGHAN**



NASPGHAN Foundation News

..... *Barry Wershil, MD*
President, NASPGHAN Foundation

Dear **NASPGHAN** Colleagues:

This is a short report on what's new in the Foundation. We are proud to announce the hiring of Monique Sadler-Taylor as the new Director of Development and Education. She joined the Foundation in early 2017, and her presence in the National Office of **NASPGHAN** now helps coordinate the activities between the Foundation and **NASPGHAN** in a seamless and more efficient manner. Many of you met her at DDW this year, and we hope with time, everyone will have the chance to get to know her.

Another new thing to look forward to in the near future is the release of an IBD Transition App. More to come as we get ready to roll this out.

While not new, we have another round of grant opportunities coming up soon and encourage all eligible members to apply. These grants target the young investigator, the mid-career investigator, nurse-initiated projects, and innovative research proposals. I want to particularly highlight the **NASPGHAN** Foundation Innovations in Clinical Care Grant

specifically designed to support investigation and development of innovative approaches for improving health care delivery and is targeted towards the clinically focused pediatric gastroenterologist. This grant is directly the result of your generous contributions to the Foundation.

And on that note, I'd like to take this opportunity to thank the hundreds of **NASPGHAN** members who contributed to the Foundation and its initiatives. Your support has never been stronger or more appreciated.

I hope you all have a safe and fun summer and I look forward to seeing you in Las Vegas.

Sincerely,

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

SAFETY REGISTRY FOR CHILDREN WITH IBD READY TO MOVE FORWARD

NASPGHAN membership is invited to participate in the ratification of the draft governance charter of The Children's **RE**gistry for the **A**dvancement of **Th**erapeutics (**CREATE™**) for the initial purpose of developing a safety registry for children with IBD. This effort has been a successful ongoing implementation of this long-overdue concept. Kudos to the steering committee who have been participating on behalf of stakeholders in this effort. These participants have included the following members who deserve thanks and congratulations: Eric Zuckerman, Pediatric IBD Foundation; Andrew E. Mulberg, Former FDA, Amicus Therapeutics; Anne Robinson, AbbVie; Keith Marsolo, ImproveCareNow; Dick Colletti, ImproveCareNow; Alex Funderburg, CCF; Caren Heller, CCF; Andrew Grossman, **NASPGHAN**; Chris Gasink, Janssen, and Joyce Korvick, DA. Support and guidance from Dr. Laura Schanberg of Duke University and Childhood Arthritis & Rheumatology Research Alliance (CARRA) deserves kudos as well for her strong motivation and collaboration.

An industry, practitioner, patient advocacy and pharmaceutical industry stakeholder meeting is scheduled for October 1, 2017, the evening prior to the public meeting on October 2, 2017. Please let Eric Zuckerman at ezuckerman@pedsibd.org or Andrew Mulberg at amulberg@amicusrx.com know of your interest or if you're intending to attend.

Organizers of the registry are optimistic that the pediatric IBD community of industry, academic practitioners, patients and regulatory agencies including FDA and EMA will embrace this concept. A similar approach has been already implemented successfully through similar modeling in the pediatric rheumatology community with CARRA under Laura Schanberg, MD, of Duke.

Washington Update

Camille S. Bonta and Geoff Werth, NASPGHAN Washington Representatives

Take Action: Support the Medical Nutrition Equity Act

On May 22 legislation was introduced in the U.S. Congress that will require all payers — Medicaid, Medicare, Federal Employees Health Benefits, Children's Health Insurance Program and private insurance — to cover medically necessary foods and vitamins for certain gastrointestinal conditions and metabolic disorders.

NASPGHAN is calling upon its members to [contact their senators and representative](#) and to ask them to cosponsor the “Medical Nutrition Equity Act,” (S. 1194, H.R. 2587).

As of June 12, only 74 **NASPGHAN** members had responded to the June 1 “call to action.” Strong bipartisan cosponsorship of the legislation will be necessary for its advancement in Congress and is why **NASPGHAN** member action is needed.

As of June 12, the Senate bill had the support of its two original cosponsors. The House bill has the support of seven lawmakers. By going to [here](#) and [here](#) you can learn whether your senators or representative are cosponsors of the Senate and House bills, respectively.

Pediatric patients with diseases and disorders of the gastrointestinal system and liver frequently require medically necessary foods and vitamins as their prescribed treatment, yet insurers routinely deny coverage.

Among the diseases and conditions covered in the legislation include:

- ◆ Medical and surgical conditions of malabsorption, including the following: impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract, including short bowel syndrome and chronic intestinal pseudo-obstruction; and malabsorption due to liver or pancreatic disease.
- ◆ Immunoglobulin E and non-Immunoglobulin E-mediated allergies to food proteins, including the following: immunoglobulin E and non-Immunoglobulin E mediated allergies to food proteins; food protein-induced enterocolitis syndrome; and eosinophilic disorders, including eosinophilic esophagitis, eosinophilic gastroenteritis, eosinophilic colitis, and post-transplant eosinophilic disorders.
- ◆ Inflammatory or immune mediated conditions of the alimentary tract, including the following: inflammatory bowel disease, including Crohn's disease, ulcerative colitis, and indeterminate colitis; and gastroesophageal reflux disease that is non-responsive to standard medical therapies.

A template letter that you can quickly and easily email to your members of Congress is available on the [NASPGHAN Action Center](#). Please take a moment to personalize your letter by sharing how denials of medically necessary foods and vitamins affect the lives and health of your pediatric patients. Lawmakers must understand the importance of this legislation and why its passage is needed this year.

CPSC Hears Oral Arguments on the Safety of High-Powered Magnets

On June 7, 2017, the Consumer Product Safety Commission (CPSC) heard oral arguments from Zen Magnets in support of the November 2016 decision by the Tenth Circuit Court of Appeals to vacate the CPSC safety standards for dangerous, tiny high-powered magnets and to remand the standard to the CPSC for re-deliberation.

Despite compelling testimony presented to the Commission by CPSC staff, convincing Commissioners to hold Zen Magnets and other manufacturers of similar products to a safety standard that would prohibit their marketing and sale in the United States may prove difficult.

Much of the questioning by Commissioners to CPSC counsel centered on the foreseeable misuse of a product. CPSC counsel testified that the high-powered magnets the CPSC sought to ban represent a hidden hazard and that it is foreseeable that individual magnets will become separated from their set and ingested by children. Counsel further argued that warning labels can't protect children from ingestions because magnet sets do not stay in their original packaging.

Seeming at times to struggle with a cohesive argument, counsel for Zen Magnets told Commissioners that “magnets are to be respected not feared.” Drawing an odd analogy between Smokey Bear educating the public that only they can prevent forest fires, counsel suggested the public can be taught how to safely use magnets alongside the application of package labels that include “use with parental supervision” warnings.

Following a survey that reported alarming increases in magnet ingestion cases by children between 2008 and 2012, **NASPGHAN** launched an aggressive education and advocacy campaign to ban the sale of high-powered magnet sets.

NASPGHAN and consumer groups [expressed grave concerns](#) when the CPSC's high-powered magnet safety standard, which was functionally a ban of high-powered magnet sets, was vacated by the Tenth Circuit, citing the dire public health consequences for children that would result from the decision. Zen Magnets and other manufacturers are again free to market and sell high-powered, rare earth magnet sets.

Prior to the recent CPSC hearing, the majority of the Commissioners voted to re-propose safety standards for these high-powered magnets. **NASPGHAN** will follow any events as they unfold with an eye on opportunities to respond.

NASPGHAN strongly encourages its members to report magnet and other foreign body ingestions to the CPSC at www.saferproducts.gov.

NASPGHAN's Day on the Hill

Fourteen members of **NASPGHAN**, including members of the **NASPGHAN** Public Affairs and Advocacy Committee (PAAC), visited with 48 congressional offices on Capitol Hill in late April with a primary goal of generating support for legislation that would require all payers to cover medically necessary foods for certain gastrointestinal conditions, as well as for metabolic disorders.



NASPGHAN FOUNDATION FELLOW TO FACULTY TRANSITION AWARD IN INFLAMMATORY BOWEL DISEASE

..... *Grant Deadline December 1*

This award provides \$75,000 salary support to enable promising senior pediatric gastroenterology fellows to spend an additional year engaged in full-time research and patient care related to pediatric inflammatory bowel diseases (IBD). The deadline for this grant has changed to December 1, 2017.

The goal is to prepare physicians for independent research careers in IBD by allowing them:

- ◆ To further develop a promising clinical, epidemiologic, outcomes or basic science project, *or*
- ◆ To build on previously acquired skills and make a transition to IBD Research.
- ◆ To learn new techniques and/or clinical skills by pursuing a formal curriculum at either their sponsoring institution and/or as a visitor for an extended period at a pediatric or internal medicine IBD center at another institution.

Supported by a grant from Abbvie and Janssen Biotech.

Submit a grant [here](#).

NASPGHAN—Nestlé First-Year Pediatric GI Fellows Conference

Course Director: David Brumbaugh, MD

Course Co-Director: Meghana Sathe, MD



The **NASPGHAN** First-Year Fellows Conference was held in Orlando, Florida at the Rosen Plaza Hotel from January 26–28, 2017. We celebrated the 15th anniversary of this conference. One hundred and twenty-three fellows from the United States, Canada and Mexico participated in this dynamic conference, which 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. A highlight of the meeting was the one-on-one interaction with the faculty to discuss their individual concerns and questions regarding fellowship, career development, research, and attaining work-life balance. To end this successful conference, faculty and fellows danced in the Mickey Mouse Clubhouse (. . . including zumba dancing lead by the infamous Norberto Rodriguez-Baez) into the wee hours of the morning!



We had 14 terrific diverse faculty representing the United States, Canada, and Mexico as well as a diversity of clinical and research interests that made this conference possible: Drs. David Brumbaugh (Course Director), Meghana Sathe (Course Co-Director), Nadia Ameen, Ryan Carvalho (Nestlé Nutrition), Jose Garza, Tanja Gonska (Canadian representative), Regino González-Peralta, Emily Perito, Maria Oliva-Hemker, Jim Heubi (**NASPGHAN** president), Sandy Kim, Solange Heller Rouassant (Mexican Councilor), Stavra Xanthakos, and Norberto Rodriguez-Baez (incoming Chair of **NASPGHAN**'s Training Committee).



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

NASPGHAN—Abbott Nutrition Second-Year Pediatric GI Fellows Conference

Course Director: Andrew Grossman, MD

Course Co-Director: Vicky Ng, MD



For 37 consecutive years, Abbott Nutrition has supported the **NASPGHAN** Second-Year Fellows conference, which took place this year March 9–12 in Scottsdale, Arizona. This conference provided the fellows with a career-building program that included brief lectures integrated with small group sessions that promoted interactions between faculty and fellows. Lectures focused on salient topics, including preparing and delivering a great talk, tips for research publication, work life balance, creating a CV/academic portfolio, development of an academic career, how to effectively search for a job, and tips for interviewing. The small group session “How to Sell Yourself in 3 Minutes or Less” was again popular and helpful. We were again extremely fortunate to have a diverse faculty full of excellent role models representing academic clinical and research faculty, clinical practice, a division chief, and everywhere in between. In addition, the faculty was able to provide insight into careers in IBD, motility, hepatology, nutrition, quality improvement, endoscopy, eosinophilic disorders, and more, as well as careers in research, clinical practice, and industry. Private feedback was also provided to fellows through personal CV review with fellow-selected faculty.

The weather was amazing as always and fellows and faculty enjoyed meals and breakout sessions held outside in the sun. In addition to the “grueling” agenda, fellows and faculty were also able to take some time for recreation including soaking in the pool, shopping, and hiking.

Special thanks to Bob Dahms and Abbott Nutrition for sponsoring this successful meeting for the past 37 years in addition to the faculty who helped make this meeting so enjoyable and productive: Bradley Barth, Ben Gold, Evelyn Hsu, Ajay Kaul, Esi Lamou  -Smith, Maria Mascarenhas, Calies Menard-Katcher, Matthew Riley, Shehzad Saeed, Barry Wershil, and Larry Williams. Finally, this meeting would never happen without the hard work and dedication of the **NASPGHAN** Office including Executive Director Margaret Stallings and Associate Director Kim Rose.



Committee Reports

TECHNOLOGY COMMITTEE

Chair: John Pohl, MD (@Jfpohl)

Vice Chair: Jason Silverman, MD (@DrJSilverman)

The Technology Committee has been busy since the 2016 World Congress. We completed our review of a very good celiac website put together by the Celiac Disease Foundation and **NASPGHAN**. This site is available now and will be a good resource for clinicians as well as patients with celiac disease. The pediatric GI fellows in **NASPGHAN** have been working on a terrific app for fellow education and patient care. We have seen a late-development version, and we believe that it will be beneficial for the entirety of our medical society. Our Committee has continued to work with Innate Agency (the company that assists in social media for **NASPGHAN**) to produce high-quality information for our social media platforms.

As always, our Committee asks that you "Like" and "Follow" the social media presence for both **NASPGHAN** and GIKids.org. Both of these organizations have Facebook, Twitter, and Instagram accounts. Our **NASPGHAN** social media sites are providing a large volume of high quality medical information for physicians. Also, make sure you refer your patients and their families to GIKids.org, and suggest they follow on Facebook and Twitter, which see active use by patients and their families. Social media is a ubiquitous part of life for many people. It has the ability to improve patient care, health care delivery, communication, physician life-long learning, and networking.

Finally, please don't forget this year's hashtag for our Annual Meeting, **#NASPGHAN17**.

Here are some great references to learn about social media and medicine:

- ♦ Social Media for Family Physicians: Guidelines and Resources for Success (AAFP) — [click here](#).
- ♦ Social Media Do's and Don't for Medical Practices (Physicians Practice) — [click here](#).
- ♦ 33 Charts: Exploring the Edges of Medicine and Technology — [click here](#).

FELLOWS COMMITTEE

Chair: Neha Santucci, MD

The Fellows Committee has currently been working on two major projects: The **NASPGHAN** Toolbox—a pediatric GI reference app—and Fellows Feud, a **NASPGHAN** board review regional champions quiz.

We are very excited to announce our most recent initiative: the development of a pediatric GI reference application for community pediatric gastroenterologists, trainees and mid-level providers. This app will be available on both iOS and Android platforms and will be free to all users. The content includes decision making algorithms, image atlas, disease scores and calculators, nutrition corner, and patient education materials. Most of the content is curated and obtained from the **NASPGHAN** website, guidelines, position statements and the *Journal of Pediatric Gastroenterology and Nutrition*. We have obtained permissions

for materials with sources cited elsewhere. This content has been reviewed and approved by all **NASPGHAN** Committees. We hope this app will prove to be a good pocket tool in the everyday practice of pediatric gastroenterology. So hang on for **NASPGHAN** Toolbox!

After tremendous success of the first Fellows Feud, a board review quiz competition among different regions of North America, Canada and Mexico that resulted in one fellow winner receiving a free registration to the Review Course in Scottsdale this year, we are back with Fellows Feud 2! Last year's theme was based on fall colors of Montréal for World Congress. This year's theme is fabulous Las Vegas. **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 to the 2017 **NASPGHAN** Postgraduate Course and the **NASPGHAN** Annual Meeting in November in Las Vegas. A link to 10 board review questions will be posted monthly on the **NASPGHAN** website and fellows list serve for 4 months. We will go through a different topic each month: Motility Mindbenders, Infectious Enterogations, Metabolic Mysteries and Nutrition Enigmas from June through September. The winning region will be determined by the percentage of GI fellows who complete the questions. All fellows who participated from the winning regions each month will have their names entered into a drawing, and the winner will be announced in October 2017.

Last year, the Fellows Committee organized an International meet and greet social, which was an extremely fun evening at the World Congress to promote camaraderie between pediatric gastroenterology fellows across the world. As a result, we have collaborated with the Young ESPGHAN Committee and are joining forces for their "Picture of the Month" initiative. Each month an endoscopy/pathology/clinical picture with a short patient history will be posted on the ESPGHAN website and all Young ESPGHAN and **NASPGHAN** fellows will be invited to participate. So stay tuned for updates!

We would like to thank Jim Heubi, Doug Mogul, Karen Murray, David Galloway, Carlo Di Lorenzo, Mike Narkewicz, Jeannie Huang and Margaret Stallings for their mentorship.

TRAINING COMMITTEE

Chair: Norberto Rodríguez-Báez, MD

Past Chair: Cary Sauer, MD

► FELLOWS CONFERENCE

One of the roles of the Training Committee is to work on improving training and educational experiences for the fellows. The committee oversees the three fellows conferences.

The Third-year Fellows Conference supported by an educational grant from Mead Johnson Nutrition was held in Scottsdale, Arizona in November 2016. With an outstanding faculty led by Drs. Cary Sauer and Binita Kamath, the fellows engaged in talks and discussions about the interview process, career development and the transition from training to practice.

The Second-year Fellows Conference supported by Abbott Nutrition took place in February 2017 in Scottsdale, Arizona. Drs. Andrew Grossman

and Vicky Ng served as chair and co-chair, respectively of this amazing and well-received conference. Fellows interacted with an outstanding group of faculty, learned about career development and pathways and how to begin searching for a job. ([See related stories, page 8](#))

The First-year Fellows Conference supported by Nestlé was held in January 2017 in Orlando, Florida and celebrated its 15th anniversary. Fellows from the United States, Canada and Mexico participated in this dynamic conference focused on helping fellows develop strategies to achieve success in their scholarly activities and how to achieve a work-life balance. The conference had a terrific group of faculty led by Drs. David Brumbaugh (Course Director) and Meghana Sathe (Course Co-Director). ([See related stories, page 7](#))

► **TEACHING AND TOMORROW**

Our Committee is actively involved in the organization of the Teaching and Tomorrow program that takes place every year during the **NASPGHAN** Annual Meeting. The main goal of this program is to attract the best and brightest residents to subspecialty training in pediatric gastroenterology, hepatology and nutrition. They have the opportunity to see first-hand the cutting edge basic and clinical science of our subspecialty. The program is ideal for residents to meet faculty, better understand the GI subspecialty, and get ideas on how to improve their application for fellowship. For this program, residents pay their own way to the program with a discounted rate for the conference.

► **ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)**

Entrustable Professional Activities (EPAs) describe the essential, routine tasks that a practicing subspecialty is expected to perform. Dr. Cary Sauer and the Training Committee have worked very hard in collaboration with the American Board of Pediatrics in the development of the following EPAs:

- ◆ Common Outpatient GI and Liver
- ◆ Inflammatory Bowel Disease
- ◆ Mucosal Diseases
- ◆ Congenital Issues and Short Bowel Syndrome/Intestinal Rehab
- ◆ Liver Diseases
- ◆ Biliary and Metabolic Diseases
- ◆ Pancreatic Diseases
- ◆ Liver Transplantation
- ◆ Nutrition
- ◆ Endoscopy and Procedures

The Training Committee also has organized curricular resources for each of these 10 **NASPGHAN** EPAs that include sentinel articles, position statements and guidelines, and other resources. These curricular resources are updated once a year by the Training Committee and can be found on the **NASPGHAN** website. Future projects include the analysis of a survey that was sent to the program directors to determine where they expect graduating fellows to be at completion of training in order to set guidelines for the entrustment.

► **THANKS CARY!**

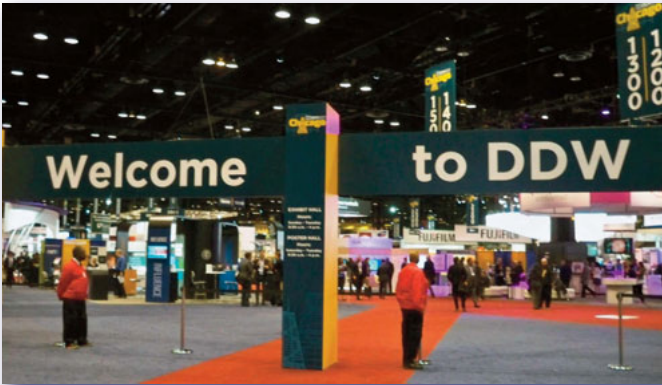
I would like to give special thanks to Dr. Cary Sauer for the outstanding job that he has done (and continues to do) as chair of the Training Committee. You have set the bar high. As I begin my time as chair of the Training Committee, I look forward to working with you, all of the Committee members and other training directors to continue improving the educational experiences for our GI fellows.

Please feel free to contact me at (norberto.rodriguez-baez@childrens.com) with any thoughts, suggestions, comments, or ideas for the Training Committee.



Out to dinner at DDW 2017 from left to right, Drs. Jenifer Lightdale, Toba Weinstein, Maria Oliva-Hemker, Karen Murray, Melanie Greifer and Marsha Kay.

NASPGHAN Reception at DDW 2017 in Chicago, Illinois



NASPGHAN 2017

Annual Meeting & Postgraduate Course



November 2-5, 2017 ✨ Caesar's Palace ✨ Las Vegas, NV

2017 Annual Meeting Registration is Now Open!

Join us for the **NASPGHAN** Annual Meeting, November 1–4, 2017 in Las Vegas, Nevada at Ceasars Palace Las Vegas Hotel and Casino. This four-day event includes the Single Topic Symposium, Postgraduate Course, **NASPGHAN** Annual Meeting, APGNN Annual Meeting, CPNP Nutrition Symposium, and the Teaching and Tomorrow Program.

Early Bird Registration Deadline is August 14, 2017.

[Register on-Line now.](#)

TRAVEL AWARDS AVAILABLE FOR NOVEMBER 2017 SINGLE TOPIC SYMPOSIUM

Travel awards to attend “Frontiers in Pediatric Pancreatology” on Wednesday, November 1 in Las Vegas will be provided to facilitate participation by young trainees and junior investigators with recognized leaders in pediatric and adult pancreatology. Residents, fellows, post-docs and junior faculty (<5 years as faculty as of July 1st, 2017) are encouraged to apply by the early bird registration deadline, August 14th, 2017.

Application requirements: 1) Fulfill criteria of young trainee and/or junior investigator as outlined above, 2) Co-author on at least one abstract submitted to the 2017 **NASPGHAN** Annual Meeting, 3) CV (preferably in NIH-style biosketch format), and 4) short paragraph on how the conference will benefit the applicant’s career.

Applications should be submitted to (naspghan@naspghan.org) by 5pm Eastern Standard Time on August 14th, 2017. If there are more applicants than slots, applicants will be prioritized by those with career plans more closely related to the topic of the conference and to encourage diversity.

The overarching goal of “Frontiers in Pediatric Pancreatology” is to provide the most influential and current research in pediatric pancreatic conditions to the pediatric gastroenterology community at large. Particular emphasis is on engaging young investigators from pediatric residents through junior faculty in hopes of garnering young talent for the future advancement of the field of pediatric pancreatology. Four scientific themes are identified as the key areas of focus, each represented by their own module during the symposium:

- ◆ Risk factors and natural history of pancreatitis in children
- ◆ Pancreatic imaging and pancreatic function tests in children
- ◆ Management of pancreatitis in children
- ◆ New frontiers in pediatric pancreatic research

Outstanding Video Submissions to be Featured During 2017 NASPGHAN Annual Meeting Session

Outstanding video submissions will be featured during a session at the 2017 **NASPGHAN** Annual Meeting in Las Vegas. The focus is on cutting-edge techniques and unusual cases in GI endoscopy. Accepted authors will present their video live and then have 1-2 minutes to answer questions, according to Robert E. Kramer, MD, FASGE, chair, or the **NASPGHAN** Endoscopy and Procedures Committee.

The **NASPGHAN** Video symposium is designed to showcase interesting endoscopic cases or techniques in the field of gastrointestinal endoscopy. Programs can demonstrate accepted techniques, difficult or interesting cases, complications or innovations within the field of endoscopy. Programs should focus on interesting and novel cases or techniques in the field of pediatric endoscopy. All entries must be oriented toward physician rather than patient education.

Submissions should demonstrate an individual technique or case or series of cases and should be between 3-5 minutes in length (it cannot exceed 5 minutes). Accepted videos will be narrated DURING the playing of the video. (Video played at the **NASPGHAN** Annual Meeting will not have sound).





APGNN has been busy planning for our annual conference and brainstorming ways to improve the membership experience. All members receive significant discounts for conference attendance, so if your nursing and ACP staff (NP/Pas) are not members, consider encouraging them to join. As a reminder you can take advantage of our “Buy 3 get one free” program if you have several staff members who are interested in joining.

We are almost finished with a new e-learning module on Biliary atresia and have several patient and family handouts awaiting approval for use. We are also exploring a formal mentorship program in the future. Please encourage your staff to become involved—there are opportunities for conference scholarships, abstract submissions, research opportunities and other awards available. Please check out www.apgnn.org to learn more!



CPNP NASPGHAN

COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS



Amber Smith, CPNP President

CPNP is just as busy as ever as our membership continues to grow and we continue to partner with **NASPGHAN** on some important initiatives. It's been so wonderful to see the chatter on our listserv and to watch members suggest innovative ideas and ways to get involved with our physician partners.

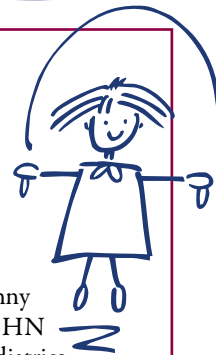
Our Nutrition Symposium for this year (November 1-4, 2017) is in its final stages of planning—get ready for a great few days of learning! There were

so many suggestions for nutrition topics at this year's planning meeting, that every day of the **NASPGHAN** Annual Meeting has some component of nutrition in it. Registration is open, as you know.

Our Clinical Practice Committee has compiled quite a few of our Nutrition Pearl topics and we're almost ready to share them with the **NASPGHAN** membership. We'll let all of our CPNP members know when those are live—thank you to all those who helped in creating them!

There are always things to get involved with, so don't hesitate to reach out if you'd like to help out. We're always looking for people to help with our website or to represent CPNP on **NASPGHAN** Committees! Send us an email: cpnp.naspghan@gmail.com

American Academy of Pediatrics Corner



Dear Friends,

Please join me in congratulating Mitch Cohen and Sonny Harpavat, our newest elected members to the SOGHN Executive Committee of the American Academy of Pediatrics, effective November 1. Other current members of the Executive Committee include David Brumbaugh, Jennifer Dotson, Mark Gilger, Leo Heitlinger, Ivor Hill, and Maria Oliva-Hemker. It will be my true pleasure to continuing serving as Chair of this great group for what is sure to be a rewarding second term!

The SOGHN is currently participating in several Academy initiatives that we hope will prove valuable for all of us in pediatric gastroenterology. One that is currently just getting off the ground involves collaboration with other subspecialists and ancillary clinicians to explore opportunities to better support the care of children with aerodigestive disorders. The AAP is planning a meeting with a diverse group of stakeholders, including family representation, for later this summer. The SOGHN will be sponsoring Ben Gold and Eric Chiou to represent GI at this multidisciplinary “think tank”, which will also feature pulmonologists, otolaryngologists and developmental pediatricians.

In March, the SOGHN was pleased to contribute to the Academy's Annual Leadership Forum in Chicago, where over 400 of the nation's top pediatric leaders focused on child health and health care transformation. Access to care, immigrant child health, diversity and inclusion were key issues identified at this year's meeting. In addition, we met with AAP Federal and State Advocacy representatives to discuss ongoing efforts to lobby for enhanced support for CHIP, Medicaid, WIC, button battery safety and medical foods. We also have begun a discussion around CPT coding for pediatric colonoscopy with AAP representatives to the RUC, in collaboration with Bryan Rudolph and the NASPGHAN Advocacy Committee.

This year's National Conference and Exhibition (NCE), the Annual Meeting for AAP members which features over 14,000 pediatric attendees, will take place September 16–19, 2017 (early this year!), in Chicago. New this year, the SOGHN is excited to host a session on failure to thrive, with Praveen Goday and Sarah Jane Schwarzenberg as faculty. In addition, the SOGHN has invited fellows to participate in the program by presenting clinical cases and participating in panel discussions. We hope this will be an excellent opportunity for budding clinical educators, as NCE is bursting with general pediatricians excited to learn how pediatric gastroenterologists approach common GI conditions such as FTT. Fellow awardees will be eligible for a travel grant award, supported by Abbott Nutrition, a division of Abbott Laboratories. We hope to see many of you there!

Best wishes for a wonderful summer!

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

MOC Cycle Ends in 2017 Register Now for MOC

Dear **NASPGHAN** Members,

If your MOC Cycle Deadline is the end of this year, please don't forget to register for the MOC Modules being offered by **NASPGHAN** now!

The **NASPGHAN** MOC Task Force has created web-based quality improvement and practice performance projects that will meet the requisite 40 MOC Part IV credits for each 5-year cycle.

Currently, seven modules are available on the topics of Colonoscopy, Upper Endoscopy, Failure to Thrive, Informed Consent, Constipation, Enteral Nutrition, and Transition. Each module will take a minimum of 4 months to complete.

NASPGHAN currently provides all required MOC Part II and MOC Part IV credits for continued accreditation over a 5-year cycle. **Each module provides 25 MOC part IV credits, 20 MOC Part II credits and 20 CME credits.** The Enteral Nutrition & Constipation module provide an *additional* 10 MOC Part II credits on top of the 25 MOC Part IV, 20 MOC Part II and 20 CME credits.

If you have any questions or concerns please [contact us](#). If you wish to register – Please visit members.naspghan.org/MOCI.

We look forward to working with you for MOC part II and IV credit.

Thank you,
NASPGHAN MOC TEAM

Two NASPGHAN Societal Papers Published in June JPGN

A Clinical Report, Classification of Acute Pancreatitis in the Pediatric Population: Clinical Report From the **NASPGHAN** Pancreas Committee was published in the June edition of *JPGN*. (*JPGN*;2017;64:6:984-990).

A Clinical Practice Guideline, Joint ESPGHAN/**NASPGHAN** Guidelines for the Management of *Helicobacter pylori* in Children and Adolescents (Update 2016), also was published in June. (*JPGN*;2017;64:6:991-1003)

Both societal papers can be accessed on the [NASPGHAN website](#).



You Can Now Shop Online at New NASPGHAN Store

THE **NASPGHAN** STORE IS NOW OPEN FOR BUSINESS.

With one click, you enter the store where you can purchase MOC Modules, **NASPGHAN** publications, such as the Fellows Review Book, and new online material, including the 2017 Review Course material.

You can access the store directly from the [home page](#) or click on Member Center and you will see the store on the top navigational bar.

July 7 Deadline for Clinically Oriented Foundation Grant

If you have a great idea that you think will assist clinically-focused pediatric gastroenterologists, consider applying for the [NASPGHAN Foundation Innovations in Clinical Care Grant](#). The aim of this grant is to encourage and support the development of innovative approaches to optimize the quality of care and health care delivery to children with digestive diseases by the clinically focused pediatric gastroenterologist. The Foundation will award up to two grants, each ranging from \$2,000 to \$5,000 for a one-year period. Selection criteria include potential impact of the project on patient care and the applicability of the project to the general **NASPGHAN** community.

Clinically oriented physicians are strongly encouraged to apply.

The [application](#) is simple so [Apply Now!](#) The submission deadline is July 7, 2017.

NASPGHAN ENDOSCOPY PRIZE

Congratulations to Masakuni Kobayashi, MD, PhD, of Jikei University School of Medicine, Tokyo, Japan, who was awarded the 2017 Endoscopy Prize during DDW 2017 in Chicago, Illinois in May. The award review and presentation is handled by the **NASPGHAN** Endoscopy & Procedures Committee.



Sarah Jane Schwarzenberg Named 2017 Murray Davidson Award Winner

The American Academy of Pediatrics Board has chosen **NASPGHAN** member Dr. Sarah Jane Schwarzenberg as the 2017 recipient of the Murray Davidson Award. The Murray Davidson Award recognizes an outstanding clinician, educator, and scientist who has made significant contributions to the field of pediatric gastroenterology, hepatology and nutrition. Dr. Schwarzenberg is Director of the Division of Pediatric Gastroenterology, Hepatology and Nutrition at the University of Minnesota. She will be recognized during the Awards program during the **NASPGHAN** Annual Meeting Friday, November 3 at Caesars Palace in Las Vegas.

You Can Now Purchase Essential Pediatric GI Course

It is not too late for you take advantage of the materials shown and reviewed during the **NASPGHAN** Essential Pediatric GI Course this winter in Arizona. The course in its entirety is now available for purchase and review on line.

The materials provide an excellent review of Pediatric GI topics that is a valuable resource for board review, advanced practice providers and others looking for a thorough refresher of key Pediatric GI topics from experts in the field. After purchase, you will have online access to more than 54 topics that are available as Power Point presentations (which were audiotaped from the exact lectures given by the presenters of the Review Course).

[View Course Outline.](#)

In addition, you can obtain the PDF files from the lectures, receive MOC part 2 and CME credit and listen to questions and answers related to each topic. **Purchase now!** The member price is \$400. You must be logged in to your account to receive the member discount.

Testimonials:

*"Being in a Community Based setting, sometimes represents a challenge in keeping up to date with the latest clinical practices. **NASPGHAN's** Review Course was exactly what I needed. It helped me review old concepts that still hold true, and expand on them, as well as learn new recommendations. All of this while reviewing to recertify. Content, organization, speakers and venue were all superb. Looking forward to the next one. Thanks for doing it!!!!"*

"The course was superb and should be a model for other fields of medicine!"

*"I have been in Pediatric gastroenterology since 1982 and I must say this postgraduate review course was the best. Excellent and friendly faculty, terrific and well thought content presented in a relaxed environment. The social aspect and interaction with colleagues was very much appreciated. In summary: An A plus for the organizers and **NASPGHAN** leadership. WELL DONE! Let's do it again!"*

2017 NASPGHAN Annual Meeting Advertising Package

Promote your job openings at the **NASPGHAN** Annual Meeting, November 1-4, 2017 in Las Vegas, Nevada, as well on the **NASPGHAN** electronic Job Board!

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 Annual Meeting. Your employment ad will be featured in the Job Bank on the mobile app, which will list, among other Annual Meeting information, times and meetings and exhibitor information. The Guidebook app will be live in October and stay live a few weeks after the event. The app was widely used by attendees at the 2015 **NASPGHAN** Annual Meeting and at the 2016 World Congress and usage is expected to increase at this year's **NASPGHAN** Annual Meeting.

You can post an ad or get further details about the package by going to the Job Board or by going to naspghan.org and clicking on Training and Career Development and Job Board.

This is a limited time discount offer, with a deadline of mid October. **NASPGHAN** will contact 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 (krrose@naspghan.org).

SLATE OF NASPGHAN OFFICERS

Voting will open soon for the new slate of 2017 **NASPGHAN** Council members. All active members will receive an email about the election, including background, biographical information for each of the candidates, and voting instructions. Watch for details.

The new slate includes:

- ♦ **Secretary Treasurer:**
Leo Heitlinger, MD
Jeannie Huang, MD, MPH
- ♦ **Canadian Councilor:**
Eric Benchimol, MD
Anthony Otley, MD
- ♦ **Clinical Practice Councilor:**
Ian Leibowitz, MD
Adam Noel, MD
- ♦ **Councilor:**
Rick Caicedo, MD
Melanie Greifer, MD
Cara Mack, MD
Rina Sanghavi, MD

An email ballot will be sent to all full members by the end of June.



NUTRITION UNIVERSITY MARKS SIX YEARS



Congratulations to our 2017 **NASPGHAN** Nutrition University (N²U) graduates!

This year was our sixth N²U and we expanded our program to include our RD colleagues to truly reflect multi-disciplinary nutrition support practice and education goals.

N²U continues to focus on case based learning, to include the latest scientific evidence for nutrition practice and to benefit from our expert faculties experience and mentorship. We added some practical, hands on learning experiences, measuring anthropometrics and observing live motivational interviewing. Nutrition Jeopardy remains a highlight, providing a competitive, but much fun learning environment, testing the knowledge of both attendees and faculty. Thank you Praveen Goday, aka N²Us Alex Trebek.

A big thank you to our faculty, CME and application reviewers. Special thank you to Margaret Stallings and Monique Taylor for much work behind the scenes, prior to and during N²U, that makes the course efficient and enjoyable.

FACULTY 2017

Justine Turner, MBBS, FRACP, PhD - Chair
Karin Ballard, MS, RD, LDN
Valeria Cohran, MD, MS
Praveen Goday, MBBS, CNSC
Lauren Graber, MBA, RD, CD
James Heubi, MD
Maria Mascarenhas, MBBS
Rebecca Pipkorn, RD, CD, CNSD
Ann Scheimann, MD, MBA
Sally Schwartz, RD, CSP, LDN
Robert Shulman, MD

CME REVIEWERS 2017:

Dinesh Pashankar, MD and Nisha Mangalat, MD



Finally, thank you to our attendees, for your passion and commitment to pediatric nutrition. We look forward to you paying forward from your N²U learning experiences, sharing the information at your home institutions and practices. We anticipate your being nutrition ambassadors and educators, so that the care of children across North America is enhanced by excellence in nutrition health promotion, diagnosis and support.

Thank you also to Nutricia North America for supporting this unique educational activity.

CME and MOC Available for Reading JPGN Articles

You can get CME and MOC for reading articles in the May 2017 and June 2017 issues of *JPGN*.

- ♦ *Health-related quality of life in pediatric patients with chronic hepatitis B living in the United States and Canada*—[click here](#)
- ♦ *Updated Joint ESPGHAN/NASPGHAN guidelines for the treatment of Helicobacter pylori in children and adolescents*—[click here](#)

In order to receive CME and MOC PartII for both articles:

- ♦ [Review CME requirements and learning objectives.](#)
- ♦ Read the articles.
- ♦ [Take the post-test.](#) You must answer 60% of the questions correctly to pass. If you do not pass the post-test, you will need to start over, so you may want to save your answers on paper.



JPGN

News from the Editor

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

JPGN CORNER

You are probably aware that each article in the *Journal of Pediatric Gastroenterology and Nutrition* has a small box on the first page stating "what is known/what is new" in the content. The text contained in this

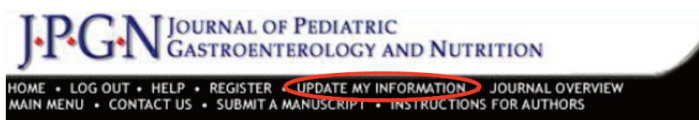
summary box aims to highlight the significance of the article. Stating what is known provides the reader with context of what new information is in the article and helps the reader understand how this might impact clinical practice and/or future research direction. The text is limited to 100 words or less. This box is NOT intended to replace the abstract, only to provide bullet points for readers to potentially entice them to delve further into the article.

Another related and often misunderstood item is the selection of keywords. "Keywords" may be single words or short (up to five word) phrases. The purpose of keywords is to facilitate online searches, directing the reader/investigator to the article. Keywords should not duplicate words and/or phrases included in the title, since the title itself is searchable. Thus if the title states "This is a Pediatric Investigation", keywords might include "infant", "children", "child", but not "pediatric". Various keyword generators are available to assist with keyword selection e.g., <https://scholar.google.com>.

The Instructions For Authors <http://edmgr.ovid.com/jpgn/accounts/ifaauth.htm> specify further direction in formulating text for the "What is Known" and "What is New" section and for keywords.

UPDATE YOUR EDITORIAL MANAGER CONTACT INFORMATION

All JPGN authors and reviewers have a profile in Editorial Manager. We encourage you to periodically 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.

CALL FOR CONTENT

Rapid Communications: We welcome and encourage that your best research be submitted as a **Rapid Communication**, with a 10-day turnaround to first decision.

Scientific Articles: JPGN currently focuses on attracting and publishing state-of-the-art scientific articles. As we strive to improve the quality of our journal, we encourage you to submit your gastroenterology, hepatology, pancreatology 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. All accepted articles are published ahead of print (i.e., searchable in PubMed) within 3-5 days of final acceptance. Because of relatively low backlog, articles in pancreas, hepatology and nutrition are published in print within 2-3 months after final acceptance.

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

Keep sending your papers to JPGN, your journal!

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

The 2017 NASPGHAN, APGNN and CPNP membership directories are now posted on the NASPGHAN website. You can access the pdf version on the [member section](#) of the website. Members can also search for other members in the Members Only Member Search Directory located here, which reflects the live membership database and current information for each member. It is searchable by name as well as location.

Save these dates!

NASPGHAN Meetings & Important Deadlines

2017

- ▶ **OCTOBER 5–8, 2017**
3rd Year Fellows Conference
Scottsdale, AZ
- ▶ **NOVEMBER 1–4, 2017**
2017 NASPGHAN Annual Meeting and Postgraduate Course
Caesars Palace—Las Vegas, NV

2018

- ▶ **JANUARY 11–13, 2018**
1st Year Fellows Conference
Orlando, FL
- ▶ **MARCH 8–11, 2018**
2nd Year Fellows Conference
Scottsdale, AZ
- ▶ **OCTOBER 25–28, 2018**
2018 NASPGHAN Annual Meeting and Postgraduate Course
Diplomat Resort and Spa—Hollywood, Florida

2019

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

2020

- ▶ **NOVEMBER 4–9, 2020**
2020 NASPGHAN Annual Meeting and Postgraduate Course
Marriott Marquis—San Diego, CA

Meetings of Interest

39th Annual Aspen Conference on Pediatric Gastrointestinal Disease: Pediatric Gastrointestinal Disease and Small Bowel Transplantation

- ♦ **Date:** July 10–14, 2017
- ♦ **Location:** Aspen, Colorado

14th World Conference Global Perspectives in Esophageal Disease

- ♦ **Date:** September 2–5, 2017
- ♦ **Location:** Geneva, Switzerland

4th International Symposium on Pediatric Inflammatory Bowel Disease

- ♦ **Date:** September 13–16, 2017
- ♦ **Location:** Barcelona, Spain

22nd Annual SPLIT Meeting

- ♦ **Date:** September 14–15, 2017
- ♦ **Location:** Seattle, WA

National Conference and Exhibition (NCE)

- ♦ **Date:** September 16–29, 2017
- ♦ **Location:** Chicago, IL

ESPGHAN School of Paediatric Liver Transplantation

- ♦ **Date:** September 27–30, 2017
- ♦ **Location:** Bergamo, Italy

6th Global Congress for Consensus in Paediatrics and Child Health (CIP 2017)

- ♦ **Date:** November 12–15, 2017
- ♦ **Location:** Colombo, Sri Lanka

ESPGHAN 3rd Paediatric IBD Masterclass

- ♦ **Date:** November 23–25, 2017
- ♦ **Location:** Tel Aviv, Israel

13th International Conference on Clinical Gastroenterology and Hepatology

- ♦ **Date:** December 7–8, 2017
- ♦ **Location:** Madrid, Spain



Kathleen A. Mueller

Billing & Coding

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

CERT Update (Comprehensive Error Rate Testing)—

▶ A recent update from CERT auditor indicates that one area of scrutiny concerns the amendments/corrections to the medical record. They are finding significant errors in amended records. Not only is this a Medicare issue but also a commercial payer issue as well.

▶ Noridian's website has a link concerning proper corrections to the medical record. <https://med.noridianmedicare.com/web/jeb/cert-reviews/mr/documentation-guidelines-for-amended-records>.

Here are some excerpts: Late entries, addendums, or corrections to a medical record are legitimate occurrences in documentation of clinical services. A late entry, an addendum or a correction to the medical record, bears the current date of that entry and is signed by the person making the addition or change.

♦ **Late Entry:** A late entry supplies additional information that was omitted from the original entry. The late entry bears the current date, is added as soon as possible, is written only if the person documenting has total recall of the omitted information and signs the late entry.

Example: A late entry following treatment of multiple trauma might add: "Abdomen soft with no masses or organomegaly. John Doe MD 03/15/17"

♦ **Addendum:** An addendum is used to provide information that was not available at the time of the original entry. The addendum should also be timely and bear the current date and reason for the addition or clarification of information being added to the medical record and be signed by the person making the addendum.

Example: An addendum could note: "CT scan on 2-12-17 was reviewed and showed an enlarged area in the tail of the pancreas suggesting pseudocyst formation. John Doe MD 02/15/17"

♦ **Correction:** When making a correction to the medical record, never write over, or otherwise obliterate the passage when an entry to a medical record is made in error. Draw a single line through the erroneous information, keeping the original entry legible. Sign or initial and date the deletion, stating the reason for correction above or in the margin. Document the correct information on the next line or space with the current date and time, making reference back to the original entry.

Example: Correction of electronic records should follow the same principles of tracking both the original entry and the correction with the current date, time, reason for the change and initials of person making the correction. When a hard copy is generated from an electronic record, both records must show the correction. Any corrected record submitted must make clear the specific change made, the date of the change, and the identity of the person making that entry.

Falsified Documentation—

Providers are reminded that deliberate falsification of medical records is a felony offense and is viewed seriously when encountered. Examples of falsifying records include:

- ♦ Creation of new records when records are requested
- ♦ Back-dating entries
- ♦ Post-dating entries
- ♦ Pre-dating entries
- ♦ Writing over, or
- ♦ Adding to existing documentation (except as described in late entries, addendums and corrections)

New ABN (Advance Beneficiary Notice) forms for 2017—

- ♦ Effective June 21, 2017, there is a new ABN form which will need to be utilized. Throw out all of your old forms.
- ♦ Some change in the instructions for filling out the forms.
- ♦ Major change is just the change of date on the bottom of the forms.
- ♦ Remember, that the form has to be filled out completely as per the instructions or it is not valid.
- ♦ Check the expiration date on the form. After June 21, the expiration date in the lower left corner should be 03/2020.
- ♦ Use ABNs for traditional Medicare Part A and Part B patients. Private payers and Medicare Advantage plans may have forms that are similar to the ABN but the ABN can only be used for Medicare patients.
- ♦ Give patients an ABN when Medicare normally covers the service they will receive but most likely will be denied for this specific patient. For example, if a patient is scheduled for an average risk screening colonoscopy and it has only been 8 years since the last exam.
- ♦ You can also use the ABN to inform the patient that the service is not covered by Medicare.
- ♦ Make sure to review the LCDs for any changes in diagnoses, frequency, or any other issues that may trigger the need for an ABN.
- ♦ You can fill in parts of the ABN in advance such as practice information in section A, the item or service covered by the ABN in section D and the estimated cost in section F.
- ♦ Write the patient-specific reason Medicare may not pay (this is not a "blanket waiver") in section E in simple layman's terms that the patient can understand.
- ♦ Make sure to enter your contact information for your billing office in section H if different from the practice information in section A.
- ♦ Never tell the patient which option to choose. You can discuss the options with the patient.

A pdf and Word version of the form complete with instructions are available in English and Spanish through the link below.

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Form-Instructions.pdf> \h Form-Instructions.pdf

QUESTIONS AND ANSWERS—

Question: I have a question for you. All our procedures need to be authorized by UHC. We were just authorizing the base code **45378** and **43235** and they were allowing our procedures when we billed **45380**, **45384**, and **45385** or **43239** and **43248**. We don't know what will need to be done until after the procedure is started!

Now they are denying all our claims. Going forward we are now authorizing all the codes and they are paying the claims. However, we have 3 months where they are denying the claims.

Is it legal to bill just the base code that has been approved so we can at least get paid for doing the procedure even though we did a biopsy or polyp removal?

Appreciate any help you can give me!!

Answer: Well, you were correct in obtaining preauthorization with the base codes but with this payer, you will probably have to preauthorize based upon what is listed on the permit. Often, the permit says, screening, possible polypectomy, possible biopsy and this would be correct when obtaining preauthorization.

There could be another "policy issue or revision". Are you required to contact the payer/preauthorization representative if there was a change in the procedure that was preauthorized within a certain time period (48-72 hours) following the procedure?

There are policies in place by some payers that state that if this is not reported, the claim will not be paid.

I would advise that you try to contact your provider representative to see if this was a "glitch" or change in policy and maybe they can help get these claims paid.

To submit a procedure code that wasn't what was done is considered a false claim.

.....

Question: One of our commercial payers has recently pulled over 100 records for review. This has caused our doctors to be very worried and they want us to audit and change the codes based on our reviews. First of all, can we (the billers) change those codes after the docs have chosen them? Second, is there anything we can do to prepare for the audit?

Answer: Well this one is all about your office policy. This varies for each practice. If your practice has written policy that the providers submit the codes and the coders review and change the codes to correct level based upon documentation, then it is acceptable. I would recommend that you also keep the providers aware of any changes that are being made since they are the ones whose name is on the claim. Not every practice will audit every visit note so if this is something you don't do now, then this most likely means that you will have to add additional staff.

As far as preparing for the audit, you just have to send everything that pertains to the date of service for each patient record.

.....

Question: When our providers are using time for billing, they have a box to check that states "more than 50% of time spent in counseling or coordination of care for patient/family". The issue is that when it processes into the visit, it reads "Most of this 40-minute visit was used for patient counseling". Can you please let me know if this is acceptable?

Answer: Even though this might be acceptable by most payers, there are some payers who do want a breakdown of actual minutes and not just a percentage. I recommend that time is broke down in minutes. Here's an example:

Discussion with patient and mom on celiac disease. They have an appointment with the dietitian at the hospital tomorrow. All questions were answered.

30 minutes was spent with this patient, of which 20 minutes was spent in discussion of disease.

Welcome New NASPGHAN Members

Ana Vanessa (Anava) Adams Wren, PhD

Samuel Bitton, MD

Rajasekhar Bodicharla, MD

Wei Cai, MD, PhD

Bharani Challa, MD

Daniel Eduardo D'Agostino, MD

Amanda Deacy, PhD

Francisco de Agostinho Júnior, MD

Reema Gulati, MD

Kristy Ingebo, MD

Salafuddin Mafmud, MD

Kamal Osman Hassan, MBBS

Sabina Sabharwal, MD

Catherine Sampert, DO, MS

Christos Tzivinikos, MD, DCH, MRCPCH, MSc

Kelly Whelan, PhD

Jessie J. Wong, PhD

Hye-Rang Yang, MD, PhD

2017 AASLD-NASLD Joint Pediatric Symposium

..... **Friday, October 20, 2017**

The joint AASLD/**NASPGHAN** Pediatric Symposium will be held Friday, October 20 from 12 pm to 3 pm at the Walter E. Washington Convention Center, Washington, D.C. The topic is Lung Liver Interaction, co-chaired by Drs. Nanda Kerkar and Val McClint.

The Liver Meeting 2017 is Friday, October 20 through Tuesday, October 24 at the Walter E. Washington Convention Center in Washington. Registration will open during the summer. More information is available on the [AASLD website](#).

NEWS from Our Foundation Partners

Abbott Nutrition

Abbott Nutrition is proud to support the following educational programs for pediatric GI fellows:

♦ 2018 First Year Pediatric GI Fellows Conference

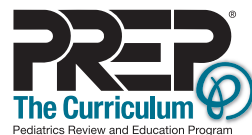
January 10–14, 2018
Orlando, Florida

♦ 2018 Second Year Pediatric GI Fellows Conference

March 8–11, 2018
Scottsdale, AZ

♦ PREP GI

Online Monthly Education Program from the American Academy of Pediatrics for ALL Pediatric GI fellows.



Mead Johnson Nutrition

Nutramigen® LGG® has been clinically proven to help infants overcome cow's milk allergy in as little as 6 months of feeding.

In an open, randomized, clinical study (n=55), infants diagnosed with cow's milk allergy (CMA) were evaluated to determine if they could consume cow's milk without allergic reaction while being fed Nutramigen LGG vs Nutramigen without LGG. 59% fed Nutramigen LGG could consume cow's milk after 6 months of feeding, and 81% after 12 months of feeding¹.

In a separate nonrandomized, open clinical study (n=260), infants with CMA were evaluated to compare how many were able to overcome CMA after 12 months of dietary management with Nutramigen LGG vs other CMA formula options. Infants were divided into 5 groups depending on the formula type they received during the study. Nutramigen LGG significantly outperformed other CMA formula options, helping 79% of infants overcome CMA within 12 months of feeding². Only 44% fed extensively hydrolyzed casein formula, 33% fed rice hydrolysate formula, 24% fed soy formula, and 18% fed amino acid formula had overcome CMA after 12 months of feeding².

*Formulas in the study included: extensively hydrolyzed casein: Nutramigen and Nutribén hydrolyzed[®]; rice hydrolysate: Risolac[®]; soy: Isomil[®], Sinelac[®], Nutrilon Soya[®]; amino acid: Neocate[®], Nutramigen AA[®], Sineall[®].

References: 1. Canani RB et al. *J Allergy Clin Immunol*. 2012;129:580–582. 2. Canani RB et al. *J Pediatr*. 2013;163:771–777.

Nestlé



Nestlé Nutrition Institute

Become a Nestlé Nutrition Institute (NNI) member for free access to the latest research in nutrition science. Take a look at our extensive publications library, exclusive videos from leading experts in the field such as, Enteral Nutrition in the Critically Ill Child: Challenges and Current Guidelines presented by Dr. Jorge A. Coss Bu, Associate Professor of Pediatrics-Critical Care at Baylor College of Medicine in Houston, Texas. Learn more about the changes within the intestinal barrier during critical illness and current guidelines regarding provision of enteral nutrition for the critically ill pediatric patient [here](#). To sign up, just enter your e-mail address [here](#).

► **Coming soon: MyTubefeeding™ TRACKER mobile app from Nestlé**—The first digital solution of its kind, the app makes it easier for caregivers of children who are tube fed to monitor their child's nutrition, tolerance, and overall growth and development. Collected data can be easily shared with the child's healthcare team. MyTubefeeding™ TRACKER helps caregivers easily track and monitor the following:

- ♦ Nutrition—Set target nutrition goals for daily nutrient intake, volume, calories and water, get daily reminders to start a feeding, and conveniently monitor the delivered nutrition.
- ♦ Tolerance—Identify and compile symptoms of feeding intolerance.
- ♦ Bowel Movements—Use visual cues to help monitor bowel movements.
- ♦ Growth & Development—Track growth milestones using visual guidelines.

Parents and caregivers can also get monthly reports on feedings and growth progress, plus send timely reports to their child's healthcare provider via email with PDFs generated by the app. All data collected through the MyTubefeeding™ TRACKER app is private and stored only on the user's device.

The mobile app complements (MyTubeFeedingKid.com), Nestlé Health Science's comprehensive online resource dedicated to children with a feeding tube and other unique nutrition needs. (MyTubeFeedingKid.com) can be conveniently accessed from the MyTubefeeding™ TRACKER app and features educational content to help with transitioning home, managing feeds, preparing homemade blenderized recipes and more.

News from Nestlé's Feeding Infants and Toddlers Study—



It is well understood that providing optimal nutrition during the first years of life is instrumental to support healthy growth and development. However, research characterizing the eating patterns of young children in the U.S. is limited. [Nestlé's Feeding Infants and Toddlers Study \(FITS\)](#) aims to better understand the food and nutrient intakes, feeding practices, and related health behaviors of children from birth to four years old. It is the largest dietary intake study focusing on young children, with three surveys spanning 15 years and dietary patterns classified for nearly 10,000 infants, toddlers and preschoolers in the U.S. Each study is a cross-sectional, observational design and the data is weighted to be nationally-representative.

Three recent publications from the FITS provide new learnings on what foods young children are eating, how these choices compare to recommendations, and when foods and beverages are consumed across the day.

► **Early development of dietary patterns**—The formation of dietary patterns plays an important role in the development of food preferences and habits. The aim was to describe when different foods enter the diet and how consumption changes over the period of complementary feeding. Twenty-four hour dietary recalls from children spanning 0–47.9 months were assessed using the FITS 2008 data, to determine per capita calorie contributions from major food groups. The period from 4–14 months was the most dynamic period of change. The contribution of milk to total calories declined as complementary foods entered the diet, with grains the most predominant source of calories from foods, followed by

fruits, vegetables and mixed dishes. After 24 months the diet stabilized, with intake patterns resembling adult diets. Milk, mixed dishes, grains (mostly in the form of refined grains, rather than whole grains), and sweets each contributed between 16-20% of total calories, where vegetables only contributed 4% and whole fruit about 6% of calories. These data indicate that dietary patterns are shaped very early in life in the U.S., and there is a window of opportunity during the introduction of complementary foods to promote healthy food choices, particularly more vegetables and fewer sweets.

For more on the study [click here](#).

Food consumption by 2–3 year olds is not consistent with dietary guidelines—As mentioned above, many of the food choices by young children mirror those of adults at a very early age. This study aimed to assess how well food consumption patterns of 2- and 3-year olds conform to the 2015 Dietary Guidelines for Americans. Using data from FITS 2008, dietary recalls from 1,323 children were used to estimate usual food intakes according to the National Cancer Institute's methodology. Several shortfalls were identified, including 99% not meeting the recommendations for oils, 94% for whole grains, 91% for vegetables, 48% for dairy, 32% for fruits, and 32% for lean proteins, along with virtually all children (>99%) over-consuming solid fats and added sugars. It is clear that parent and caregiver education is needed to improve the consumption habits of 2-3 year olds. However, previous FITS research indicated there are potential barriers to overcome, including a disconnect between [parents' perceptions](#) of the healthfulness of their child's diet and what they're actually eating, as well as [picky eating](#) often seen as a challenge. Therefore, practical and actionable guidance is needed to ensure parents are aware of appropriate food choices and that they are persistent about introducing new, healthy foods a number of times to increase the likelihood of acceptance.

For more on the study [click here](#).

Snacks contribute significant daily nutrition—Understanding meal and snack patterns offers important insights to help improve young children's overall diets. Twenty-four hour recalls from 2,891 6-47 month olds from FITS 2008 were used to categorize eating occasions by meals, snacks and infant milk feedings. Snacks were commonly consumed starting at 6 months by 37% of infants, and nearly 95% of children consumed at least one snack per day by 12 months. An afternoon snack was most common. For toddlers, snacks combined across the day provided 25% of total daily calories, as much as the calories from a meal. They also contributed a similar proportion of several vitamins and minerals, but over-indexed on the contribution of added sugar. Food choices tended to be sweets (such as cookies or candy), salty snacks, crackers, fruit, and cow's milk. Given the significant contribution that snacks make to total daily nutrition, there is an opportunity to help parents improve their child's snacking behaviors by focusing on foods they fall short on, such as vegetables, whole grains and low-fat dairy options.

For more on the study [click here](#).

The latest study – FITS 2016 – was recently completed and is under peer-review. We look forward to sharing additional research on the feeding habits of infants, toddlers and preschoolers with you soon.

New Hypoallergenic Infant Formula from Nutricia®

Neocate® Syneo® Infant—The first and only hypoallergenic infant formula to contain a unique synbiotic blend of prebiotics and probiotics, specifically designed to support food-allergic infants. Neocate Syneo Infant is specially formulated for the dietary management of infants with cow milk allergy, multiple food allergies, and related GI and allergic conditions. Clinically shown to address the gut dysbiosis seen in food-allergic infants, this innovative formula contains a probiotic originally found in the microbiota of a healthy infant and a prebiotic blend modeled after the oligosaccharides in human milk. Neocate Syneo Infant is backed by 3 clinical trials to be hypoallergenic, support growth, and to help balance the gut microbiota of food-allergic infants to be closer to that of healthy, breastfed infants.

For more on the formula [click here](#).

Growth in Healthy Infants & Hypoallergenicity Studies—

Purposes: [1] To assess the hypoallergenicity of Neocate with synbiotics in IgE-mediated cow milk allergy, [2] To evaluate growth outcomes and formula tolerance in healthy infants fed Neocate with synbiotics.

Methodology: [1] Thirty infants & children with IgE-mediated cow milk allergy used Neocate with synbiotics followed by a double-blind, placebo-controlled food challenge. [2] Healthy infants (0-15 days) were randomly assigned to receive a control amino acid-based formula or Neocate with synbiotics for 16 weeks. (n=115) **Results/Conclusion:** [1] This study demonstrated that Neocate with synbiotics is safe, well-tolerated and hypoallergenic according to American Academy of Pediatrics guidelines. [2] This study demonstrated that Neocate with synbiotics is safe, well tolerated and promotes normal growth when fed to healthy infants.

For more on the studies [click here](#).

Growth in Infants with Cow Milk Allergy Study—Purpose:

To evaluate growth outcomes and formula tolerance in infants with IgE- or non-IgE-mediated cow milk allergy fed Neocate with synbiotics.

Methodology: Infants with CMA were randomly assigned to receive Neocate with synbiotics or a control formula (Neocate® Infant DHA/ARA) for 16 weeks. (n=110) **Results/Conclusion:** This study demonstrated that Neocate with synbiotics is safe and promotes normal growth in infants with cow milk allergy.

For more on the study [click here](#).

Gut Microbiota Dysbiosis Study—Purpose:

To determine whether Neocate Syneo Infant will improve the developing gut microbiota in infant subjects with cow milk allergy relative to a standard amino acid-based formula and healthy, breastfed infants. **Methodology:** Infants with non-IgE-mediated cow milk allergy were randomized to receive a control amino acid-based formula or Neocate Syneo Infant for 8 weeks. A healthy breastfed reference group was also included. **Results/Conclusion:** This study demonstrated that Neocate Syneo Infant helps rebalance the gut microbiota of infants with cow milk allergy, bringing it closer to that seen in age-matched, healthy breastfed infants (see figures).

For more on the study [click here](#).

Shire

Clinical Trial Overview for Health Care Professionals 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

The study drug, BOS, was given Breakthrough Therapy Designation and Orphan Drug Designation by the U.S. Food and Drug Association.

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 OBS 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
 James Williams, MD
 Senior

NASPGHAN
FOUNDATION
 For Children's Digestive Health & Nutrition



The NASPGHAN Fellow's Committee is Excited to Announce the 2017 NASPGHAN FELLOW'S FEUD 2

The 2nd Annual Friendly International Board Preparation Contest of Wits, Grit, and Determination!

WHO: All NASPGHAN Fellows from Canada, Mexico, and the United States

WHAT: A friendly and fun competition to jumpstart your board preparation

WHEN: June 2017—September 2017

HOW: All fellows will be assigned to one of six Fellow's Feud Regions based on location of your training program. Each month for 4 months, a link to 10 board preparation questions will be emailed to you. Just click on the link on the

NASPGHAN website and complete the board preparation questions. That's all! Responses will be anonymous, and you will be given credit simply for completing the questions. The answers will be provided, but you WILL NOT be graded.

WHY: In addition to bragging rights, all fellows belonging to the Fellow's Feud Region with the highest question completion rate will be entered in a drawing to WIN the following:

- ◆ Free registration to the 2017 Annual NASPGHAN conference, held this year in Las Vegas, Nov 1-4, 2017
- ◆ Free registration to the NASPGHAN post-graduate course in Las Vegas

So roll the dice, try your luck, and encourage your co-fellows in your Fellow's Feud Region to complete the questions, and see if you have what it takes to be a champion of the 2017 NASPGHAN Fellow's Feud!

Special thanks to Jeannie Huang and the MOC committee for providing the question links for our feud

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](#)**

♦ Arkansas—

On behalf of the University of Arkansas Medical School (UAMS), its Department of Pediatrics, the Arkansas Children's Research Institute (ACRI) and Arkansas Children's Hospital (ACH), MillicanSolutions, a national leader in academic pediatric executive search, is pleased to inform you of the inception of an international search for transformational leadership candidates for the Chief of Pediatric Gastroenterology. With the planned support, we believe this role to be an incredible legacy opportunity for a senior practitioner and/or someone seeking their first or enhanced leadership endeavor.

The new Division Chief will be provided with an outstanding resource package to support a vision and programmatic plan that will culminate in a nationally respected Pediatric Gastroenterology enterprise. Recognized clinical and procedural services for parts of a five-state area and two children's hospitals, innovative fellowship and education programs, philanthropic partnerships, research collaborative with ACRI, and Arkansas Children's Nutrition Center (ACNC).

Key personal and professional highlights include, but are not limited to:

- ♦ Support is available for research infrastructure, including start-up funds and technical support available from the Department of Pediatrics and ACRI.
- ♦ ACRI has full research support services for pre/post grant services, contracts, clinical trials support through nutrition and nursing, etc.
- ♦ Aggressive programmatic development package provided by UAMS Pediatrics, ACRI and ACH to support Chief's academic and clinical development goals and objectives.
- ♦ Fiscal and administrative support necessary to initiate a fellowship program in Pediatric Gastroenterology.

- ♦ Outstanding APRNs, community GI physicians and collaborating physicians who are committed to service and collaboration.
- ♦ Continuing leadership development resources provided to new Chief for professional development or graduate education in scientific, business of medicine and/or leadership pursuits.

Transformational package to expand Division to include:

- ♦ Approval to recruit eight MD's to ACH and ACH Northwest
- ♦ Appropriate research package
- ♦ Foundation support to create an Endowed Chair or equivalent for Chief personally or to recruit physician scientist, as is appropriate
- ♦ Highly market competitive salary on national level with sign on bonus.
- ♦ Commitment to upgrading endoscopy suites and equipment
- ♦ Commitment to 2 dedicated, staffed rooms endoscopy rooms
- ♦ Commitment to new clinical space that will support growth of the Division
- ♦ Commitment to continue contracted physician support until good "quality of life" call levels can be managed by new full-time faculty
- ♦ Financial support to start a fellowship program
- ♦ Support for attending nationally recognized physician leadership courses
- ♦ Foundation and ACH support for raising committed funds to support addition of motility, EOE, and IBD programs for state

The above are merely a few of the attributes we feel set this leadership opportunity apart nationally. All candidates must be board-certified in Pediatric Gastroenterology and should qualify for UAMS appointment at the Associate Professor or Professor level.

Please contact Wesley Millican, President & Founder, MillicanSolutions, LLC, at 817-421-5800 or via email at wesley.millican@millicansolutions.com for more details. All inquiries and referrals are treated as and will remain highly confidential without your prior approval.

Department of Pediatrics: The Department of Pediatrics is the largest department of the University of Arkansas for Medical Sciences (UAMS) College of Medicine in Little Rock, Arkansas. The main offices of the Department are located on the campus of Arkansas

Children's Hospital, a long-time clinical and teaching affiliate of UAMS. The two institutions coordinate clinical service, educational programs and research initiatives among pediatric faculty and other university faculty. Pediatrics' faculty is also assigned to selected areas within University Hospital and physicians from the department provide clinical services on a regular basis to regional clinics around the state.

Pediatrics' staffing totals more than 1,100 employees, including more than 250 faculty members and 96 residents; as well as 950 professionals, paraprofessionals and support staff working in 26 sections in the department.

Arkansas Children's Hospital: Arkansas Children's Hospital (ACH) is among the largest children's hospitals in the United States and is the only tertiary care facility for children in the state of Arkansas. The ACH Campus spans 36 city blocks and is currently licensed for 359 beds. ACH has a staff of approximately 505 physicians and over 200 residents in pediatrics and pediatric specialties. Additionally, the hospital currently employs more than 4,400 employees. Our physicians are consistently recognized for their outstanding performance and achievement in taking care of our young, minor patients. The doctors at Arkansas Children's Hospital are consistently named among the Best Doctors and Top Doctor lists, both locally as well as nationally.

All of the University of Arkansas for Medical Sciences (UAMS) Department of Pediatrics faculty on the Arkansas Children's Hospital campus are practicing and licensed physicians. Most physicians are also teachers to UAMS residents in the field of medicine, nursing, pharmacy, and allied healthcare.

Arkansas Children's Research

Institute: The Arkansas Children's Research Institute provides outstanding support for clinical research. ACRI is a not-for-profit corporation owned by Arkansas Children's Hospital (ACH). Research is a major component of the missions of both UAMS and ACH. ACRI was created to provide a research environment on the ACH campus to meet the needs of the UAMS faculty. The ACH Board of Trustees established ACRI in 1989. By 1991, an agreement between ACH and UAMS was reached that combined the strengths of these two major Arkansas institutions to enhance the capability of ACRI. ACRI officially opened in May of 1992. It is located one block south of the main hospital building. ACRI's total research grant base in 1997 was \$7.5 million.

Today its researchers bring in over \$20 million yearly in grants and contracts from federal and private agencies and industry and from philanthropic donations and professional organizations.

Arkansas Children's Nutrition Center:

The Arkansas Children's Nutrition Center (ACNC) is a growing and vibrant research center focusing on improving child health and optimizing function throughout development. The faculty and scientific staff are dedicated to discovering the fundamental biology of childhood brain and metabolic processes, and the mechanisms by which diet and physical activity (both maternal and child) impact these networks. The ACNC is a national Human Nutrition Research Center established as a partnership between the Arkansas Children's Hospital (ACH) and the United States Department of Agriculture-Agricultural Research Service (USDA-ARS). Since its inception in 1994, the ACNC has become a premier research venue for the study of maternal-child health and early childhood development. Its location in Little Rock enables ACNC to benefit from a supportive community and to build strong collaborative ties with the Arkansas Children's Research Institute (ACRI) and the University of Arkansas for Medical Sciences (UAMS).

University of Arkansas for Medical Sciences:

The University of Arkansas for Medical Sciences (UAMS) in Little Rock is the only academic health sciences university in the state of Arkansas. We are the state's largest public employer with more than 10,000 employees in 73 of Arkansas' 75 counties. UAMS and its clinical affiliates, Arkansas Children's Hospital and the VA Medical Center, are an economic engine for the state with an annual economic impact of \$3.92 billion.

State of Arkansas: Located in the foothills of the Ozark Mountains, Little Rock combines Midwestern family values with the genteel civility and friendliness of the South. The area offers affordable housing, quality school options, a mild climate, excellent cultural and artistic venues, sports activities, world class hunting, fishing, biking trails and numerous other outdoor recreational opportunities plus extraordinary natural beauty. With the population in excess of 500,000, greater Little Rock offers the most desirable features of large cities without sacrificing ease of access and convenience.

For more information, visit our websites at www.arpediatrics.org, www.archildrens.org and www.uams.edu.

UAMS is an Affirmative Action and Equal Opportunity Employer of individuals with disabilities and protected veterans.

Job Requirements—All candidates must be board-certified in Pediatric Gastroenterology and should qualify for UAMS appointment at the Associate Professor or Professor level.

To apply for this job, contact:

Wesley Millican

Phone: 817.421.5800

Email: wesley.millican@millicansolutions.com

♦ California—

Valley Children's Healthcare is growing and seeking BC/BE Pediatric Gastroenterologists to join the team at one of the largest pediatric healthcare networks in the nation. We're adding Pediatric Gastroenterologists at our main campus as well as at our specialty centers in Modesto (just 90 miles from San Francisco) and Bakersfield (less than two hours from Los Angeles).

Situated in the center of one of California's most stunning geographic areas, Valley Children's Hospital treats more inpatient cases than any pediatric hospital north of San Diego, making it the second largest children's hospital in the state.

Led by Dr. Marvin Ament, one of the founders of pediatric gastroenterology in the United States, the practice provides the most comprehensive pediatric gastroenterology services in Central California. The expert team includes nurse practitioners, nurses, dietitians, child life specialists, social workers and psychologists who focus on treating the whole child in collaboration with the pediatric gastroenterologists and other pediatric specialists. This team approach enables Valley Children's to deliver the highest level of individualized care and treatment to diagnose – and solve – even the most difficult conditions. The practice sees about 14,000 outpatients a year at locations throughout California's beautiful and expansive Central Valley.

Valley Children's network spans one of the most scenic and geographically diverse areas of the United States. It's an outdoor lover's

paradise! You'll be in the enviable position of having not one, but three National Parks in your backyard: Yosemite, Kings Canyon and Sequoia. You're within one to three hours of the stunning Pacific coast, the Napa and Sonoma wine regions and the majestic Sierra Nevada Mountains, plus the San Francisco, San Jose and Los Angeles metropolitan areas. Lake Tahoe is about a four-hour drive away. Whether you prefer the snow, the sun or the sand, it's all within your reach. And with so much varied geography, you'll also find hiking and biking trails, kayaking, fishing, local wineries, farm stands and festivals, gourmet cuisine, and that's only the tip of the iceberg.

Additionally, you will find warm, welcoming affordable communities that provide a great place to live and work along with a strong financial compensation package, including relocation and signing bonus.

If you're passionate about making a difference and you're looking for a practice where you can put down roots and grow, please contact me at glenda@pediatricsearchpartners.com, or call me—even on evenings and weekends, at (877) 440-3832.

Job Requirements—Board Eligible/Board Certified Pediatric Gastroenterology

To apply for this job, contact:

Glenda Smith

Phone: 877.440.3832

Fax: 512.672.7038

Email: glenda@pediatricsearchpartners.com
<http://www.pediatricsearchpartners.com>

♦ Colorado—

The Digestive Health Institute of Children's Hospital Colorado (CHCO) and the Section of Pediatric Gastroenterology, Hepatology and Nutrition of the University of Colorado School of Medicine (SOM) are seeking a BC/BE pediatric gastroenterologist for a full time Assistant Professor faculty position based out of our main Hospital in Aurora, Colorado. The successful candidate will join a team of 6 other pediatric hepatologists for the clinical care of Hepatology and Liver Transplant patients, with some time also devoted to clinical care of patients with gastrointestinal disorders at Children's Hospital Colorado and its network of care facilities. Responsibilities will include outpatient clinical evaluation and management of patients with pediatric liver

diseases and liver transplantation, inpatient attending and consultations on our Liver Service, and performing the full range of gastrointestinal procedures. In addition, education and teaching of pediatric residents, pediatric gastroenterology and advanced/transplant hepatology fellows, students, and others and the performance of scholarly activity will be responsibilities. The successful candidate will have completed in good standing an RRC-approved Advanced/Transplant Hepatology 4th year of fellowship training (or its equivalent) and have an academic interest in pediatric hepatology; 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 also 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 Certified in Pediatrics, and Board Eligible or Certified in Pediatric Gastroenterology and for CAQ in Transplant Hepatology. 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 <https://www.childrenscolorado.org/doctors-and-departments/departments/digestive/>.

The Section is currently composed of 26 MD (including 6 hepatologists) and 6 PhD faculty members, 9 fellows in an NIH T32-funded training program, 6 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 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, pancreatic disease and advanced therapeutic endoscopy. The Section has over 18,000 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 nearly \$4 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 a 444-bed facility, adjacent to the SOM and the adult hospital, on the Anschutz Medical Campus east of Denver. 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 "Assistant Professor Position Hepatology") 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
Email: ronald.sokol@childrenscolorado.org
Phone 720.777.6669
Fax 720-777-7277

♦ Colorado—

The Digestive Health Institute of Children's Hospital Colorado (CHCO) and the Section of Pediatric Gastroenterology, Hepatology and Nutrition of the University of Colorado School of Medicine 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 10 Children's Hospitals in the United States (<http://www.childrenscolorado.org/departments/digestive>).

The Section is currently composed of 24 MD and 6 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 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 444 bed facility, adjacent to the SOM and the adult hospital, on the 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-Pancreas 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
Email: ronald.sokol@childrenscolorado.org
Phone: 720.777.6669
Fax: 720-777-7277

♦ Florida—

The Gastroenterology Division of the Nemours Children's Specialty Care—Pensacola is seeking to hire a new Chief of the Division, as well as a new staff Physician.

The ideal Division Chief candidate will have a proven track record of program development and staff mentorship and a strong background in quality and safety. Full-time Physician Assistant, RN, Social Worker and Dietitian support are on site. Research opportunities exist for interested applicants. Our physicians practice within our clinic and at our partner hospital, and have 100% pediatric practices.

Physician candidates must be board-certified or eligible in Pediatric Gastroenterology and be eligible for unrestricted Florida Medical License.

For confidential consideration, interested candidates should forward their formal CVs to:

Brian Richardson, Senior Physician Recruiter
The Nemours Foundation
brichard@nemours.org

With clinic locations in Pensacola and Destin, Florida, Nemours provides pediatric specialty care to children and families in northwest Florida and southern Alabama. We offer comprehensive, family-centered care in more than 30 pediatric specialties with several of our physicians regularly named among the "Best Doctors in America."

As one of the nation's leading pediatric health care systems, Nemours is committed to providing all children with their best chance to grow up healthy. We offer integrated, family-centered care to more than 300,000 children each year in our pediatric hospitals, specialty clinics and primary care practices in Delaware, Florida, Maryland, New Jersey and Pennsylvania. Nemours strives to ensure a healthier tomorrow for all children—even those who may never enter our doors—through our world-changing research, education and advocacy efforts. At Nemours, our Associates help us deliver on the promise we make to every family we have the privilege of serving: to treat their child as if they were our own.

As an equal opportunity employer, Nemours focuses on the best-qualified applicants for our openings.

For more information and to submit CV online, please visit:
<http://careers.nemours.org/jobs/131940/>

Apply Here
PI97458227

♦ Indiana—

St. Vincent Medical Group Center for Children is recruiting to add a provider to the growing service line. Need one BC/BE pediatric gastroenterologist to join two providers, one physician and one nurse practitioner, within our sub-specialty clinic.

St. Vincent Medical Group Subspecialty Clinic at the Center for Children has specialized treatment for gastroenterology. Our full-time pediatric gastroenterologist and nurse practitioner specializes in the treatment of children and adolescents with a wide range of gastrointestinal, liver and nutritional disorders.

The Sub-specialty Clinic at St. Vincent Medical Group Center for Children is the

only facility in the Tri-State that features expert pediatric sub-specialists from different major medical centers. We offer access to some of the best specialists in the country so patients and their families can receive critical medical services close to home.

The Center for Children diagnoses and treats feeding disorders with a collaborative approach. Our unique Pediatric Feeding Program offers a continuum of care to meet the needs of patients and families and can treat children with minor issues to complex feeding disorders. A collaborative approach by a team of specialists will determine the most appropriate treatment plan which may include regular team follow up, outpatient therapy or intensive day therapy.

Ronald McDonald house is available on site.

St. Vincent Medical Group is a physician-led, multi-specialty medical group. We serve the Southwestern region of St. Vincent Health (Indiana) and are members of Ascension Health. Our mission, vision and values is lived out in practices each day. SVMG Evansville offers a very competitive compensation package that includes: Sign-on bonus, Relocation allowance, CME, Comprehensive health benefits and Retirement savings plan (403b).

Contact:
Beth Speer, physician recruiter
Phone: 812.485.1470
Email: beth.speer@ascension.org

♦ Nationally Recognized Health System in Mid-Atlantic Metro Region

Pediatric Gastroenterology

- ♦ Opportunity to join 3 practicing Pediatric GI physicians in a growing practice
- ♦ Practice 100% Pediatric GI
- ♦ Children's Hospital on campus with full complement of Pediatric sub specialists
- ♦ Teaching opportunity available as part of the practice with one of the strongest Pediatric residency programs in the country
- ♦ 1:4 call
- ♦ Excellent starting salary plus RVU bonus and full benefit package

The state's largest city and economic hub features a beautiful harbor and distinct neighborhoods

- ♦ Family-friendly community with top-notch school systems
- ♦ Variety of museums including the Museum of Art and the Museum of Industry
- ♦ Home to professional football and baseball teams
- ♦ Vibrant social scene with dining and nightlife, lively downtown with world-class restaurants and excellent entertainment

Rob Rector
800.492.7771
Direct: 404-591-4218
Email: rrectorweb@phg.com
Fax: 404-591-4269
Cell / Text: 678-234-6192

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Job Requirements—Minimum Requirements:
MD or DO Medical Degree
Eligible to be state licensed in the United States
United States Residency and / or Fellowship training

♦ Minnesota—

The Division of Pediatric Gastroenterology, Hepatology & Nutrition at the University of Minnesota seeks a pediatric hepatologist for a full-time faculty position in the Department of Pediatrics. This position will have clinical responsibilities in pediatric hepatology and gastroenterology, develop and lead the pediatric hepatology program and the pediatric liver transplant program. The selected individual will actively participate in the teaching of medical students, residents and fellows at the University of Minnesota.

The rank of this position will be at the Assistant Professor on the clinical scholar or teaching track, depending on qualifications.

Essential qualifications: Board-certified or board eligible in Pediatric Gastroenterology and board-certified or board eligible in Pediatric Transplant Hepatology (CAQ). Competency in procedures commonly performed.

The University of Minnesota recognizes the values and importance of diversity and inclusion in enriching the employment experience of all its employees and in supporting the academic mission. The University is committed to attracting and retaining employees with varying identities and backgrounds.

The University of Minnesota provides equal access to and opportunity in its programs, facilities, and employment without regard to

race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. To learn more about diversity at the U: <http://diversity.umn.edu>

Minneapolis-St Paul is a beautiful and cosmopolitan city. Public schools are excellent, the arts abound, and, thanks to global warming the winters are much less harsh than in years past.

If interested, please contact Dr. Sarah Jane Schwarzenberg, schwa005@umn.edu.

♦ Montana—

Physician-Led Medicine in Montana.

Seeking a BE/BC Pediatric Gastroenterologist to join our large collegial group of pediatricians and pediatric specialty medicine physicians in clinical care. Work in this beautiful, new, state-of-the-art Pediatric unit with a warm, child and family friendly environment within the region's largest tertiary referral center.

- ♦ Established Pediatric Subspecialty Clinic representing 8 specialties
- ♦ 9-bed Pediatric Inpatient Unit with Pediatric Hospitalists
- ♦ Level III 18-bed NICU with 3 Neonatologists
- ♦ Integrated organization—single EHR
- ♦ Magnet® – nursing's highest honor
- ♦ "America's Best Town of 2016"—Outside Magazine

Billings Clinic is nationally recognized for clinical excellence and is a proud member of the Mayo Clinic Care Network. Located in Billings, Montana—this friendly college community is a great place to raise a family near the majestic Rocky Mountains. Exciting outdoor recreation close to home. 300 days of sunshine!

To apply for this job, contact:
Rochelle Woods
Phone: 888.554.5922
Fax: 303.499.3627
Email: rdwoods@mountainmedgroup.com
<http://www.billingsclinic.com>

♦ Oregon—

The Department of Pediatrics at Oregon Health & Science University (OHSU) School of Medicine invites applications and

nominations for the position of Head of the Division of Pediatric Gastroenterology.

The position is for a full-time Pediatric Gastroenterologist who is currently at Associate Professor or Professor Level. The ideal candidate will have established leadership experience and a strong desire to promote the advancement of the Division in the areas of clinical care, scholarship and education. The Head of the Division of Pediatric Gastroenterology is the chief academic and administrative officer of the Division. There are substantial opportunities awaiting the new Division Head.

At the Direction of the Chairman of the Department of Pediatrics, the Division Head will create a unifying vision that moves the Division forward in all mission areas. The Division of Pediatric Gastroenterology boasts a strong clinical program comprised of a team of physicians, practitioners and staff who work collaboratively to deliver clinical excellence.

In addition to joining an active clinical program, the ideal candidate will bring emphasis to scholarship and a desire to promote the advancement of the Division in the area of clinical research.

Required Qualifications

- ♦ Graduate of accredited medical school
- ♦ MD licensure, eligible for Oregon and Washington medical licensure
- ♦ Board certification or eligibility for board certification in Pediatric Gastroenterology
- ♦ Completion of accredited Pediatric Residency and a Pediatric Gastroenterology fellowship
- ♦ Demonstrated competence in clinical care, research and education

About OHSU and Doernbecher Children's Hospital—The Department of Pediatrics is housed in the Doernbecher Children's Hospital, one of America's leading children's hospitals. Doernbecher Children's Hospital is a 151-bed modern state-of-the art facility on the OHSU campus and serves as the tertiary and quaternary referral center for all of Oregon and Southwest Washington. Recognized as one of America's leading children's hospitals, and ranked in 7 specialties by US News & World Report in 2016-2017, Doernbecher excels in pediatric care, training, research, and community outreach.

Located in the beautiful Pacific Northwest, Portland, Oregon, has often been called a big city with a small town feel. Its mild weather,

brehtaking scenery, exciting location, and friendly people have all contributed to its appearance on numerous "Best Of" lists, including Online Insider's "Top 10 Least Expensive Cities", Money Magazine's "Top 10 Places to Vacation" and "Top 10 Best Places to Live," and American Style Magazine's "Top 25 Arts Destinations."

OHSU is an affirmative action/equal opportunity employer.

Interested candidates should send a CV and cover letter to the chair of the search committee:

Dr. Mike Powers, MD, Division Head
Pediatric Pulmonology
Email: powersm@ohsu.edu.
Job Requirements

♦ Pennsylvania–

Philadelphia is the largest city in Pennsylvania. It is the home to many social and cultural amenities from the fine arts and museums to professional sports teams. Safe, close knit neighborhoods are ideal for raising a family.

The area is home to many private and public schools that are nationally ranked and the area's many universities and colleges make Philadelphia a top international study destination, as the city has evolved into an educational and economic hub.

St. Christopher's Hospital for Children in Philadelphia, PA is currently accepting applications for a Board Eligible/Board Certified Pediatric Gastroenterologist to join their collegial team of 5 physicians, 2 NPs, 4 nurses, 2 RDs, social worker, and support staff. This is an outstanding opportunity for a clinician-educator to provide patient centered care and work in a vibrant and collegial environment with supportive colleagues. Responsibilities include outpatient and inpatient duties, as well as participation in specialized program development. Education of medical student and residents is expected. A pediatric GI fellowship is also planned. Academic appointment will be at Drexel University College of Medicine. Competitive salary and comprehensive benefit package is included.

Current programs include IBD (approved for Improve Care Now), Intestinal Rehabilitation and Nutrition, Neurogastroenterology (Motility

Lab with high resolution manometry, ph-impedance, and Bravo), and Endoscopy (dedicated Endoscopy Suite with high definition endoscopes).

St. Christopher's Hospital for Children has a rich history and has recently undergone a \$100 million expansion including a new critical care tower as well as Center for the Urban Child. The 189-bed hospital delivers high quality family- and patient-centered care to children from throughout the Philadelphia area and around the world. Through affiliations with Drexel University College of Medicine and Temple University School of Medicine, St. Chris is a full service teaching hospital helping to train the next generation of professionals in pediatric medicine and surgery. In 2009, St. Chris achieved Magnet status, which is one of the nation's highest forms of recognition for nursing excellence, and numerous St. Chris physicians are recognized in regional publications as being "Top Docs" in their fields.

For immediate consideration, please forward your CV, in confidence, to the Director of Physician Recruitment, John Pinto at john.pinto@tenethealth.com
Phone: 203.260.1237