



President's Report

President, NASPGHAN: Carlo Di Lorenzo, MD

The 2014 **NASPGHAN** meeting was highly successful. The most important job of the **NASPGHAN** President-Elect is to organize and oversee the Annual Meeting, and it is a great satisfaction (and a bit of a relief) to have heard mostly positive comments about it. Obviously, the National Office, the Planning Committee, the Professional Education Committee, and many of the other **NASPGHAN** committees play an important role in the success of the annual conference, but the final decision about several aspects of the meeting goes to the President-Elect. Now, I gladly pass the baton to Jim Heubi, who I know has already started to plan the next meeting to be held in Washington D.C., October 7–10, 2015. As far as I am concerned, while still riding the high of the meeting in Atlanta (did I say that I believe the meeting went really well?), I have started to immerse myself in my new role of President. I am very well aware that I have very big shoes to fill!

Athos' tenure as President was characterized by an unprecedented flurry of activities and accomplishments. Under his leadership, advocacy achieved great successes, MOC Part 4 was enriched with more reasonably-priced training opportunities, more guidelines and clinical reports were produced, the **NASPGHAN** and GIKids websites were vastly improved, collaborations with GI RNs and RDs were strengthened, and many, many other objectives were reached.

My first goal is to provide continuity to several of the initiatives that were spearheaded by the **NASPGHAN** leadership and the Foundation in the past few years. The strategic planning session held in Philadelphia in September outlined several priorities of great interest to clinicians, scientists, and educators, but there was also the sentiment that the organization was on the right course and no major overhaul was needed. I strongly believe that in order to be even more successful, it would be great if **NASPGHAN** was able to involve a larger portion of its membership in its activities. There are currently more than 2,000 society members and 1,400 attend the Annual Meeting, but fewer than 400 are those who vote at election time, complete surveys, or volunteer to join a committee. It would be wonderful if we could have at least 50% of the membership actively engaged in making **NASPGHAN** even more successful.

Anybody who wishes to contribute, please let me know and I pledge to do my best to find a role for you. It is also critical that the leadership positions be reached by a more diverse member phenotype. Currently, the council is made up mostly by academicians. There are many more needs and talents among our members that are not represented by the current composition of most leadership positions. Please, help me recognize and reward also those who are not middle-aged clinical professors from Ohio.

It has also become clear that the number of activities and goals of our society are such that cannot be achieved by working in isolation. We need to be able to collaborate more closely with AAP, AGA, ESPGHAN, LASPGHAN, AASLD, PAS and CCFA, just to name few other societies with a focus on children or gastroenterology. Issues like health care reforms, more appropriate reimbursements, coverage for medications or medical foods, more funding for research, maintenance of certification and so on, are more likely to be affected by a concerted effort in collaboration with other medical organizations that share our same goals.

Finally, **NASPGHAN** should try to become even more international. Our colleagues in Latin America, Asia and Africa often reach to us for help and seek collaboration. They may not have the same resources that we have, but they undoubtedly have a wealth of experience, enthusiasm and commitment that we should be willing to support, sharing resources and even funding whenever possible. The 2016 World Congress in Montreal will provide a unique opportunity for us to embrace and network with such colleagues.

Carlo Di Lorenzo, MD

*Division Chief, Pediatric Gastroenterology, Nationwide Children's Hospital
President, NASPGHAN*

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President-Elect Report

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

As President-elect of **NASPGHAN**, I am both excited and slightly overwhelmed by the breadth and commitment of our membership to the programs and initiatives supported by our organization. As I look under the “hood” of **NASPGHAN** further, I am awed by what we are able to accomplish on a modest budget each year thanks to strong commitment by our members who work extremely hard on our committees. I would like to give a “shout out” to all the chairs of the committees and to our hardworking national office staff in Flourtown including Margaret Stallings, Kim Rose, Ben Zaitz, Donna Murphy, and Ellen Wood who hopefully will be moving to a new larger, more modern location in the near future. In my previous roles with **NASPGHAN**, including Membership, Chair of the Training Committee, Council member and most recently Chair of the Finance Committee and Secretary-Treasurer, I feel that I know the organization pretty well; however, there is still much for me to learn during my two years as President-elect prior to assuming the leadership role as President in 2016-8. I will be learning about the plans, metrics and outcomes of all the committees with my first “real” job being the planning for the Annual Meeting in October 2015 in Washington, D.C.

I will be very dependent upon the Council members as well as Carlo Di Lorenzo and Athos Bousvaros to provide guidance as your representative of **NASPGHAN** and to serve our membership as effectively as possible.

Please reach out to me (james.heubi@cchmc.org) if you have suggestions related to the Annual Meeting, particularly since our planning meeting will be January 25-26, 2015, and if you have any comments/concerns about the direction of **NASPGHAN**.

Wishing all of you Happy Holidays and a Happy and healthy New Year.

Sincerely,



James E. Heubi, MD

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

NASPGHAN Council for Pediatric Nutrition Professionals (CPNP) Encourage your Nutrition Professionals to Join NASPGHAN!

The purpose of this Council is to advance the knowledge of nutrition professionals in normal and abnormal nutrition in children; to promote the professional development and recognition of nutrition professionals as experts in their respective pediatric specialties; to promote excellence in the nutrition care of children, and to foster collaboration amongst pediatric nutrition professionals in order to develop and standardize best practice.

Full membership is extended to any professional with a focused interest and active involvement in pediatric nutrition in North America: Registered Dietitians; and Dietetic Technicians, Registered.



Qualifications:

- ◆ Registered Dietitians who perform supervisory, teaching, clinic, acute care, research, technical or administrative duties in the field of pediatric nutrition will be eligible for full membership.
- ◆ Dietetic Technicians, Registered who perform teaching, clinic, acute care, research or technical duties in the field of pediatric nutrition also will be eligible for full membership.
- ◆ All applicants must be employed either full or part-time and be a resident or citizen of a country in North America.

Associate membership is extended to dietetic students, Nurses, Advanced Practice Practitioners, Physicians, Fellows, Commercial Company Representatives, International Applicants, Physician’s Assistants, or any person engaged or enrolled in activities relevant to the practice of pediatric nutrition, or who works in the field of pediatric nutrition who does not meet criteria for full membership. Associate members have all the privileges of full membership with the exception of voting.

Click the link below to access an application.

(<http://www.naspghan.org/files/CPNP%20Membership%20Form%202012-9-14.pdf>)

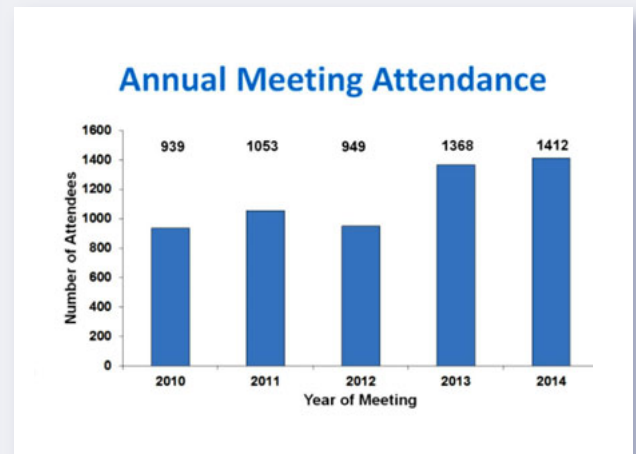
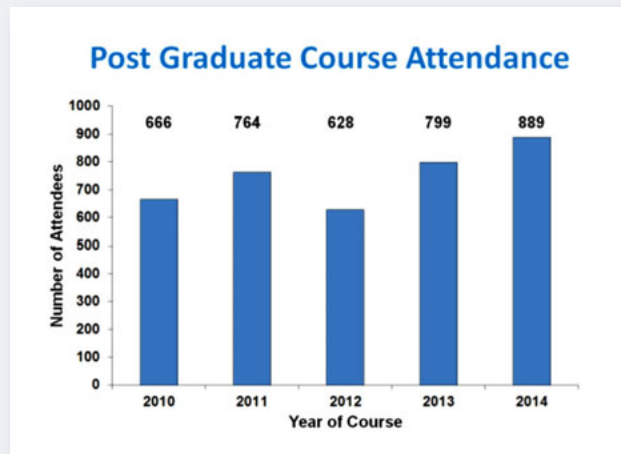
Secretary–Treasurer’s Report

I am honored to have been selected by the membership to serve **NASPGHAN** over the next three years as your Secretary Treasurer. To start with, I would like to thank James Heubi (immediate past Secretary–Treasurer) and Margaret Stallings (our dedicated executive director) for their careful oversight of our society finances such that we will be finishing the year with an approximate net neutral status for our annual budget.

As a brief highlight, the major sources of revenue for our society are the following:

- ▶ Annual Meeting (Postgraduate Course, Annual Meeting and sponsors)
- ▶ Annual Dues
- ▶ Income from our journal, JPGN
- ▶ Philanthropy

I am very happy to note that the Annual Meeting in 2014 was the best attended meeting in our history. Attendance at both the Postgraduate Course and Annual Meeting over the last five years is shown in the graphs below:



As I look forward to the next three years, I am optimistic, but I still remain anxious about the financial future for **NASPGHAN**. Our potential challenges will be:

- ▶ Successful renegotiation of our contract with potential publishers for our Journal
- ▶ Reduction in advertising income from print journals that may affect our contract
- ▶ An uncertain future for investment performance in the next couple of years
- ▶ Pressure on funding from industry
- ▶ Increasing pressures and options for our members for their education expenses

My first step in this new position will be to partner with the Finance Committee and the Council to take a fresh look at our investment principles to be sure that we are well positioned to weather any turbulence in the near future and yet still allow **NASPGHAN** to have the funds to meet the ambitious goals of our five-year strategic plan.

Michael Narkewicz, MD
Secretary-Treasurer, **NASPGHAN**

The NASPGHAN Strategic Plan — Moving Forward

..... *Athos Bousvaros MD, MPH*

Dear Colleagues:

After a very busy two years as **NASPGHAN** President, leading up to the October meeting, I'm taking a few deep breaths, and enjoying a little more spare time. This is only a temporary lull, though, as I've been promoted to Associate Chief of GI at Boston Children's starting early next year. In the meantime, I'm trying to help out Carlo the best I can with **NASPGHAN** business.

For those of you who weren't at our meeting this year, we presented the **NASPGHAN** strategic plan. This was the culmination of several months of work, and the final document came out of a meeting **NASPGHAN** leadership had in Philadelphia this September. The meeting included **NASPGHAN** members with different career interests, including practitioners, academic clinicians, and researchers. You can read the strategic plan in full here: (<http://www.naspghan.org/content/14/en/NASPGHAN-Strategic-Plan>)

In summary, we identified four priorities:

- ▶ **ASSISTING MEMBERS IN OBTAINING AND MAINTAINING BOARD CERTIFICATION**—Many of our members are worried about the increasingly rigorous requirements the American Board of Pediatrics has imposed to obtain and maintain certification. Specifically, many of our colleagues are concerned about the closed book test, as well as the MOC Part 4 requirements. **NASPGHAN** will continue to develop and maintain materials to help its members with both of these requirements. Our board review book is being revised, we will develop a board review course, and the **NASPGHAN** Part 4 MOC support will continue. For those who want Part 4 credit in 2015, we offer it for a nominal fee (much less than the thousands of dollars some part 4 MOC providers charge). **However, you need to start early in the year to successfully complete Part 4 requirements.** More here: (<http://www.naspghan.org/content/58/en/Maintenance-of-Certification>)
- ▶ **ENSURE OUR PATIENTS HAVE ACCESS TO NEEDED THERAPIES**—Many of our patients require treatments that are “off label”. “Off label” means that the Food and Drug Administration has not formally approved the medication for that particular condition, or that particular age group. This includes patients with rare diseases (e.g. tacrolimus in autoimmune enteropathy), or common diseases (e.g. enteral nutrition or azathioprine in pediatric Crohn disease). “Off label” does not necessarily mean experimental, however. In fact, many of the medications we use “off label” have a fairly strong evidence base. We want to work closely with our colleagues at the FDA to educate our members about the regulatory process, so that more pediatric drug trials can be conducted that will lead to pediatric labels. In the meantime, if children need access to treatments that are “off label”, we want to make sure physicians have the tools so they can educate payors about the medical necessity of these interventions.
- ▶ **PROVIDE ADDITIONAL SUPPORT FOR OUR COMMUNITY OF PHYSICIANS IN CLINICAL PRACTICE**—The “business of medicine” and the challenges of running a practice are increasing. Coding is much more complex, and ICD-10 is just around the corner. Documentation in the electronic medical record is cumbersome and labor intensive. Contract negotiations are challenging, and payors are looking to reduce payment while increasing physician workload. Physicians being trained in academic fellowships who go into practice are often unprepared for these realities. Carlo and I have made it a point to make sure our practitioner community are more actively involved in **NASPGHAN** and that we address their needs. We want to expand our sessions at the **NASPGHAN** Annual Meeting by providing additional information on contracting, reimbursement, and practice management, increase knowledge of clinical practice issues among our trainees, and advocate for access to pediatric GI care by opposing CMS cutbacks.
- ▶ **SUPPORT CAREER DEVELOPMENT IN RESEARCH IN AN ERA OF REDUCED FUNDING**—Physicians who want to pursue research careers are also facing many challenges, including the lack of training and a shortage of research funding. We hope to support such investigators by raising additional support for research grants through our Foundation, and by providing additional mentoring opportunities through **NASPGHAN**.

As I discovered while I was President, the needs of **NASPGHAN's** members are ever-changing. Our organization needs to stay flexible, active, and responsive to the needs of its members. If anyone has any suggestions for improvement or comments, feel free to email me at (sathos.bousvaros@childrens.harvard.edu) or call me at 617.355.2962.

Council of Pediatric Subspecialties (CoPS): A Report

..... *B Li, MD*

First, I apologize for the thick alphabet soup in this report. Second, **NASPGHAN** has been a member of CoPS since its inception in 2006. Mel Heyman, as the AAP SOGHN designee, and I, as the **NASPGHAN** designee, serve as your current GI representatives. In fact, Mel is the current Vice-Chair, in line to serve as Chair. GI leads again.

What is CoPS?

CoPS is an organization that represents all pediatric subspecialties and provides collaboration as well as a representative voice for them. The structure includes representatives of all 20 subspecialties except Genetics (including academic generalists, psychiatry, dermatology, and neurology) and liaison organizations (AAP, ACGME, APA, SPR, APS) of which three provided initial funding [AMSPDC (pediatric chairs), APPD (pediatric program directors) and the ABP]. The executive committee consists of an elected Chair, Vice-Chair, Past-Chair, Secretary-Treasurer plus two additional members. Current funding is derived from annual dues paid by the sponsoring societies and organizations. Different from GI, five subspecialties were challenged to select representatives by having their membership divided between five distinct organizations. CoPS meets twice a year at PAS spring meeting and in Chicago in October.

What has CoPS done?

Our initial goal was to improve the fellow application process. Following a survey of training directors and fellows, CoPs recommended using ERAS (electronic application), joining the NRMP match, and moving towards fewer match dates. This initiative has been successful. Over the first 7 years, the number of programs using ERAS and NRMP have increased from 20% to 90% and 30% to 90% respectively.

In an effort to increase resident interest in pediatric subspecialty careers, the CoPS website profiles each as to what each subspecialist does, available career opportunities, lifestyle, and application process and receives more than 6,000 hits/month.

CoPS has represented pediatric subspecialty interests in key settings. At the ACGME hearing on the proposed restrictions on duty hours, CoPS raised concerns re: the negative impact on fellow training (J Ped 209;154:631). On the ABP Subspecialty Clinical Training and Certification Task Force, CoPS argued for flexibility to individualize and allocate time between scholarly and clinical training. To the ACGME and ABP, CoPS members have raised concerns about the lack of beta testing of the Milestones prior to implementation, and the high costs of board certification and recertification, respectively. These have had been more forcefully expressed as pediatric subspecialty wide concerns.

Current issues include fellowship preparedness (during residency), feasibility of a uniform match date, and a common later fellowship start date after July 1st. CoPS has also advocated for the Pediatric Subspecialty Loan Repayment Act and funding Children's Hospital GME.

FDA Continues Public Meetings to Address Endpoint Issues in Pediatric and Adult GI

..... *Andrew Mulberg, MD, FAAP, CPI*

The Food and Drug Administration's (FDA) Center for Drug Evaluation and Research will continue its development of public meetings in 2015 to address critical endpoint issues in pediatric and adult gastroenterology clinical trials and involve all stakeholders in these discussions.

There is the prospective planning for the third "Gastroenterology Regulatory Endpoints and the Advancement of Therapeutics (GREAT III)" meeting to be held March 2015 with exact dates to be announced. This two-day workshop will be conducted in co-sponsorship with **NASPGHAN**, the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA), the Crohn's and Colitis Foundation of America, Inc. (CCFA), National Institute of Health (NIH), Celiac Disease Foundation and the Pediatric IBD Foundation. The purpose of this workshop is to provide a forum for academia, industry, and FDA to discuss the issues related to endpoints that can support drug development in pediatric and adult inflammatory bowel diseases and celiac disease, which is a new topic for this GREAT 3 meeting. Collaboration among stakeholders is essential to move forward in developing the best therapies for our patients with IBD and celiac disease amidst the flurry of drug development in these areas. Further details will be forthcoming.

NASPGHAN Foundation News

..... NASPGHAN Foundation On Demand CME Webinars

The NASPGHAN Foundation has produced a regular series of webinars for our members, each available on demand. Here are the current CME and CEU offerings:

NAVIGATING THE SPECTRUM OF GLUTEN-RELATED DISORDERS—

Go to the webinar here (<https://ce.todaysdietitian.com/node/28560>). Clinicians and dietitians need help with the diagnosis and day-to-day management of gluten related disorders. This webinar will review three typical cases with a variety of persistent and recurrent symptom presentations, diagnoses, treatments and responses. Attendees will receive practical guidance in the identification and subsequent treatment of gluten related disorders.

Recorded Webinar

Navigating The Spectrum of Gluten Related Disorders:
Examining 3 Cases: Celiac Disease,
Gluten Sensitivity, Wheat Allergy



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Complimentary 1-Credit Continuing Education Webinar

Gluten-Related Disorders People Shall Not Live On Bread Alone

Complimentary 1-Credit
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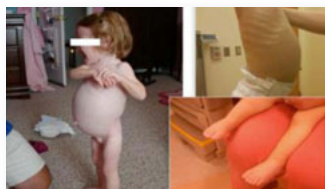
GLUTEN RELATED DISORDERS: PEOPLE SHALL NOT LIVE ON BREAD ALONE—

Go to the webinar here (<https://ce.todaysdietitian.com/node/24297>). With a prevalence of around 1% and growing, celiac disease is the most common genetically induced food intolerance worldwide. This autoimmune condition causes damage to the mucosa of the small intestine, which results in a variety of clinical presentations. As many dietitians have seen in their clients, celiac disease can lead to complications and increased mortality when left untreated.

MASQUERADERS OF IBS—Go to the webinar here (http://www.limelightdc.com/clientarea/naspghan_masqueraders_webinar_11_13/). Irritable Bowel Syndrome (IBS) is a common condition in the United States. Increasingly, clinicians need to compare and contrast presenting symptoms and best options for a diagnostic work up. This webinar provides a practical and up-to-date clinical approach for the diagnosis of IBS, with a focus on recognizing masqueraders that enter into the differential diagnoses.



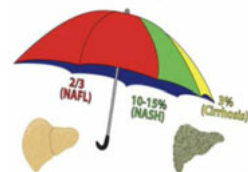
GLUTEN RELATED DISORDERS: FACTS AND FALLACIES—Go to the webinar here (http://limelightdc.com/clientarea/naspghan_gluten_webinar_06_13/). This webinar will help learners implement optimal strategies into their clinical practice related to the symptoms and differentiation between the three forms of gluten related disorders, diagnosis, and how the gluten free diet may differ among the three forms of gluten related disorders.



CONTROVERSIES OF FATTY LIVER DISEASE: DIAGNOSIS & TREATMENT IN PEDIATRIC PATIENTS—

Go to the webinar here (http://limelightdc.com/clientarea/naspghan_fatty_liver_webinar_04_13/). Nonalcoholic steatohepatitis or NASH patients can progress to cirrhosis as older adults and sometimes even in adolescence. Liver biopsy is the current gold standard for accurate diagnosis and evaluation of fibrosis progression in patients with NAFLD/NASH. However, the invasive nature and inherent risk of percutaneous liver biopsy have resulted in a dilemma for the practicing physician. Treatment options for NASH outside of lifestyle modifications and weight loss again are limited, though Vitamin E has recently been highlighted as a potential therapeutic option.

This webinar will provide an update on screening, diagnosis and effective treatment options for pediatric NAFLD to help learners implement optimal strategies into their clinical practice.



DETECTION OF SMALL BOWEL MUCOSAL DISEASE IN CHILDREN USING CAPSULE ENDOSCOPY—

Go to the webinar here (http://www.limelightdc.com/clientarea/cdhf_endoscopy_04_12/). This webinar educates attendees on the basic utility of capsule endoscopy (CE). The activity features a conversation with thought leaders about the use of CE in pediatric patients with inflammatory bowel disease (IBD), polyposis syndromes, and obscure gastrointestinal (GI) bleeding.



Ex·cep·tion·al

/ik'sepSHənəl/

I ADJECTIVE I

1. UNUSUAL; NOT TYPICAL.
2. UNUSUALLY GOOD; OUTSTANDING

New Foundation Fund Honoring Drs. Richard Grand, John Watkins

The Legacy Program was started several years ago with the goal of honoring exceptional **NASPGHAN** members and acknowledging their contribution to our field and our Society. The first campaign honoring William F. Balistreri was a tremendous success. Now, the **NASPGHAN** Foundation is proud to announce the launch of the next chapter in the Legacy Program.

Richard J. Grand and John B. Watkins

Research Prize for Excellence in

Pediatric Gastroenterology, Hepatology & Nutrition

Drs. Grand and Watkins were among a small group of physicians that helped define the field of pediatric gastroenterology. Dr. Grand is probably best known for his pivotal contributions to the field of pediatric inflammatory bowel diseases, but he

was also incredibly active in such diverse areas as studying the developmental biology of the GI tract, defining the molecular regulation of disaccharidase production, and numerous aspects of pediatric nutrition. Like Dr. Grand, Dr. Watkins was a pioneer in broad areas of pediatric GI/hepatology and nutrition; from understanding lipid digestion and absorption, examining the pathogenesis of neonatal cholestasis, to defining and optimizing the nutritional needs of premature infants.

Drs. Grand and Watkins worked together to build one of the earliest "full service" GI Divisions in the country. They have been extensively involved in the formative days of **NASPGHAN**, are both past Presidents of the Society, and both are recipients of the Shwachman Award. It is in the spirit of the work they did together, that this Legacy Award will bear both their names.

So this year, we ask your support for this very special initiative. This award will recognize outstanding achievement in our field to be bestowed at the annual **NASPGHAN** meeting. We ask your help in commemorating Richard's and John's devotion to our society by completing the enclosed donation card or make your donation on the secure Foundation web site at (<http://www.naspghan.org/donate>).

Thank you for your support of **NASPGHAN** and the **NASPGHAN** Foundation and we wish you and yours a happy, healthy and prosperous 2015.

NASPGHAN 2015 Membership Fees Can Now be Paid Online

You can now view and pay your 2015 membership fees online. To view your account, please go to the Member Center on the **NASPGHAN** website and log in with your login and password. Click on My Account, located in the right hand side bar. Once on your Account Page you will see the Check Dues Renewal button on the left. Click on that and you will be able to view and to pay your 2015 membership fees. If you pay online, you will receive an automatically generated receipt and confirmation. Please remember that the **NASPGHAN** membership year begins January 1, 2015 and runs through December 31, 2015. Also, please remember that you will not receive JPGN after January, 2015, if you have not paid your 2015 **NASPGHAN** membership fees.

While you are in My Account, consider taking some time to review your information and make sure that **NASPGHAN** has correct information for you. The **NASPGHAN** National Office soon will be preparing the annual update for the Membership Directory. We would appreciate it if all changes could be made by the end of 2014. While you are in My Account also take some time to check out the revised Member Center on the **NASPGHAN** website. Its more user friendly features allow you to easily manage your account online, including setting what work details colleagues and the public see about you. You can also upload pictures of yourself and edit your personal information. In addition, check out the demographic sections that **NASPGHAN** hopes you will use. As more members fill out the demographic information, **NASPGHAN** will be able to gather reports and information that we hope will be useful to all members.

If you have any trouble logging onto the **NASPGHAN** website or have any questions, please contact Donna Murphy, at (dmurphy@naspghan.org) or 215-233-0808.

Committee Reports

PROFESSIONAL EDUCATION COMMITTEE

Chair: Melanie Greifer, MD

Vice Chair: Jennifer Strople, MD

The prime activity of the Professional Education Committee, the annual Postgraduate Course, was held in Atlanta this October, in conjunction with the **NASPGHAN** Annual Meeting. We had record attendance this year with more than 900 people registered. Membership feedback and comments have been quite positive regarding the outstanding speakers and talks. Professional Education Committee members functioned as moderators and we thank them for their help in making this course a success. Margaret Stallings, Ben Zaitz, and the **NASPGHAN** national office did another phenomenal job at overseeing the logistics of the course and we owe them our gratitude.

Our Committee is already hard at work preparing for the 2015 course! Please note that we take your evaluations very seriously and we appreciate the feedback. Our goal is to generate the best possible course for all. The Professional Education Committee solicits your input on topics and speakers for the Postgraduate Course; we strive to represent the entire membership and supporters of **NASPGHAN** and to meet all educational needs. Please email your suggestions and thoughts to (mjgreifer@yahoo.com).

The Professional Education Committee continues to be involved with symposia development at other national meetings. **NASPGHAN's** presence at PAS continues to increase with our liaison, Dr. Jyoti Ramakrishna along with Dr. Anu Chawla as the outgoing representative. Judith Kelsen, MD is working to create an exciting program for the upcoming DDW 2015 and will help to transition Dr. Kelly Thomsen as our new liaison. Many thanks to our committee members for helping us extend our educational opportunities. We are also happy to hear any thoughts for topics and speakers for these events.

The committee continues to work closely with Amy Manela and the **NASPGHAN** Foundation on reviewing its educational offerings. We will continue to support offerings such as the excellent N²U nutrition course to be held in spring 2015. Outgoing PEC member, Christine Waasdorp Hurtado, MD and Daniel Kamin, MD have finalized Physiology slide sets that are another excellent addition to our educational arsenal. In addition, we will assist Christine as she undertakes the update to the outstanding Fellows Board Review book. Members of the Committee are also continuing the program of obtaining CME credits via JPGN. With the help of Sandeep Gupta, MD, CME editor, and volunteers from the PEC, **NASPGHAN** members can obtain CME credits by reading chosen articles every month. There are more exciting things ahead as well . . . so keep your eyes and ears open!

In closing, we would like to extend our deepest appreciation to the entire membership of Professional Education Committee for contributing throughout the year. Every single member works hard and plays a role in furthering our goals.

NASPGHAN IBD COMMITTEE

Chair: Shezad Saeed, MD, FAAP, AGAF

The IBD Committee continues to be productive and continues to attract new members. Nine new members have joined the Committee at the recently concluded Annual Meeting and seven are rotating off. We welcome the new members and thank the retiring members for their work and contributions.

The members of the Committee have been busy on several fronts including Clinical Reports. The first draft of the report on postoperative prophylaxis is ready and the work on the second report on the role of combination therapy is ongoing. Three focus groups on mentoring, creating an IBD center of excellence and education about immunization practices are being put together with a timeline for creating an end product by early next year. Another exciting development is the establishment of a Fecal Microbial Special Interest Group (SIG) under the auspices of the IBD Committee to streamline and standardize care and screening of donors and recipients of this emerging new intervention. Members of the Committee have reviewed **NASPGHAN** Foundation grants, are representing the organization at a conference focusing on psychosocial needs of pediatric patients with IBD in California and continue to collaborate with the Crohn's & Colitis Foundation of America in developing a new teen website, and development of new educational materials. Some new project ideas being considered for the upcoming year include developing an app for calculating PCDAI, and PUCAI, guidelines on anti-TNF dosing and monitoring and cancer surveillance. We also plan to welcome representation from the dietitians and psychologists to provide them with a forum of participation as well as contribution to projects of mutual interest. So, stay tuned for more and let us know of any ideas that the committee could work on or develop.

NUTRITION COMMITTEE

Chair: Praveen S. Goday, MBBS, CNSC

This report highlights, but does not encompass all of the Nutrition Committee's work. Within the past year, the Nutrition Committee has continued work on new initiatives as well as completion of existing action plans in collaboration with other **NASPGHAN** committees— notably (information for GIKids website), Public Affairs and Advocacy (FDA/ lipids, nutrition shortages, reimbursement for medical foods), Professional Education (Annual Meeting), and Research (grant reviews).

Several projects have been underway over the past year. In April of 2014 the third N²U Nutrition Course utilizing case-based learning was successfully completed (special acknowledgement to the CME reviewers, speakers, **NASPGHAN** support staff and Nutricia). The paper, "**NASPGHAN** Nutrition University as a model for continuing education within pediatric nutrition" was published in JPGN.

The Council for Pediatric Nutrition Professionals (CPNP) was successfully launched this year. We look forward to working with members of CPNP within **NASPGHAN** and helping them firmly establish their council. The second edition of the **NASPGHAN** Nutrition symposium for dietitians was successfully held at the recently concluded **NASPGHAN** Annual Meeting.

Committee Reports

ENDOSCOPY AND PROCEDURES COMMITTEE

Chair: Doug Fishman, MD, FASGE

The Endoscopy and Procedures Committee continues its collaborative efforts in promoting endoscopic research, education and patient care.

Our most significant contributions this year were our two Clinical Reports prepared for JPGN: Bowel Preparation for Pediatric Colonoscopy, and a new document on Foreign Body Management in Pediatric GI Endoscopy (in press).

NASPGHAN continues to work closely with the American Society for Gastrointestinal Endoscopy (ASGE), and to increase pediatric endoscopy exposure across societies. Dr. Michael Manfredi is the Technology Committee representative and Dr. Jenifer Lightdale is the representative of the Standards of Practice Committee. Dr. Petar Mamula is the Chair of the Pediatric Scientific Session for ASGE-Pediatric Endoscopy at Digestive Disease Week. Together, we continue to encourage **NASPGHAN** members to submit abstracts to this unique pediatric endoscopy session that offers both oral and poster sessions.

At the Annual Meeting in Atlanta, the planning committee along with the Endoscopy Committee put on the first Pediatric Endoscopy Video Symposium, consisting of high quality demonstrations of techniques and novel cases. This was also the opening viewing of my video, History of Pediatric Endoscopy: An American Perspective, my chance to interview some of the early contributors to diagnostic and therapeutic endoscopy (Drs. Gleason, Ament, Klish, Fox, Grand, and many others). The Annual Meeting also featured a number of endoscopy research abstracts in the poster sessions as well as a concurrent session featuring Drs. Fox and Lightdale and Dr. Field Willingham from Emory University who gave a State of the Art Lecture on advanced endoscopy.

At the Endoscopy/Potpourri research session, Dr. Victor Fox gave the State of the Art lecture on pediatric endoscopy research. Dr. David Troendle (UTSW) won his second endoscopy research abstract award, and Dr. Stephen Nanton won the capsule endoscopy abstract award sponsored by Covidien. Finally, thanks to Dr. Marsha Kay for another set of great Hands-on Endoscopy sessions.

I would like to thank our incoming committee members and our outgoing members for the hard work at raising the level of endoscopy within **NASPGHAN** and beyond.



*The last four chairs of the **NASPGHAN** Endoscopy and Procedures Committee, from left to right, Drs. Petar Mamula, Chris Liacouras, Jenifer Lightdale and Doug Fishman, the current chair, got a chance to compare notes at the September **NASPGHAN** strategic planning meeting in Philadelphia.*

Ethics Corner



The “Ethics Corner” is a new feature of the newsletter. The idea for this column comes from the NASPGHAN Ethics Committee and stemmed from the motivation to bring ethical reflections on important dilemmas directly to the membership, through a column focused on answering challenging scenarios submitted by members. The realm of ethics is broad and can be found in our daily clinical practice through sensitive situations, in our relationships with our trainees, in our academic and research activities, as well as in the administrative and medico-legal issues with which we are sometimes faced. One often feels ill equipped to face those situations, and our training has not always prepared us for the myriad of situations encountered in one’s medical life. We hope, through this column, to successfully reach out to the membership and establish a unique dialogue that can benefit each and every one of us, as well as the organization as a whole. Our second topic pertains to “FMT and Experimental Therapies”. We hope you enjoy reading it, and we strongly encourage you to submit your ethical dilemmas to be addressed in future columns, by sending an e-mail to Kim Rose (krrose@naspghan.org).

Sylviane Forget, MD
NASPGHAN Ethics Committee Chair

Ethics in Pediatric Gastroenterology: FMT and Experimental Therapies: Balancing Patient Protection, Regulation & Respect for Autonomy

CASE STUDY

JJ is a 16-year-old male with ulcerative colitis and polyarticular JIA who is maintained on adalimumab every two weeks. He presents with increased stool frequency, reported as very loose, watery, non-bloody stools 4-5 times per day, but none nocturnally. He denies abdominal pain. His appetite and activity levels are decreased and has lost 1.55 kg since his last visit. JJ states he hates taking his medications and is “tired of feeling sick.”

In addition to adalimumab, JJ takes oral vitamin supplements and Vitamin D3. No other herbal, OTC or recent antibiotics usage. Recent labs were remarkable for a normal CBC, ESR 21 mm/hr (nl<19 mm/hr), and CRP 17mg/L (nl< 0.1). Stool culture, ova and parasite, giardia, and *C. difficile* toxin (A/B) PCR were all negative. His exam is unremarkable, except for mild tenderness to deep palpation in RLQ. Hemoccult is negative.

After an extensive discussion of the medical options, mother informs you that she is not interested in changing his medications and that she is interested in fecal microbiota transplantation (FMT). You explain the current evidence for FMT in IBD. You discuss the safety concerns and potential risks of doing FMT at home. Overall, you feel like you did a great job and as you are wrapping up, she states, “Thank you doctor but we are planning to go ahead and perform the infusion at home. There is a website that tells you exactly what you need and to help you locate a donor.”

What do you do next?

- A** You reiterate your concerns and inform her that if she performs home FMT you will not continue to see her son as a patient.
- B** You recognize that the family is going to proceed with home FMT regardless, so you provide a lab script for screening the FMT donor.
- C** You realize the family is going to conduct the FMT anyways, you look up a protocol and offer to help despite your hesitation.
- D** You recognize that the family is going to proceed with home FMT regardless, but do not provide a lab script for donor screening as you don’t want to condone what they are doing.
- E** You reiterate your concerns and schedule them for follow up in 1 week to continue discussing the therapeutic options.

Here is how our readers answered:

The majority of those who answered the survey recognized that it would not be appropriate to provide a prescription for FMT donor screening or help facilitate the home FMT for IBD. Specifically, 8% answered A; 31% answered B, 19% answered C; 7% answered D, and 72 percent answered E. Below is an explanation of the critical ethical and regulatory issues at stake.

Professional & Ethical Issues:

- ◆ How do you balance patient protection (non-maleficence) and respect for autonomy when considering an experimental therapy?
- ◆ If the family is going to choose to pursue FMT regardless of your counseling is providing a prescription for donor screening ethically appropriate?
- ◆ How does the regulatory status of FMT impact your counseling and willingness to support the family’s wishes?

In this case, the professional and ethical issues are directly linked to the regulatory status of FMT. The FDA has designated FMT a drug and at this time does not allow broad use of FMT. The use of FMT is restricted for those with recurrent or refractory *Clostridium difficile* infection (CDI) or for those that are part of an FDA-approved clinical trial.

In July 2013, the US Food and Drug Administration (FDA) released a statement on IND (Investigational New Drug) Requirements for Fecal Microbiota Transplantation (FMT) for (CDI) not responsive to standard therapies. Under this “enforcement discretion”, the FDA is allowing the use of FMT for recurrent or refractory CDI on an interim basis provided that:

- ◆ The treating physician obtains adequate informed consent from the patient or his or her legally authorized representative for the use of FMT products.
- ◆ Informed consent should include, at a minimum, a statement that the use of FMT products to treat *C. difficile* is investigational and a discussion of its potential risks.

There is a great deal of variability in how individual hospitals are managing FMT; some require IRB approval and some require a special informed consent form for FMT that has been approved by the med-legal department. We recommend that practitioners who are planning on using FMT for CDI discuss this with their IRB and med-legal department early in the process.

FMT research protocols and FMT for indications other than recurrent CDI, such as IBD still require an IND. Descriptions on how to apply for a research IND can be found on the FDA website and were outlined by Kelly et al. in *Clinical Gastroenterology & Hepatology* in 2013 (see references below). Physicians may also apply for an IND for Expanded Access/Compassionate use of FMT for non-CDI indications following the steps outlined in on the FDA website: <http://www.fda.gov/forpatients/other/expandedaccess/default.htm>.

In our hypothetical clinical vignette, JJ and his mother are not dissimilar to everyday clinic encounters many of us experience on a regular basis. It is well known that patients with gastrointestinal diseases are often interested in complementary, alternative, and experimental therapies. When met with requests for alternative therapies such as FMT, we must balance the ethical principles of non-maleficence (patient protection) and respect for autonomy. In this case, the non-maleficence and regulation outweigh respect for autonomy. Although providing the family with a prescription for donor screening may decrease the risk of delivering an infectious pathogen during FMT, there is still considerable risk when used in IBD and it is not permitted by the FDA without an IND. In addition, offering a laboratory prescription for donor screening could indicate endorsement of an experimental treatment.

Explanations as part of patient education should include the guidelines set forth by the FDA, and obvious physical/medical, psychological, and financial risks ought to be carefully and methodically outlined for this family and patient. Additionally, potential safety concerns, the consequences of unsupervised, unscreened home based FMT should be explained to the family, including the lack of known efficacy of home FMT in IBD.

If the family is insistent on additional consideration of FMT or other experimental therapies they can consider enrolling in a clinical trial and should be referred to the (clinicaltrials.gov) website.

Refusal by the provider to support home FMT does not signal the end of the therapeutic relationship. It is important for both parties to work to find common ground. We recommend the use of clear and concise verbiage in an attempt to avoid any communication ambiguity. This is best delivered in an empathic and compassionate care model with a common goal of shared decision making. In this case, this would entail working with the family to understand their concerns about his current medications, and discussing any alternatives that would be mutually agreeable.

Unfortunately, medico-legal aspects cannot be ignored. If the physician in our case is unable to persuade JJ's mother to forgo the home FMT, the physician should make sure that there are thorough patient logs documenting the extent and content of their discussion. In some cases, it may be prudent to have the patient/parent sign an Against Medical Advice statement. Hopefully, these precautions would remain just that, precautions, but should the home FMT go terribly wrong and his UC worsens, or should he have a bad outcome, these documents could offer a level of protection for the physician being accused of negligence in the discussion of potential risks associated with FMT.

Physicians can attempt to refocus the family's energy and urge them to join support group such as local chapter of CCFA. If the family still has a strong desire to complete a FMT procedure, it is possible to provide a referral for the family to an academic center with an open research protocol best equipped to register safety and efficacy data.

Please reach out to the **NASPGHAN** Ethics committee and or the **NASPGHAN** FMT Special Interest Group if more guidance or information is required.

COMMENTARY WRITTEN BY:

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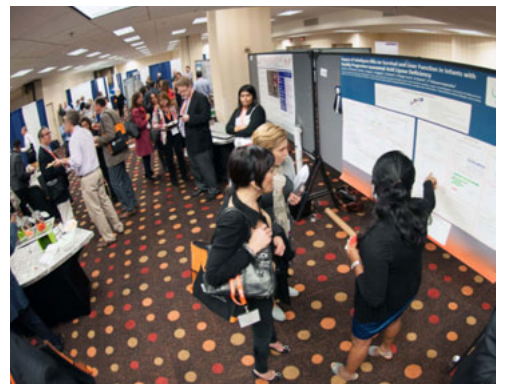
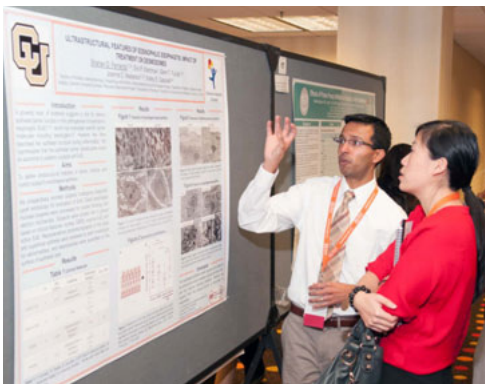
Stacy A. Kahn, MD

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ANNUAL MEETING & POSTGRADUATE COURSE Atlanta, Georgia



ANNUAL MEETING & POSTGRADUATE COURSE
Atlanta, Georgia



ANNUAL MEETING & POSTGRADUATE COURSE Awards Ceremony



HARRY SHWACHMAN AWARD

.....Presented to *Peter Whittington, MD*.....

The Shwachman award is given by NASPGHAN to a person who has made major, life long scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. The award is designed to preferentially honor a member of NASPGHAN for his/her achievements in the field.



NASPGHAN DISTINGUISHED SERVICE AWARD

.....Presented to *Melvin B. Heyman, MD, MPH*.....

The NASPGHAN Distinguished Service Award is presented to an individual to recognize excellence and service to the field of pediatric gastroenterology, hepatology, and nutrition by achieving national and/or international recognition in their field.



AAP MURRAY DAVIDSON AWARD

.....Presented to *Jeffrey S. Hyams, MD*.....

The Murray Davidson Award recognizes an outstanding clinician and educator and scientist who has made a significant contribution to the field of pediatric gastroenterology and nutrition.



ANNUAL MEETING & POSTGRADUATE COURSE NASPGHAN Foundation 2014 Research Awards



NASPGHAN FOUNDATION ASTRAZENECA RESEARCH AWARD FOR DISORDERS OF THE UPPER GASTROINTESTINAL TRACT

Rachel Rosen, MD—Boston Children's Hospital, Boston, MA

**PEPSIN AND BACTERIA AS A TRIGGER FOR NEUTROPHIL TRANS-EPITHELIAL MIGRATION:
A MECHANISM BEHIND REFLUX RELATED LUNG DISEASE**



NASPGHAN/NASPGHAN FOUNDATION GEORGE FERRY YOUNG INVESTIGATOR DEVELOPMENT AWARD

Nirmala Mavila, PhD—Cedars-Sinai Medical Center, Los Angeles, CA

ROLE OF PROMININ-1 EXPRESSING CELLS IN BILIARY FIBROSIS OF BILIARY ATRESIA



NASPGHAN FOUNDATION NESTLÉ YOUNG INVESTIGATOR DEVELOPMENT AWARD

Ajay Jain, MD—Saint Louis University, Saint Louis, MO

ROLE OF BILE ACIDS IN PREVENTING PARENTERAL NUTRITION ASSOCIATED DISORDERS



NASPGHAN FOUNDATION CROHN'S & COLITIS FOUNDATION OF AMERICA YOUNG INVESTIGATOR DEVELOPMENT AWARD

Phillip Minar, MD—Cincinnati Children's Hospital Medical Center, Cincinnati, OH

REDEFINING DEEP REMISSION IN PEDIATRIC CROHN'S DISEASE



NASPGHAN FOUNDATION FELLOW TO FACULTY TRANSITION AWARD IN INFLAMMATORY BOWEL DISEASES

Roy Nattiv, MD—UCSF Children's Hospital, San Francisco, CA

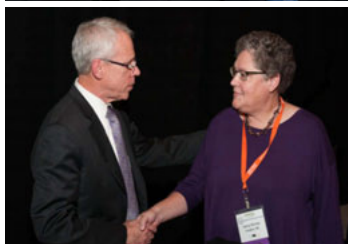
**CHARACTERIZING THE ROLE OF ABSORPTIVE AND SECRETORY PROGENITORS
FOLLOWING INJURY IN A MOUSE MODEL OF COLITIS**



NASPGHAN FOUNDATION IN-OFFICE MEMBER GRANT FOR DEVELOPMENT OF PATIENT EDUCATION PROTOTYPES

James Brief, MD—Stony Brook Children's Hospital, Stony Brook, NY

**THE IMPACT OF AN INTERACTIVE COMPUTER APPLICATION ON THE QUALITY OF COLONOSCOPY
PREPARATION, OVERALL PATIENT SATISFACTION AND OUTPATIENT AMBULATORY CENTER EFFICIENCY**



NASPGHAN FOUNDATION/APGNN SUSAN MOYER NURSING RESEARCH GRANT

Nancy Murray, RN, MS—Center for Human Nutrition, Omaha, NE

INFLUENCE OF BOTTLE/NIPPLE SYSTEMS ON FEEDINGS IN TERM INFANTS



THE NASPGHAN FOUNDATION WILLIAM BALISTRERI PRIZE FOR EXCELLENCE IN PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION

Presented to Sanjiv Harpavat, MD

Baylor College of Medicine, Texas Children's Hospital, Houston, TX

This award is an endowed Foundation award to recognize the many contributions of Dr. William Balistreri to NASPGHAN.

(Left) Drs. John Barnard, Sanjiv Harpavat and Athos Bousvaros



THE NASPGHAN FOUNDATION TERI LI AWARD

Presented to Ruba Abdelhadi, MD

Children's Mercy Hospitals and Clinics, Kansas City, MO

The Teri Li Award is a Foundation award established to recognize the wife of Dr. B Li. The award is in memory of Teri Li's lifelong passion for excellence in education.

(Left) Drs. B Li, Ruba Abdelhadi and Athos Bousvaros.

ABSTRACT AWARD WINNERS RECOGNIZED

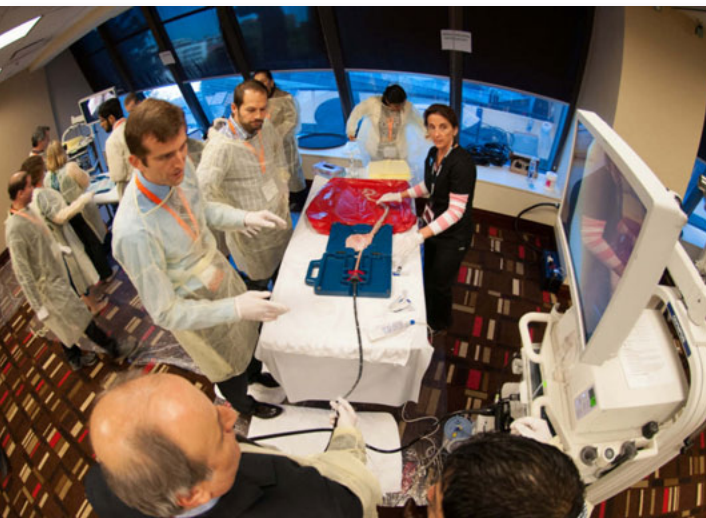
- ▶ **NASPGHAN Young Investigator Award**—Presented to Judith Kelsen MD, The Children's Hospital of Philadelphia, Philadelphia, PA
ANALYSIS OF CANDIDATE GENES BY WHOLE EXOME SEQUENCING IN VERY EARLY-ONSET IBD
- ▶ **NASPGHAN Clinical Young Investigator Award**—Presented to Douglas Mogul MD, Johns Hopkins, Baltimore, MD
POOP-MD, A MOBILE HEALTH APPLICATION, ACCURATELY IDENTIFIES ALCOHOLIC STOOLS
- ▶ **NASPGHAN Fellow Research Award**—Presented to Mary Elizabeth M. Tessier MD, Baylor College of Medicine/Texas Children's Hospital Houston, TX
BILE ACID SIGNATURES IN CHILDREN CONFER PROTECTION FROM CLOSTRIDIUM DIFFICILE INFECTION
- ▶ **NASPGHAN Neurogastroenterology & Motility Prize / Basic** (Supported by MMS)—Presented to Rachel L. Rosen MD, Boston Children's Hospital, Boston, MA
THE INTERPLAY BETWEEN OROPHARYNGEAL, LUNG AND GASTRIC MICROFLORA IN PATIENTS TAKING ACID SUPPRESSION
- ▶ **NASPGHAN Neurogastroenterology & Motility Prize / Clinical** (Supported by MMS)—Presented to Xiaolin Liu MD, Medical College of Wisconsin, Milwaukee, WI
ALTERED AMYGDALA FUNCTIONAL CONNECTIVITY REFLECTS ABNORMAL EMOTIONAL PROCESSING IN PATIENTS WITH IRRITABLE BOWEL SYNDROME
- ▶ **NASPGHAN Nutrition Prize** (Supported by Nutricia North America)—Presented to Bruno P. Chumpitazi MD, Baylor College of Medicine, Houston, TX
A LOW FODMAPS DIET AMELIORATES SYMPTOMS IN CHILDREN WITH IRRITABLE BOWEL SYNDROME: A DOUBLE BLIND, RANDOMIZED CROSSOVER TRIAL
- ▶ **NASPGHAN Endoscopy Prize**—Presented to David M. Troendle MD, UT Southwestern Medical Center, Dallas, TX
ENDOSCOPIC AND MICROSCOPIC AGREEMENT IN PEDIATRIC COLONOSCOPY
- ▶ **NASPGHAN Capsule Endoscopy Prize** (Supported by a grant from Covidien GI Solutions)—Presented to Stephen Nanton MD, Avera McKennan Hospital, Sioux Falls, SD
PEDIATRIC CAPSULE ENDOSCOPY: CLINICALLY IMPORTANT FINDINGS, MONITORING RESPONSE TO THERAPY IN CROHN'S DISEASE, ACHIEVING 0% CAPSULE RETENTION RATE AND ENDOSCOPIC PLACEMENT TECHNIQUE
- ▶ **NASPGHAN/APFED Award for Eosinophilic Disorders**—Presented to Willem S. Lexmond MD, Boston Children's Hospital, Boston, MA
DIGITAL MRNA PROFILING OF ESOPHAGEAL TISSUE BIOPSIES AS A NOVEL DIAGNOSTIC APPROACH TO EOSINOPHILIC ESOPHAGITIS (EOE)

7TH ANNUAL “HANDS ON ENDOSCOPY” SESSION DRAWS CAPACITY CROWD

Marsha Kay, MD

The 7th Annual Pediatric “Hands on” Endoscopy Session took place on Friday and Saturday at the NASPGHAN Annual Meeting in Atlanta. The sessions, which were free for attendees, were supported by a grant from Olympus America Inc. Using the latest in Olympus endoscopes and endotherapy devices, some of which were just commercially released, 12 NASPGHAN faculty members instructed more than 250 participants on the techniques of hemostatic clipping, polypectomy, electrocoagulation and single balloon enteroscopy at 6 stations.

Expanded sessions were held on Friday, October 24th and on Saturday, October 25th. Fellow participants had special reserved blocks of time to learn these important techniques. As always, the sessions were extremely popular and we hope to repeat this event in 2015 for an even larger audience. If you missed this session this year, remember to sign up early next year to ensure your space.





ANNUAL MEETING & POSTGRADUATE COURSE

Atlanta, Georgia

GI JEOPARDY 2014

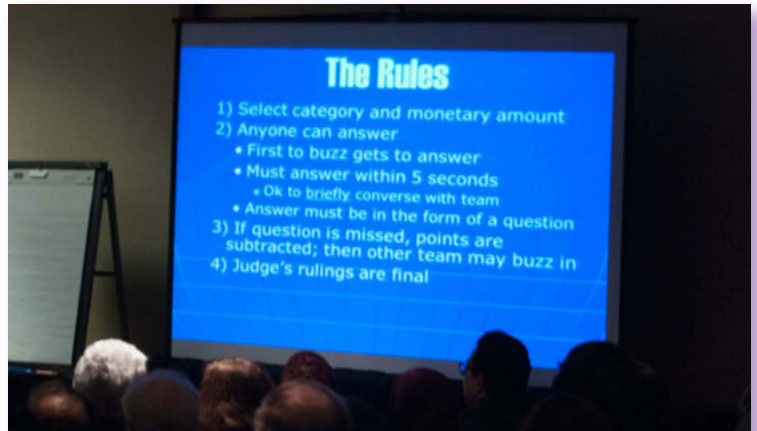
Norberto Rodriguez-Baez, MD



For the fourth straight year, “GI Jeopardy” returned to the NASPGHAN Annual Meeting. Whereas previous formats of the event pitted fellows (known as semi-colons) versus attendings (colons), this year’s contest featured an equally educational and entertaining “Battle of the Sexes” format. As always, Dr. Norberto Rodriguez-Baez, Associate Professor of Pediatrics at the University of Texas Southwestern Medical Center, served as the enthusiastic host of the game show.

“GI Jeopardy” featured a female faculty and fellow (Team XX) and a male faculty and fellow (Team XY) fielding answers in front of a live audience from a variety of topics focused on pediatric gastroenterology and pop culture. As on the television game show, contestants have to quickly recognize the answers and respond with the appropriate questions. In the end, the Team XY (Drs. Rene Romero and Joe Picoraro) proved to be too much for the Team XX (Drs. Melanie Greifer and Sana Syed) who put up a valiant effort.

The event was witnessed by over 200 audience members, including faculty, fellows and visitors, whom enthusiastically cheered and jeered as the contestants sought to formulate their answers. “GI Jeopardy” was a successful and innovative way to combine education and entertainment. We look forward to next year’s Annual Meeting in Washington, D.C.!



ANNUAL MEETING & POSTGRADUATE COURSE
Atlanta, Georgia

NASPGHAN 5K RUN

NASPGHAN held its first ever 5K race during the 2014 Annual Meeting in Atlanta. Nearly 170 people registered for the race that kicked off at 6:30 am Friday in the Centennial Olympic Park area of downtown Atlanta. Despite the early morning darkness, enthusiastic runners lined up in Atlanta Hilton lobby and walked together, aided by glow sticks, to the start line some four blocks away. Proceeds from the race went to the NASPGHAN Foundation.





ANNUAL MEETING & POSTGRADUATE COURSE

Atlanta, Georgia

NUTRITION SYMPOSIUM

The second NASPGHAN symposium for registered dietitians was successfully held on October 24, 2015 as part of the annual NASPGHAN meeting. With about 125 in attendance, the all-day session was split into didactic sessions in the morning and breakout sessions in the afternoon. This year, nutrition-related sessions were also available Friday afternoon and were open to Nutrition Symposium registrants.



NASPGHAN Maintenance of Certification

MOC: The Time to Act is Now!

— MOC Task Force: Chairs Jeannie Huang, MD, MPH and Jenifer Lightdale, MD, MPH —

Dear **NASPGHAN** members:

This is a gentle reminder that the **NASPGHAN** MOC Team is here to help you maintain your certification. Don't get caught in the quandary of losing your certification! We are here to help you make sure that does not happen to you in 2015.

Again, our MOC modules provide 25 MOC Part IV credits plus 20 CME credits and you will need to complete TWO for your requisite 40 MOC Part IV credits (with an additional 10 points counting towards your 100 point requirement). Pricing for the MOC modules is \$250 for participation in each 5 year cycle.

We do provide "handholding" service (provided your contact information is up to date and you check your contact venue regularly) throughout the process.

If you have any questions feel free to email us at (naspghanmoc@ucsd.edu).

HANDS-ON MOTILITY WORKSHOP ATTRACTS ANOTHER SOLD-OUT GROUP

Participants at this year's hands-on motility workshop during the October NASPGHAN Annual Meeting, organized by Dr. Joe Croffie, learned about the equipment and software used to perform anorectal manometry, the indications for anorectal manometry in children, the technique of performing the study and pitfalls to watch out for while performing the test. Participants also had the opportunity to discuss several representative normal and abnormal anorectal manometry tracings in small groups, led by an expert in the field. This year, registration for the manometry session was limited to 60 and all slots were once again filled.



REQUEST FOR APPLICATIONS

Editor-in-Chief, Western Hemisphere Journal of Pediatric Gastroenterology and Nutrition

The North American Society for Pediatric Gastroenterology and Nutrition requests qualified members of the Society to apply for the position of Editor-In-Chief, Western Hemisphere, for the Journal of Pediatric Gastroenterology and for the period of January 1, 2016 to December 31, 2020. The due date for this application is March 15, 2015. The editor's term is 5 years. Near the end of the five year term, a competitive application process will select the next editor. No editor can serve more than two consecutive terms (10 years total).

JPGN is the official publication of NASPGHAN and the European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN). In 1999, the two Societies and the Publisher, Lippincott, Williams & Wilkins (now replaced by Wolters Kluwer [WK]), entered into an agreement with the Asian Pan-Pacific Society for Pediatric Gastroenterology and Nutrition (APPSPGAN) and the Latin American Society for Pediatric Gastroenterology, Hepatology and Nutrition (LASPGHAN) to have the journal become the official publication of these societies. Thus, JPGN is the premier international peer-reviewed journal for the field of pediatric gastroenterology, hepatology and nutrition.

Request your application here: (<http://www.naspghan.org/files/JPGN%20Request%20for%20Editor%20Applications%202016.pdf>)



NASPGHAN Nutrition University (N²U), April 17–18, 2015 at the Hyatt Regency O'Hare Hotel in Rosemont, IL, is open to third-year fellows and all practicing pediatric gastroenterologists. Applications must be received no later than January 12, 2015. Late applications will not be accepted.

This annual course is designed to provide specialized nutrition education in areas associated with the practice of pediatric gastroenterology and nutrition.

ATTENDEES MUST

- ◆ Be a 3rd year fellow or full member of **NASPGHAN**
- ◆ Be a member in good standing of **NASPGHAN**, including dues paid in full by December 31, 2014
- ◆ Be based in North America

INVITED ATTENDEES WILL BE LIMITED TO 40

- ◆ 30 positions for 3rd year fellows and junior faculty who graduated from fellowship within the last 10 years
- ◆ 10 positions for all practicing pediatric gastroenterologists who completed their training more than 10 years ago
- ◆ Those invited to attend will be notified the week of February 10, 2015

Third-year fellows and junior faculty (graduated fellowship within the last 10 years) will receive complimentary registration, one night's lodging, meals and round trip travel up to \$500. Any additional expenses will be the responsibility of the attendee.

Experienced clinicians (graduated fellowship more than 10 years ago) will receive complimentary registration and meals. Any additional expenses, including travel and hotel, will be the responsibility of the attendee.

For 3rd year fellows and junior faculty, **NASPGHAN** will be targeting two groups of candidates: (a) candidates who received minimal nutrition education during their fellowship and (b) candidates who plan to pursue pediatric nutrition as their career focus.

The course, chaired by Praveen Goday, MBBS, CNSC, will include a faculty panel discussion on "hot" topics and cases submitted by attendees followed by Nutrition Jeopardy on Friday evening and a series of small group hands-on case-based learning of challenging cases on Saturday. As a prerequisite, participants will be required to review last year's Course on line to apply knowledge during interactive case discussions.

Topics covered include malnutrition, failure to thrive and feeding disorders, micronutrient deficiencies, critical care nutrition, short bowel syndrome/malabsorption, obesity/bariatric nutrition, failure to thrive, Cystic fibrosis and nutrition in eosinophilic esophagitis, inflammatory bowel disease and liver disease.

Submit your application at:
(<https://mc.manuscriptcentral.com/foundation2015>)

This educational activity is supported by an independent medical educational grant from Nutricia North America.

American Academy of Pediatrics Corner



It was a pleasure to see so many of you recently at the **NASPGHAN** meeting in Atlanta and the AAP-NCE meeting in San Diego! We now return to our respective communities to discuss and apply what we have learned.

This year's NCE was a tremendous success with over 14,000 attendees, including a record number of professional and international attendees. There were a number of sessions focused on pediatric gastroenterology, hepatology and nutrition topics. Many thanks to Jatinder Bhatia, Michael Cabana, David Gremse, Michelle Pietzak and Philip Rosenthal for their excellent presentations at the conference. Please note, next year's NCE will take place October 24–27, 2015 in Washington, D.C.

In recognition of a compatible mission and shared desire to improve the health and well-being of children, AAP is partnering with **NASPGHAN** to develop a new PREP GHN Online Self-Assessment Course, which will satisfy Part II of the American Board of Pediatrics MOC process. The target launch date for the PREP GHN program is January 2016. Stay tuned for additional details.

Finally, I wish to extend my most sincere congratulations to Jeffrey Hyams, MD, recipient of the 2014 AAP Murray Davidson Award. His many contributions to our understanding of pediatric inflammatory bowel disease and functional gastrointestinal disorders have been transformative, and his dedicated service to the Academy is greatly appreciated.

Best wishes for a happy and healthy holiday season!

Leo Heitlinger, MD
Chair, AAP Section on Gastroenterology,
Hepatology and Nutrition
Email: (heitlil@slhn.org)

Welcome New NASPGHAN Members

Dhandapani Ashok, MD
Jamie Chu, MD
Joshué David Covarrubias Esquer, MD
Ayesha Fatima, MD
Suma Kamathi, MD
Nirmala Mavila, PhD
Ruby Mehta, MD
Ericka Montijo-Barrios, MD
Hirosaki Nakagawa, MD, PhD
Gerardo Antonio Sagols Méndez, MD
Emily Ward, MD

AMERICAN BOARD OF PEDIATRICS NEWS

..... Ivor Hill, MD, MB, ChB

Chairperson of the ABP Subboard for Pediatric Gastroenterology

I am pleased to announce that this year 99.1% of test takers passed the MOC proctored examination! Congratulations to all. Although you will not have to take the proctored examination for another 10 years, please make sure you renew your enrollment in the MOC process when you are prompted to do so by the ABP. Failure to do so may result in loss of your Board Certification status.

The members of the Subboard had the opportunity to review comments provided by the examinees after completing the examination, and we thank those of you who responded. These are helpful to us as we continue to try and improve the content of the test. This year, for the first time, there were many positive comments. Several participants noted an improvement in the quality of the questions compared to previous years and noted there seemed to be less “irrelevant” questions. This is encouraging and suggests the changes Jonathan Teitelbaum initiated are starting to have an impact. There were still a number of comments objecting to questions related to rare conditions, complaining about the quality of some images and requesting fewer statistical questions. These are all valid concerns and I would like to assure everyone your Subboard members will continue to try and address them. Once again there were several participants who voiced an objection to the proctored examination and requested the ABP return to the previous “open book” type of testing. Many of us (myself included) actually enjoyed this exercise and saw it as a learning experience, but I think the time has come for us to move on and accept this is not going to happen. There is a movement within the ABP, led by the CEO Dr. Nichols, to restructure the exam so that the examinee will have access to information during the actual test. This will require considerable thought and resources and therefore may not come to fruition for some years yet.

During our recent **NASPGHAN** meeting in Atlanta we had two members of the ABP provide an early morning session entitled “The art and science behind ABP examinations”. Erik Meyer, Director of Test Development at the American Board of Pediatrics (ABP), presented an overview of the test development process. He explained the anatomy of a test question, described some common question-writing errors, and displayed a taxonomy highlighting the differences between the various cognitive levels addressed by questions, ranging from simplest level—memorization—to the highest levels of knowledge testing—evaluation and analysis. In addition to explaining how questions are written and aligned to the content outline, he described how each examination is reviewed by the Pediatric Gastroenterology Subboard before administration. Then, after the examination is given but before it is scored, the Subboard again reviews questions that did not perform well. This added safeguard may reveal unintended ambiguity in questions that might otherwise negatively impact an examinee's final score. Erik also identified opportunities for participation through the item-writing portal on the ABP website and a new feature within the diplomate portfolio that allows interested persons to nominate themselves or others for appointment to the Pediatric Gastroenterology Subboard or General Pediatrics Examination Committee. Attendance at this session was relatively low but feedback from those that were there was highly positive and perceived as beneficial. The ABP has presented at other individual pediatric society meetings as well as at the annual Pediatric Academic Society gathering earlier this year. These sessions are an opportunity to understand more about the certification process and even participate in future question-writing efforts. I am hopeful that Erik will make himself available again next year at our Annual Meeting and if so I would strongly encourage **NASPGHAN** members to attend.

As always, the members of your Subboard are available to hear any concerns you wish to express or answer any questions you might have. Please feel free to contact me or any other member listed below and let us know how we can improve the MOC process to make it more meaningful to the practicing pediatric gastroenterologist.

Ivor Hill MB, ChB, MD (ivor.hill@nationwidechildrens.org)
John Barnard MD (john.barnard@nationwidechildrens.org)
William Berquist MD (berquist@stanford.edu)
Warren Bishop MD (warren-bishop@uiowa.edu)

Janet Harnsberger MD (junglejt@hotmail.com)
Maria Oliva-Hemker MD (moliva@jhmi.edu)
Uzma Shah MD (ushah@partners.org)
Jonathan Teitelbaum MD (jteitelbaum@barnabashealth.org)



JPGN

News from the Editor

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

2014 IMPACT FACTOR = 2.873

The *Journal of Pediatric Gastroenterology and Nutrition* achieved its highest ever Impact Factor this year: 2.873. JPGN ranks 29th of 74 gastroenterology and hepatology journals, 16th of 117 pediatric journals, and 29th of 78 nutrition and

dietetic journals. JPGN ranks among the highest of subspecialty journals, most having impact factors in the 0.5-2.3 range. This is a tremendous increase for our journal, thanks to your efforts in submitting your research and helping develop review papers and guidelines. Please keep these coming!

ORGANIZATIONAL ANNOUNCEMENTS

- ◆ **NEW Section Categories** The former JPGN section categories—Gastroenterology and Hepatology/Nutrition—have been replaced by four new section categories: Gastroenterology, Hepatology, Pancreatology, Nutrition.

We encourage you to submit your articles for each of these new categories!

- ◆ **What is known/What this study adds** Immediately following the abstract, authors will now include text for a summary box that will be published on the first page of all accepted articles. This text will highlight the significance of the article with the following guidelines in mind:

- What is known about this subject? (3–4 bullet points)
- What are the new findings and/or what is the impact on clinical practice? (3–4 bullet points)

We would appreciate any feedback (e.g., Is it useful or redundant? Helpful or detracting?) once you have a chance to see this change.

- ◆ **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.

- ◆ **Reviewer Acknowledgement** Keep an eye out for the annual JPGN Reviewer Acknowledgement, being published in an upcoming issue of JPGN!

SOCIAL MEDIA UPDATE

JPGN Social Media Editors Dr. Charles Vanderpool (North America) and Dr. Jacek Karas (Europe) have been actively building the JPGN presence on social media platforms.

Be sure to follow JPGN on Facebook at (www.facebook.com/thejpgn) and on Twitter at (www.twitter.com/jpgnonline). We encourage you to Tweet about articles in JPGN. Use the hash tag #jpgnonline. You can also download the JPGN iPad app from the App Store and read the latest issue on your iPad!

CALL FOR CONTENT

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

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

Materials considered for publication as fillers include:

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

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

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

HAPPY HOLIDAYS!

2015 CERTIFYING EXAMINATION IN PEDIATRIC GASTROENTEROLOGY

Examination Date: November 5, 2015—Registration: February 3, 2015 through April 30, 2015

The final month of each registration requires payment of a late fee. All applicants must complete applications online during the registration periods. The requirements for online applications are found on the ABP website. Additional information including eligibility requirements is found on the ABP website. Each application will be considered individually and must be acceptable to the ABP.

Additional information is available from the American Board of Pediatrics, 111 Silver Cedar Court, Chapel Hill, NC 27514-1513 (www.abp.org)
Telephone: 919-929-0461—Fax: 919-918-7114 or 919-929-9255



2014 First-Year Fellows

| | |
|--------------------------------------|-----------------------------------|
| Reham Abdou | Katherine Lawson Vaidy |
| Yasmin Ahmedi | Marie-Jeanne Lebel |
| Amaka Akalonu | Claudia Elizabeth Leija-Cuevas |
| Meshari Al Aifan | Kristina Leinwand |
| Baraa Alabd Alrazzak | Kim Liss |
| Anushree Algotar | Lisa Mahoney |
| Viridiana Alvarez-Banda | Brian Maksimak |
| Nancy Ambulo-Hernandez | Andrea Martinez |
| Ana Catalina Arce Clachar | Ricardo Medina |
| Rami Arrouk | Grisselle Membreno-Ortiz |
| Edison Eduardo Aymacaña-Albán | Natasha Mendez |
| Abou Ba | Tania Mitsinikos |
| Keshawadhana Balakrishnan | Roopali Mittal |
| Katherwine Baldwin | Gabriela Moscoso-Zurita |
| Neetu Bali | Ramakrishna Mutyala |
| John-Paul Berauer | Warapan Nakayuenyongsuk |
| Tavleen Bhatia | Nathalie Nguyen |
| Sean Bingham | Sina Ogholikhan |
| Khaled Bittar | Claudia Jimena Ortiz-Rivera |
| Alexandra Bobarnac | Pratikumar Patel |
| Nick CaJacob | Sonal Patel |
| Joshua Carroll | Anna Peters |
| Daniela Castano | Madhura Phadke |
| Maria Jose Castellanos Guerra | Travis Piester |
| Catherine Chapin | Aruazi Piña-Cuevas |
| Mallory Chavannes | Ligia Marcela Portillo-Canizalez |
| Rachel Chevalier | Geoffrey Preidis |
| Ojasvini Choudhry | Erealda Prendaj |
| Ankur Chugh | Ravi Pujara |
| Praveen Kumar Conjeevaram Selvakumar | Kanika Puri |
| Marta Carneiro De Moura | Diana Quimbayo-Wilches |
| Jenna Dowhaniuk | Roxana Quisbert-Cruz |
| Elissa Downs | Archana Ramaswami |
| Rachel Dunn | Jessica Vanessa Recillas-Ducker |
| Noelle Ebel | Alicia Reyes-Cerecedo |
| Wala Elfar | Amanda Ricciuto |
| Kate Ellery | Franziska Righini-Grunder |
| Lisa Fahey | Martha Midory Rodriguez-Perez |
| Danielle Ferraguti | Betsy Emir Romero-Garcia |
| Johanna Ferreira | Carolina Rubio-Calva |
| Sarah Fleet | Adam Ruskowski |
| Denease Francis | Nina Sainath |
| Julia Fritz | Fabiola Sánchez-Hernández |
| Maria Jesus Galaviz-Ballestreros | Martha Paola Sanchez-Soto |
| Norberta Prisia Garcia-Moreno | Senthilkumar Sankararaman |
| Arieda Gjokopulli | Neha Santucci |
| Nina Gluchowski | Andrew Singer |
| Bridget Godwin | Arunjot Singh |
| Victoria Grossi | Avantika Singh |
| Hassan Hamandi | Voytek Slowik |
| Lara Hart | Whitney Sunseri |
| Maheen Hassan | Sharon Tam |
| Shaun Siong Ho | Sari Toberman |
| Salim Hommeida | Amy Meng-Hsuan Tsou |
| Dania Molla Hosseini | Fateema Turay |
| Jon Hubbard | Rajitha Venkatesh |
| Nadia Ibrahim | Hongtao Wang |
| Aamer Imdad | Michael Wang |
| Eddy Mizraim Ixtabalam-Escalante | Jordan Weitzner |
| Marie Raphaelle Jean | Emily Whang |
| Basavaraj Kerur | Justin Wheeler |
| Krishnamraju Kosuru | Gabriel Winberry |
| Alyssa Kriegermeier | Douglas Zabrowski |
| Jamal Kriem | Carmina Alejandra Zaragoza Mendez |
| Sakil Kulkarni | |

The applications for participating in the Crohn's & Colitis Foundation of America's Visiting IBD Fellowship program are now available on the CCFA website and via this link

<http://www.ccfa.org/science-and-professionals/programs-materials/visiting-ibd-fellow-program>



January 30 Deadline for Eosinophilic GI Disorders Consortium New Training Award Program

CEGiR (Consortium of Eosinophilic Gastrointestinal Diseases Researchers) is a NIH-funded U54 collaborative consortium of clinician-investigators, translational scientists, physicians, patients, families and patient advocacy groups, and is part of the Rare Disease Clinical Research Network (RDCRN)

CEGiR recognizes a growing need for physicians trained in eosinophilic gastrointestinal disorders (EGIDs) and the need for a greater focus in the clinical research enterprise focused on these diseases. CEGiR grant (U54 AI117804) releases this RFA for Training Awards to physicians (*fellows-in-training and junior faculty*) interested in developing expertise in performing research in and providing outstanding clinical care for EGIDs.

Guidelines for application are available [here](#). Applications are due by January 30, 2015. Contact Jonathan Spergel (spergel@email.chop.edu) or Sandeep Gupta (sgupta@iu.edu) for any questions regarding this RFA.

NASPGHAN Meetings & Important Deadlines

2015

- ▶ **JANUARY 22–25, 2015**
1st Year Fellows Conference
Bonaventure Hotel—Weston, FL
- ▶ **FEBRUARY 5–8, 2015**
3rd Year Fellows Conference
Doubletree Paradise Valley—Scottsdale, AZ
- ▶ **MARCH 5–8, 2015**
2nd Year Fellows Conference
Scottsdale Plaza Resort—Scottsdale, AZ
Registration Deadline: January 6, 2015
- ▶ **APRIL 17–18, 2015**
N²U Nutrition University
Rosemont, IL
Application Deadline: January 12, 2015
- ▶ **OCTOBER 6–11, 2015**
2015 NASPGHAN Annual Meeting
Washington Hilton—Washington, DC

2016

- ▶ **OCTOBER 5–8, 2016**
World Congress of Pediatric Gastroenterology, Hepatology and Nutrition
Montreal, Canada

Neuro & Motility Committee

Compiling List of Therapists for Use by GI Patients

The NASPGHAN Neurogastroenterology & Motility Committee would like to increase access for patients to psychological therapy.

Miranda van Tilburg, PhD, is compiling a list of therapists (e.g., psychologists, licensed clinical workers, etc.) in the U.S. and Canada who have experience treating patients with gastrointestinal problems. This list will be accessible to NASPGHAN members and can be used as a referral for patients and their families. There is no obligation to be on the list, nor obligation to see any family that is referred to the therapists. It is solely meant as information.

If you know of any therapists or work with someone in your institution, please forward their names and email addresses and/or phone number to Dr. van Tilburg at (tilburg@med.unc.edu) so she can contact them with this request. Your help is much appreciated. Also, please forward this request your colleagues who may not be NASPGHAN members.

Your help is vital to making this list work and increasing access for infants, toddlers, children and adolescents with gastrointestinal problems to psychological therapy.

Meetings of Interest

University of Maryland-FDA One-day Workshop on Extrapolation and Exposure-response Principles in Pediatric IBD Drug Development

- ♦ **Date:** January 22, 2015
- ♦ **Location:** FDA White Oaks Campus, Silver Spring, MD
- ♦ **Contact:** <http://www.pharmacy.umaryland.edu/centers/cersievents/pdf/pedexposure-flyer.pdf>

4th Global Congress for Consensus in Pediatrics and Child Health (CIP)

- ♦ **Date:** March 19–22, 2015
- ♦ **Location:** Budapest, Hungary
- ♦ **Contact:** <http://2015.cipeditrics.org>

Baveno VI Pediatric Satellite Meeting—Controversies in the Management of Varices in Children—An International Forum

- ♦ **Date:** April 11–12, 2015
- ♦ **Location:** Grand Hotel Dino, Baveno, Lake Maggiore, Italy
- ♦ **Contact:** <http://www.baveno6.com>

Pediatric Academic Societies Annual Meeting 2015

- ♦ **Date:** April 25–28, 2015
- ♦ **Location:** San Diego Convention Center, San Diego, CA
- ♦ **Contact:** <http://www.pas-meeting.org>

Advances in Pediatric Gastroenterology, Hepatology and Nutrition 2015

- ♦ **Date:** April 30–May 2, 2015
- ♦ **Location:** Royal Sonesta Hotel, Cambridge, MA, and Boston Children's Hospital, Boston, MA
- ♦ **Contact:** <http://www.hms-cme.net/3524476>

DDW 2015

- ♦ **Date:** May 16–19, 2015
- ♦ **Location:** Walter E. Washington Convention Center, Washington, DC
- ♦ **Contact:** <http://www.ddw.org>

Elite Pediatric GI Congress

- ♦ **Date:** May 27–29, 2015
- ♦ **Location:** The Palm, Dubai, United Arab Emirates
- ♦ **Contact:** <http://www.elitepeds.com>

37th Annual Aspen Conference on Pediatric Gastrointestinal Disease: Pediatric Gastrointestinal Disease and Small Bowel Transplantation

- ♦ **Date:** July 13–17, 2015
- ♦ **Location:** Viceroy Snowmass Hotel, Snowmass Village, Colorado
- ♦ **Contact:** www.cincinnatichildrens.org/AspenGI

3rd Kunwar Viren Oswal Course in Pediatric Gastroenterology, Hepatology, Liver Transplantation and Nutrition

- ♦ **Date:** August 17–21, 2015
- ♦ **Location:** Apollo Center for Advanced Pediatrics, Indraprastha Apollo Hospitals, New Delhi, India
- ♦ **Contact:** <http://apollohospdhli.com/index.php>

AMERICAN ACADEMY OF PEDIATRICS Section on Gastroenterology, Hepatology & Nutrition

2015 MURRAY DAVIDSON AWARD Call for Nominations—March 20, 2015

Since its establishment in 1989, the American Academy of Pediatrics (AAP) Murray Davidson Award recognizes an outstanding clinician and educator (primary) and scientist (secondary) who has made a significant contribution(s) to the field of pediatric gastroenterology, hepatology and nutrition. Service to the American Academy of Pediatrics at the Section, Committee, Council, and/or Chapter level is an additional consideration. Current members of the AAP Section on Gastroenterology, Hepatology and Nutrition Executive Committee are ineligible to be nominated for this award.

We are requesting nominations from pediatric gastroenterologists and other interested persons for this prestigious award. Nominations must be in writing and should be limited to one per nominator. The nomination should include a CV, a letter of nomination, and two (no more) letters of support. These are due in the AAP Office no later than March 20, 2015.

Send all nominations to the attention of:

Debra Burrowes, Manager
Division of Technical and Medical Services
American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, Illinois 60007-1098
Email: dburrowes@aap.org

The Academy appreciates your effort to assist in the appropriate selection of a deserving person for this award. The selection of the Award recipient is made by the Section on Gastroenterology, Hepatology and Nutrition's Executive Committee and approved by the Board of Directors.

The Murray Davidson Award provides an honorarium of \$1,000, a round trip tourist class airfare and two days lodging for the recipient to attend the **NASPGHAN** Annual Meeting.

This award is supported, in part, through an educational grant from Abbott Nutrition.

AMERICAN ACADEMY OF PEDIATRICS

2015 AAP SAMUEL J. FOMON NUTRITION AWARD Call for Nominations—March 20, 2015

Since its establishment in 1944, the American Academy of Pediatrics (AAP) Nutrition Award (renamed the AAP Samuel J. Fomon Nutrition Award in 2008) recognizes an individual or a project for outstanding achievement in research relating to the nutrition of infants and children. The award is open to all regardless of age. No current member of the Committee on Nutrition or liaison shall be eligible for the award.

Nominations must be in writing and should be limited to one per nominator. The letter should contain a description of the nominee's achievements and state clearly the basis for the recommendation (including references to the literature that describes his/her work). It is requested that the nominee's curriculum vitae, bibliography, nominating letter, and copies of available reprints be submitted. Letters supporting the nomination (no more than five) are to be solicited and screened by the nominator and forwarded to the attention of:

Debra Burrowes, Manager
American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Email: dburrowes@aap.org

The Academy appreciates your effort to assist in the appropriate selection of a deserving person for this award. The selection of the Award recipient is made by the Committee on Nutrition of the American Academy of Pediatrics, contingent upon approval by the Board of Directors.

The Nutrition Award provides an honorarium of \$3,000, a round trip tourist class airfare and two days lodging for the recipient and a guest to attend the award presentation/celebratory dinner in November 2015 at the AAP Headquarters in Elk Grove Village, Illinois.

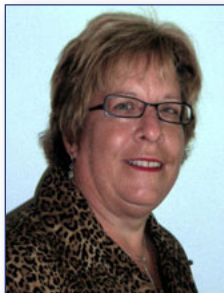
This award is supported through a grant from the International Formula Council.

In Memoriam—Brandy Lu, MD

Brandy Lu passed away earlier this year on May 20 after a courageous fight with breast cancer. She was 37 years old. Brandy's career was much too short, but in that short time she made a very deep and meaningful impact on many patients, families and colleagues, as well as on the field of pediatric hepatology.

Brandy's medical career began at Johns Hopkins where she attended medical school, and Children's Hospital Colorado where she completed her pediatric residency. Influenced by her positive experiences with patients and mentors during residency, Brandy developed a keen interest in pediatric gastroenterology, specifically hepatology. She completed her gastroenterology fellowship in Colorado and later, traveled to Stanford University Medical Center for a pediatric hepatology transplant fellowship. Brandy stayed on as faculty at Stanford while holding a joint position at the California Pacific Medical Center. Shortly before her death, she transitioned to a new position at the University of California, San Francisco. Brandy's research accomplishments throughout her career included important work studying biliary atresia, acute liver failure and liver transplantation.

Brandy was the consummate doctor—intelligent, driven, hard working and compassionate. Even as a junior attending, her directness and impressive clinical abilities gained her much respect among her colleagues. Brandy was never shy to voice her opinions. She was a firm patient advocate who possessed a strong instinctual drive to always do the right thing for the young patients she cared for. Her energy and enthusiasm for pediatric hepatology seemed infinite at times. It was this unabashed love for the field that made her such an inspiring teacher and colleague. Beyond just a brilliant doctor, she was a highly compassionate, devoted and generous wife, mother and friend. She leaves behind her loving husband, Lawrence, and beautiful young children, Tyler and Allison. Brandy Lu's life was indeed too short, but her impact was immeasurable. She will be dearly missed by many.



Kathleen A. Mueller

Billing & Coding

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

CPT Changes for 2015 will cause widespread confusion. If you haven't looked at your 2015 CPT book yet, you will be surprised and somewhat confused. Descriptions have changed. Codes have been added, revised, and deleted, and some insurers may not recognize the new colonoscopy codes since Medicare will not. Practices will have to check with each payer on whether or not they will recognize the new codes or utilize the Medicare G Codes. Listed below are several tables with the changes.

2015 GASTROENTEROLOGY CPT CHANGES

| SECTION HEADING | INSTRUCTION |
|--|--|
| Endoscopy | When bleeding occurs as a result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session. |
| Enteroscopy NEW DESCRIPTION | Antegrade transoral small intestinal endoscopy (enteroscopy) is defined by the most distal (extensive) segment of small intestine that is examined. Codes 44360-44373 are endoscopic procedures to visualize the esophagus through the jejunum using antegrade approach (down from the mouth). Codes 44376-44379 are endoscopic procedures to visualize the esophagus through the ileum using antegrade approach. If the endoscope can't be advanced at least 50 cm beyond the pylorus, report EGD. If the endoscope is advanced at least 50 cm beyond the pylorus but only into the jejunum, see 44360-44373. To report retrograde exam of the small intestine via anus or colon stoma, use 44799, unlisted procedure, intestine. |
| Proctosigmoidoscopy | Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon |
| Sigmoidoscopy | Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon |
| NEW ADVICE | Report proctosigmoidoscopy, sigmoidoscopy or anoscopy as appropriate for endoscopic exam of a defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma or ileoscopy through stoma, if appropriate |
| NEW ADVICE | Report flexible sigmoidoscopy (45330-45347) for exam of a patient who has undergone resection of the colon proximal to the sigmoid (subtotal colectomy) and has ileo-sigmoid or ileo-rectal anastomosis) |
| Ileoscopy through stoma NEW DESCRIPTION | Report ileoscopy through stoma (44380-44384) for endoscopy examination of a patient who has an ileostomy |
| Colonoscopy NEW DESCRIPTION | Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis |
| NEW ADVICE | When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation |
| NEW ADVICE | If therapeutic colonoscopy (44389-44407, 45379, 45380, 45381, 45382, 45384, 45388, 45398) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation |
| NEW ADVICE | Report colonoscopy (45378-45398) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) |
| Colonoscopy through stoma NEW DESCRIPTION | Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis |
| Pouch Endoscopy Codes NEW ADVICE | Report pouch endoscopy codes (44385-44386) for endoscopic examination of a patient who has undergone resection |

2015 CPT NEW, AND REVISED DELETED CODES

| CPT CODE | MEDICARE CPT/HCPCS CODE(S) | DESCRIPTION |
|--------------|----------------------------------|--|
| 43180 | 43180 | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed |
| 44381 | 44380, 44799 | Ileoscopy, through stoma, diagnostic, with balloon dilation |
| 44384 | G6018 | Ileoscopy, through stoma, with placement of endoscopic stent (includes predilation) |
| 44401 | G6019 | Colonoscopy through stoma, with ablation |
| 44402 | G6020 | Colonoscopy through stoma, with placement of endoscopic stent (includes predilation) |
| 44403 | 44388, 44799 | Colonoscopy through stoma, with endoscopic mucosal resection |
| 44404 | 44388, 44799 | Colonoscopy through stoma, with directed submucosal resection |
| 44405 | 44388, 44799 | Colonoscopy through stoma, with balloon dilation |
| 44406 | 44388, 44799 | Colonoscopy through stoma, with EU |
| 44407 | 44388, 44799 | Colonoscopy through stoma, with EUS guided intramural biopsy or FNA |
| 44408 | 44388, 44799 | Colonoscopy through stoma, with decompression including placement of decompression tube |
| 44799 | 44799 | Unlisted procedure, small intestine (Medicare did not change description, it still is stated as intestine) |
| 45346 | G6022 | Sigmoidoscopy, with ablation |
| 45347 | G6023 | Sigmoidoscopy, with placement of endoscopic stent (includes predilation) |
| 45349 | 45330, 44799 | Sigmoidoscopy, with endoscopic mucosal resection |
| 45350 | 45330, 44799 | Sigmoidoscopy, with band ligation (eg, hemorrhoids) |
| 45388 | G6024 | Colonoscopy with ablation |
| 45389 | G6025 | Colonoscopy with endoscopic stent placement (includes predilation) |
| 45390 | 45378, 44799 | Colonoscopy with endoscopic mucosal resection |
| 45393 | 45378, 44799 | Colonoscopy with decompression including placement of decompression tube |
| 45398 | 45378, 44799 | Colonoscopy with band ligation (eg, hemorrhoids) |
| 45399 | 44799 | Unlisted procedure, colon (Medicare did not change description, it still is stated as intestine) |
| 46601 | 46600, 46999 | Anoscopy with high resolution magnification, diagnostic |
| 46607 | 46600, 46999 | Anoscopy with high resolution magnification, with biopsy |
| 88342 | 88342 | Immunohistochemistry per specimen (Revised: used to say per block) |
| 88341 | 88341 | Immunohistochemistry, each additional single antibody stain (List separately in addition to code for primary procedure) |
| 88344 | 88344 | Immunohistochemistry, each multiplex antibody stain procedure |
| 91200 | 91200 | Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report |
| 99490 | 99490 | Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month |

2015 DELETED CPT CODES

| | |
|--------------|--|
| 44383 | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation) |
| 44393 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 44397 | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) |
| 45339 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 45345 | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation) |
| 45355 | Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple |
| 45383 | Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 45387 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation) |
| 88343 | Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure) |
| 99488 | Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month |
| G0461 | Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain |
| G0462 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure) of clinical staff time directed by a physician or other qualified health care professional, per calendar month |

IMPORTANT CHANGES WITH MODIFIER 59 AND X MODIFIERS

Even though pediatric gastroenterologists don't see a lot of Medicare patients, you will still need to use these HCPCS modifiers on some claims. At this time, it is unclear if the commercial payers will recognize these modifiers.

EFFECTIVE: JANUARY 1, 2015

Modifier 59 is only to be submitted when the encounter/service provided doesn't meet the following criteria or the use of the RT, LT, FA-F10, TA-T10, and the Coronary artery modifiers. Since GI codes don't meet any of the laterality issues, those listed below would apply.

- ◆ XE Separate Encounter
- ◆ XS Separate Structure
- ◆ XP Separate Practitioner
- ◆ XU Unusual Non-Overlapping Service

Modifier XE Example:

Patient has procedure to band bleeding esophageal varices at 10am and then is taken back again at 7pm that evening for additional banding of variceal bleeder.

- ◆ 43244 Enter 10:00 AM or 1000 in comments field
- ◆ 43244-XE Enter 7:00 PM or 1900- Returned for rebleeding in comment field

Modifier XS Examples:

Colonoscopy with biopsy of rectum and snare polypectomy of sigmoid colon. Modifier 59 would be assigned to the "bundled" code of 45380.

- ◆ 45385 Enter "sigmoid colon" in comments
- ◆ 45380-XS Enter "rectum" in comments

EGD with biopsy of gastritis in stomach and application of clip to the bleeding duodenal ulcer. Modifier 59 would be assigned to the "bundled" code of 43255.

- ◆ 43255-XS Enter "duodenal ulcer" in comments
- ◆ 43239 Enter "stomach" in comments

Modifier XP Example:

Patient was seen at the request of the hospitalist for GI bleeding. Seen by Dr. A in the group and initial hospital care, 99222, was submitted. 8 hours later, Dr. B in the group sees the patient who is in hemorrhagic shock and stays 60 minutes with the patient until the patient is stable. Separate from the critical care time was a 30-minute EGD with control of a bleeding gastric ulcer.

- ◆ Dr. A would bill the initial 99222
- ◆ Dr. B would bill 99291-XP-25 to differentiate separate practitioner within the practice since this is one exception that two visits can be billed by different practitioners in the practice when critical care is one of them.

Modifier XU Example:

ERCP with placement of 3 side by side stents common bile duct. Since definition states only one stent, each can be billed provided documentation is detailed as to location of each one.

- ◆ 43274 Enter common bile duct in comments
- ◆ 43274-XU Enter common bile duct in comments
- ◆ 43274-XU Enter common bile duct in comments

ICD-10 STILL ON SCHEDULE FOR OCTOBER 1, 2015.

At this time, even though there have been some petitions to delay ICD-10 submitted by several state medical organizations, it is still on schedule for claim submission on the services after October 1, 2015.

The preparation for ICD-10 is not just memorization of the new codes, but making sure that your documentation is specific so that you and your coders are able to pick out the most specific diagnosis code. Payers have said that they are going to routinely deny claims with non-specific diagnosis codes so providers will have to learn to document appropriately. The average cost of a denied claim is \$40 per last MGMA statistics. Often the more specific diagnosis of epigastric abdominal pain is listed in the history of present illness but seen as abdominal pain, unspecified, in the impression/plan. Unfortunately, what is documented in the impression is what goes on the claim.

Steps to avoid the use of non-specific diagnosis codes.

- ◆ Build your list of favorites to accommodate the most common verbiage/slang used in the description of the diagnosis codes. Run a list of the most common codes currently chosen in ICD-9 to create a list for ICD-10.
- ◆ Distribute this list to all providers and have them modify the descriptions of the codes to allow for easier selection in the dropdown lists. It is important that you get involvement from all providers.
- ◆ Make sure that you allow your software vendor to update the system with the ICD-10 codes as soon as allowed so that providers and staff members become acquainted with the structure and description of the ICD-10 codes.
- ◆ Construct a cheat sheet of ICD-10 codes either in hard copy or electronic copy and distribute to all providers and staff members.
 - Look at www.cms.gov/ICD10 for a list of all the diagnosis codes
 - ICD-10 laminated pediatric GI code sheets are available at (www.askmuellerconsulting.com)
- ◆ Schedule a training session with all providers and staff members to go over the changes with ICD-10. Remember that staff members that pre-authorize, bill, code, adjudicate, schedule and write orders will also have to be trained in ICD-10.
 - For an audio training CD/flash drive on ICD-10 for gastroenterology, contact (www.askmuellerconsulting.com)

DON'T WAIT UNTIL SEPTEMBER, 2015, TO START.**Don't Forget to Complete 2014 Clinical Practice Survey**

NASPGHAN and the Clinical Practice Committee are happy to announce the 2014 Clinical Practice survey. The purpose of this survey is to gather data about the work environment and compensation of pediatric gastroenterology providers practicing in the United States. Results of the survey will be published for **NASPGHAN** members on the website. Who should complete this survey? Any pediatric gastroenterologist or advanced practice provider (NP, PA) practicing pediatric gastroenterology, hepatology and/or nutrition in the United States.

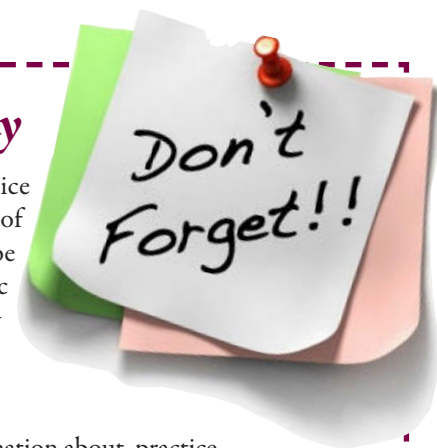
Why should you complete this survey?

- ◆ We have very little recent data about how providers practice in our field. This survey will gather information about practice settings, support staff, work load, and professional compensation that can be used by employed providers and employers alike.
- ◆ National databases describing professional compensation are incomplete and often include very small sample sizes. Many smaller practices may not have the opportunity to contribute to large databases, but everyone in our field can contribute here.
- ◆ Wouldn't you just like to know how your current job compares to others in your field?

While some of the questions may seem personal, we assure you the responses are anonymous. You may not have all the answers. That's OK! Do your best or complete the survey when you get back home. Either way, we want to hear from you.

Visit (https://www.surveymonkey.com/s/Clinical_Practice_Survey) to complete the survey online).

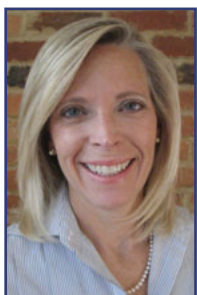
If you have any questions or concerns about this survey, please contact: Sudipta Misra at (misras12@gmail.com) or Matthew Riley at (mriley@nwpedsgei.com).



Washington Update

Camille S. Bonta, NASPGHAN Washington Representative

CONGRESS BEGINS EXAMINATION OF CHIP



Camille S. Bonta

While Congress is prone to missing deadlines or averting financial crises at the eleventh-hour, a panel of expert witnesses in December told members of the U.S. House of Representative's Energy and Commerce Subcommittee on Health that state governments are counting on Congress to act to make sure funding for the Children's Health Improvement Program (CHIP) does not run out on September 30, 2015.

The December hearing is likely to be one of numerous hearings that will be held as Congress considers the program's future. While the Affordable Care Act authorized the program through fiscal year 2019, federal funding will expire at the end of the current fiscal year unless Congress acts.

During the hearing, Subcommittee Chairman Joe Pitts (R-PA) stated his support for the program but said Congress needs to conduct a "data-driven" review of the program in a post-Affordable Care Act landscape, which could spell changes for the program.

The executive director of the Medicaid and CHIP Payment and Access Commission called on the Subcommittee to extend funding of CHIP for

at least two years so a thorough examination of alternative coverage options for children currently enrolled in CHIP can be conducted. The Commission argues that if CHIP funding is discontinued next year, children now served by the program would not have a smooth transition to another source of coverage offering comparable benefits and cost sharing. Without an extension CHIP funding, it is estimated that nearly 2 million children would lose health insurance coverage.

While a number of Democratic lawmakers pressed for a funding extension this year, Republicans, who will control both chambers of Congress for the next two years, opposed continued funding for the program without further deliberation. At the hearing, Chairman Pitts stated that steps are needed to "ensure the program complements—rather than crowds-out—private health coverage." He added that Congress should also "ensure CHIP is a benefit that is targeted to those who are most vulnerable—rather than one that effectively subsidizes coverage for upper-middle-class families."

NASPGHAN will be closely monitoring this issue in the new Congress and will work with other stakeholders, including the American Academy of Pediatrics, to make sure funding is continued for CHIP beyond September 30 and that changes to the program are not disruptive to children who currently rely on CHIP, as well as the providers who care for them.

CMS FINALIZES UPPER ENDOSCOPY PAYMENT RATES

On October 31, the Centers for Medicare and Medicaid Services (CMS) published the 2015 Medicare Physician Fee Schedule final rule, in which it finalized new payment rates for upper endoscopy services. In November 2014, CMS assigned interim final values to all upper gastroenterology endoscopy codes, which resulted in cuts averaging 11 percent, with cuts for endoscopy services much more severe. In the 2015 final rule, CMS finalized the values and increased the physician work values of some of the codes. While almost half of all codes received an increase in relative value units (RVUs), most increases were nominal at between 0.02 and 0.16 of an RVU higher than the 2014 interim RVU values. For example, stent procedures saw nominal increases, but the work RVUs for highly complex procedures, including endoscopic ultrasound, and injection and banding of esophageal varices, were finalized with low valuations.

In September, **NASPGHAN** submitted comments to CMS expressing deep concern with the downstream implications CMS' payment reductions could have on private payer reimbursement for pediatric endoscopy services. In its letter, **NASPGHAN** echoed concerns raised by the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American College of Gastroenterology about how CMS made its determinations for valuation of the endoscopy codes.

In related news, CMS intends to review all codes for which moderate sedation is inherent, including the upper endoscopy codes, which could result in further payment rate changes. The expectation is that CMS will pull moderate sedation from codes in which it is currently inherent and require it to be billed separately when provided. More on this possible modification is expected in the 2015 Medicare physician fee schedule, which will be released in July.

National and locality-specific payment rates for services on the Medicare physician fee schedule can be found on CMS' fee schedule "look-up" website, although rates for 2015 have not yet been posted.

"ENGAGE"—YOUR PORTAL TO NASPGHAN ADVOCACY

In October, **NASPGHAN** launched a new platform for **NASPGHAN** advocacy, offering **NASPGHAN** members a "one-stop-shop" for getting advocacy news and accessing tools to engage with policymakers.

NASPGHAN strives to support pediatric gastroenterologists and their patients by advocating for initiatives, programs and policies focused on education, prevention, treatment, and access to gastroenterology care. Using member input, **NASPGHAN** has established an advocacy agenda that will guide its legislative and regulatory efforts over the next two years.

NASPGHAN has increased its advocacy presence at a national level, but battles in Washington are fought from the ground up by constituents telling their stories directly to members of Congress and other policymakers. To help advance its advocacy agenda, **NASPGHAN** needs its members in every state and congressional district to educate policymakers about issues important to the pediatric gastroenterology community.

As a result of the November elections, there will many new faces on Capitol Hill in January. The arrival of new members of Congress offers **NASPGHAN** members an opportunity to forge relationships with them early in their congressional careers. Take a moment to sign up to become a **NASPGHAN** advocate.

NASPGHAN ADVOCACY AGENDA

- ◆ GI Pediatric Access to Therapeutics
- ◆ Equitable Payment for Delivery of Pediatric Services
- ◆ Pediatric Digestive Disease Research
- ◆ Access to Pediatric Subspecialists
- ◆ Pediatric Digestive Health Improvement

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**

**POSTED ADS WILL APPEAR ON THE
JOB BOARD AND IN
NASPGHAN'S ELECTRONIC NEWSLETTERS**

♦ California—

Children's Hospital Central California seeks three pediatric gastroenterologists (board certified/eligible) to join the current division of 9 pediatric gastroenterologists. With a service area encompassing 45,000 square miles, the practice offers the most up-to-date gastrointestinal motility laboratories in the Central Valley of California with the ability to do both intresophagernal pH and impedance monitoring for reflux, electrogastrography to detect gastric dysrhythmias, and esophageal, gastric and colonic motility testing to detect disorders of motility. The center for GI motility disorders will be housed in a new motility center. A new state of the art endoscopy center is being built to provide the most up to date endoscopic HD diagnostic studies including those for ERCP and sphincterotomies and ultra sound endoscopy. The center also houses the diagnostic equipment for doing breath hydrogen and methane studies for detection of small bowel bacterial overgrowth and abnormalities in methane gas production. Opportunities to teach include an excellent Pediatric Residency Training program and rotations from Family Practice Residency and students from the UC San Francisco School of Medicine. Associate clinical appointments at UCSF are included.

You will enjoy a busy private practice within The Specialty Medical Group, a 119-physician, multispecialty practice group that offers a highly competitive salary and benefits package. Their services extend to Bakersfield in the South, up to Merced and Modesto in the North, and smaller communities in between.

Children's Hospital Central California is a stunning, state-of-the-art, 356-bed facility located just north of Fresno on a picturesque,

50-acre campus on the bluffs of the San Joaquin River with the Sierra Nevada Mountains as a backdrop. In addition to the main hospital, the idyllic campus also features medical and professional buildings, a heliport and a Ronald McDonald House. This impressive facility offers an 88-bed Level IV Neonatal Intensive Care Unit and a 42-bed Pediatric Intensive Care Unit. The hospital boasts a medical staff of more than 525 physicians practicing in over 40 pediatric subspecialties.

Situated less than 60 miles from Yosemite National Park and near the geographic center of the state, the setting offers the unique opportunity to live within one to three hours of the coast, mountains and the San Francisco, San Jose and Los Angeles metropolitan areas. Additionally, for outdoor enthusiasts, Fresno is the only city in the United States with three national parks in its backyard: Yosemite, Kings Canyon and Sequoia.

Weekends can truly be spent enjoying the best of all worlds while residing in a beautiful, affordable area that offers top-ranked schools, easy commutes and outstanding quality of life.

For additional information, please contact:
Lourdine Skillin
Supervisor Physician Recruitment
Phone: 559.353.8173 or 559.267.3998
Email: lskillin@childrenscentralcal.org

♦ Florida—

Miami Children's Hospital (MCH), a 289-bed freestanding children's hospital, has an outstanding opportunity for an experienced pediatric gastroenterologist at a hospital-affiliated location (Nicklaus Outpatient Center) in Palm Beach County. MCH is seeking an experienced BC/BE pediatric gastroenterology fellowship-trained physician to provide pediatric GI care. MCH is seeking physician candidates with a strong commitment to care excellence and customer service.

The Miami Children's Health System has recently partnered with Jupiter Medical Center to expand our brand of outstanding pediatric specialty care to Jupiter, Florida and its surrounding areas. Pediatric gastroenterology has been identified and targeted by the community as an area of particular need. Working out of the Nicklaus Outpatient Center, the perspective candidate

should have several years of experience to enable them to establish and grow MCHS's pediatric gastroenterology practice in this attractive location. This represents a truly unique and exciting opportunity for a motivated individual to flourish in one of the most sought after locations to live in Florida.

It features a competitive compensation package that provides medical, dental, vision, disability and life insurance options; CME and flexible retirement program with corporate contribution; professional society dues and association fees, and relocation and malpractice insurance.

Palm Beach, located north of Miami and Ft. Lauderdale, is home to West Palm Beach. Explore the cultural venues and sample some of the 2,000 restaurants. Enjoy sporting activities, like golfing on courses in the glistening tropical sun and sport fishing on the Gulf Stream. Soak up the sun on 47 miles of picturesque beaches, and hike the wilds of the breathtaking natural reserves. Window shop along Worth Avenue in Palm Beach. Dance to the nightlife of Atlantic Avenue in Delray Beach.

With an historic legacy a century in the making, the attractions, resorts and festivals are certain to suit any pursuit. It is home to 38 cities and towns—from Boca Raton to Jupiter, Palm Beach to Lake Okeechobee.

Enjoy abundant sunshine and tropical weather year round!

Job Requirements: BC/BE pediatric gastroenterology fellowship trained physician.

To apply for this job, contact:
Joyce Berger
Phone: 786.624.3510 extension 3510
Fax: 305.662.8239
Email: joyce.berger@mch.com

♦ Florida—

We are a well-established private practice group of two physicians, two nurse practitioners and a nutritionist in Orlando, FL looking for a third board certified or board eligible pediatric gastroenterologist to join our group. Practice includes satellite clinic locations and consulting privileges in two of the major children's hospitals in the area. We offer a competitive salary, incentive bonus plan and benefits that include health insurance, CME, malpractice and 401K. An academic affiliation with the

University of Central Florida is an option. Teaching opportunities for pediatric residents are available.

Orlando, a town that needs no introduction, is a thriving upbeat city that is diverse in its culture, excellent for young families with more than enough to do with its well renowned theme parks, weather and international connections.

To apply for this job, contact:
Fax: 407.438.3558
Email: orlandopedgi@gmail.com

♦ Florida—

We are a growing two-person private practice. We are not owned by a giant corporation that will pressure you to practice a certain way. We have been providing quality pediatric gastroenterology care to our community for over 24 years. Our main office is located in Palm Beach County Florida. We cross cover with another pediatric GI group, with weekend call currently one weekend per month.

Our hospital has 84 pediatric beds, 40-plus NICU beds and 11 PICU beds. It is covered 24/7 by pediatric hospitalists, pediatric ED docs, and PICU staff. In addition we have lots of other pediatric subspecialists to consult with. There are third-year medical students rotating through, allowing opportunities to teach. Procedures are mostly done in the hospital's endoscopy suite, with propofol given by the anesthesia team.

South Florida is a great place to live and raise a family. Sports for your children abound all year round. In addition there are ballet schools, classical music teachers, and both public and private schools to choose from. For us adults there are land and ocean sports, several big theaters, arts, music, shopping, etc.

Applicants must be Board Certified or Board Eligible in Pediatric GI and have experience using an EHR.

To apply for this job, contact:
Phone: 561.840.1960
Email: pbpedsgifax@gmail.com

♦ Georgia—

The Department of Pediatrics at Georgia Regents University is actively seeking Board Certified pediatric gastroenterologists. Three

positions are available with one position to serve as chief of the division. Candidates must be eligible for medical licensure in the state of Georgia. Candidates for chief position must possess demonstrated leadership experience in clinical practice, research and medical education to qualify at the Associate Professor or Professor rank. The division includes a strong multidisciplinary team of providers managing a variety of gastrointestinal conditions and performing relevant procedures. Close collaboration is maintained with the Department of Surgery, which has four (4) pediatric surgeons. The division is closely tied to areas of focus and advancement at GRU which include a newly formed Digestive Health Center presenting significant opportunities to enhance the clinical and research agenda of the institution.

The Children's Hospital of Georgia (CHOG) is a state of the art, 154 bed-hospital, with a Level IV NICU and 15-bed PICU. It includes a comprehensive group of pediatric medical and surgical subspecialists serving children and families from across the state and is a key sub-specialty referral center for the region. The health system includes a 478-bed Medical Center, a Medical Office Building, and a Critical Care Center housing a 13-county regional trauma center. In addition, a community practice site has recently been added near many of Augusta's larger private practice pediatric offices.

Located in the beautiful Central Savannah River Area (CRSA), which is home to over half-a-million residents, Augusta is known as the Garden City. It is also a growing health care and biomedical research destination, home of a major golf tournament and the third largest city in Georgia. It offers traditional Southern charm plus the advantages of big city life—arts, culture, shopping, education opportunities, fine cuisine, state-of-the-art healthcare, sports and countless outdoor recreational pursuits. The area is strategically located within easy driving distance of beautiful beaches and mountains.

A competitive salary along with a full and comprehensive benefits package is available. Academic rank is dependent upon qualifications. For more information visit: (<http://www.gru.edu/mcg/pediatrics>).

Georgia Regents University is an equal employment, equal access, and equal educational opportunity and affirmative action institution. It is the policy to recruit, hire, train, promote and educate persons without regard to age, disability, gender,

national origin, race, religion, sexual orientation or veteran status.

To apply, contact:
Chris Miller
Work Phone: 972.707.6385
Cell Phone: 573.424.7504
Email: chmiller@maxhealth.com

♦ Indiana—

Peyton Manning Children's Hospital at St. Vincent in Indianapolis is seeking a BC/BE Pediatric Gastroenterologist to join our established practice.

The program features:

- ♦ clinical position with ready referral base
- ♦ opportunities for teaching residents and conducting clinical research
- ♦ outstanding support staff with collegial atmosphere: 2 Pediatric NPs assist with inpatient rounds, clinic patients, care coordination and call
- ♦ 5RNs, 5 MAs and Practice Manager
- ♦ newly designed office space adjacent to Hospital: In-clinic biologic infusion center and small bowel pill camera studies

Rapidly growing, free-standing Peyton Manning Children's Hospital at St. Vincent has 46 inpatient, 15 PICU and 17 ED beds with Indiana's largest Level III NICU (85 beds), special pediatric rooms in OR and Endoscopy Suites, 24-hour Pediatric ER staffing and inpatient admission to in-house attending Pediatric Hospitalist Service with resident support, extraordinary general pediatricians and pediatric subspecialists, strong multi-disciplinary support from subspecialists and ancillary services—Pediatric Surgery, Pediatric Radiology, Pediatric Neuropsychology, GI/Liver-Pathology and Inpatient/Outpatient Dietitians, established AerodigestiveTeam—ability to conduct combined procedures with Pediatric ENT, Pulmonology, GI; Additional support from Developmental Pediatrics, Dietitians and Speech Therapy; pH/impedance/Bravo testing in the Endoscopy Suite, Ambulatory Surgery Center privileges with state-of-the-art endoscopy equipment (new 2009), outstanding 24-hr Pediatric Anesthesiology support serving both Surgery Center and Hospital, great support from Adult GI at St. Vincent for transition of care.

SVMG offers a very competitive compensation package that includes competitive base salaries,

production/quality bonus potential, starting bonus, relocation allowance, CME, comprehensive health benefits, retirement savings plan (403b) with match, malpractice with tail coverage and generous paid time off.

Peyton Manning Children's Hospital at St. Vincent will provide an extraordinary experience of holistic physical, emotional and spiritual care for children that puts the child and family as the focus of the healthcare team. The experienced attending physician coordinates/directs/leads the partnership through the full continuum of emergent, acute and specialty care from the moment of conception to the end of life.

The 12th largest city in the nation and the capital of Indiana, Indianapolis is the center of America's heartland. More than 65% of the U.S. population lives within a 700 mile radius of Indianapolis. More interstates converge in Indianapolis than in any other city in the U.S., which makes it one of America's most accessible cities, named "Crossroads of America." Indianapolis consistently ranks as one of the cleanest and safest cities in the nation, and its cost of living and unemployment rates remain below the national average. Indianapolis supports more than 200 arts organizations, including a world-class symphony, theater, opera, ballet, museums and art galleries. Enjoy a relaxed lifestyle with numerous cultural offerings, change of seasons and outstanding schools. Physicians in Indiana enjoy low malpractice rates, making Indiana one of the top five physician friendly states in which to practice medicine.

Interested candidates please contact:
Mona Hansen, Physician Recruiter
Phone: 317.338.6140
Email: mhansen@stvincent.org

♦ Louisiana—

Women's and Children's Hospital in Lafayette, LA is searching for a Board Certified/Board Eligible pediatric gastroenterologist to join the staff of a pediatric sub-specialty group practice as an employed physician. There is one other pediatric gastroenterologist on the hospital's staff who is willing to share call. This is an untapped market with no competition in a service area of 600K+ with patients who are driving over 2 hours to obtain services. There are many pediatric sub-specialists in

the multi-specialty group and on the hospital's staff to offer support. They also have an exceptional Pediatric Hospitalist Program and Pediatric ER staff that won't burn you out on call. All of our pediatric specialists are housed in our beautiful Multi Specialty Group Clinic on the hospital's campus. We will provide a competitive financial package, including a salary guarantee with incentives, overhead expenses, malpractice insurance, a comprehensive benefit package, relocation and many more perks. In addition, we may be able to provide a sign on bonus, marketing, and legal fee reimbursement. As a member of a HCA hospital staff, physicians have access to the latest technology and state-of-the-art equipment. When you combine the affordable cost of living, excellent educational opportunities, a pleasant year-round climate, a broad range of recreational activities, friendly people and of course, a great career opportunity, you truly have a wonderful place to call home.

To apply, contact:
Kathleen Kyer
Phone: 937.235.5890
Email: kathleen.kyer@HCAhealthcare.com

♦ Nebraska—

The Division of Pediatric Gastroenterology of the Department of Pediatrics at the University of Nebraska Medical Center and the Children's Hospital & Medical Center was recently named in the top 50 best Pediatric GI and GI surgery by *U.S. News & World Report*. We are seeking a full time BC/BE pediatric gastroenterologist/Transplant Hepatologist and a full time BC/BC pediatric gastroenterologist both at the Assistant/Associate Professor rank.

- ♦ Currently, we have three pediatric gastroenterologists and one Pediatric Transplant Hepatologist plus an outstanding multi-disciplinary team, performing clinical service, education, and research at the two institutions.
- ♦ We have an accredited Pediatric GI fellowship. We are in the process of developing a Pediatric Transplant Hepatology fellowship.
- ♦ Excellent opportunities are available for clinical and translational research and collaboration with major interdepartmental programs.

- ♦ UNMC has a very active liver & intestinal transplant programs with an average of 20 pediatric transplants annually. Opportunity for growth exists.
- ♦ Children's is a 145-bed, non-profit free-standing hospital that provides service to children and families across a five-state region and beyond. It is supported by 24-hour, in-house pediatric critical care specialists and over 30 pediatric sub-specialties including an inpatient pediatric hospitalist service.

Omaha is a vibrant city with a metropolitan population of 800,000. Offering excellent schools, Omaha is a safe, family-oriented town. Property values are among the most affordable in the country for a city of this size. Omaha is consistently ranked as one of the most livable and family-friendly cities in the United States.

To apply, please contact:
Ruben Quiros, MD
Chief, Pediatric GI, Hepatology & Nutrition
Medical Director, Pediatric Liver & Intestinal Transplantation, University of Nebraska
Clinical Service Chief, Children's Hospital & Medical Center
Cell Phone: 402.763.7362
Office phone: 402.559.2412
Email: rquiros@unmc.edu
Or contact our physician recruiter
Brenda Krull
Phone: 402.955.6971
Email: bkrull@childrensomaha.org

♦ Nevada—

We are seeking a fellowship trained pediatric gastroenterologist to join a well-established, very busy single specialty group of three doctors and one pediatric Nurse Practitioner in Las Vegas. All current physicians are fellowship trained and dual boarded in pediatrics and pediatric gastroenterology. This group is highly regarded in the community for its dedication to providing and maintaining the highest level of care in an ever-changing world. It is the first practice nationally to participate in the ImproveCareNow Peds IBD Collaborative Network. A full spectrum of gastroenterology care for children, including general GI, liver and nutritional issues are provided to patients from newborn to 18 years of age. All procedures, including manometry and breath hydrogen studies, are performed in office; endoscopies are performed in hospital

settings with anesthesia coverage for all cases. Outstanding subspecialists in all areas are available and quite collegial. The group maintains medical staff privileges at three top Las Vegas hospitals, including Sunrise Children's Hospital, Nevada's largest and most comprehensive facility for children.

The group offers an employment opportunity with a partnership option. A generous benefits package includes malpractice/medical/dental/vision/simple life insurance, paid vacation/CME and CME reimbursement. This group takes call (1 week out of 4); (ER call generally by phone only) and utilizes hospitalists for primary inpatient care.

If you are a dedicated physician interested in helping grow a practice in a collegial environment, please contact:

Kathleen Kyer

Phone: 937.235.5890

Email: kathleen.kyer@HCAhealthcare.com

♦ Tennessee—

Our exploding pediatric GI practice, GI for Kids, PLLC at East Tennessee Children's Hospital is now recruiting two additional Board Eligible or Board Certified pediatric gastroenterologists. One new physician will have the role as a GI Hospitalist to provide better access to patients presenting to the ER as well as provide assistance to the hospitalists on the inpatient floors. The second new physician will participate in the clinics.

We currently have eight providers, two Psychologists, three Registered Dietitians and a Research Coordinator.

Candidate should enjoy clinical work with the opportunity for clinical research. We offer a generous salary and comprehensive benefits package with a productivity bonus potential that consistently ranks in the top five percent of U.S. pediatric gastroenterology salaries.

Forbes recently ranked Knoxville, TN as 4th on the "Best Cities for Relocating Families" list for mid-size markets. While enjoying a low cost of living and no state income tax, Knoxville is surrounded by the beautiful TVA lake system at the foot of the Great Smoky Mountains National Park, and is home to the University of Tennessee and the 1982 World's Fair. This area supports all outdoor and sport activities, and the climate supports year-round golf. Other interests include art and history museums, the Knoxville Symphony Orchestra, live

theater, opera and ballet companies— and the Knoxville Zoo provides cage-free living and year round learning activities.

To learn more about us, please contact:
Please visit our website (www.giforkids.com)

To apply, please forward your CV to:

Jayma Jeffers-Branam

Email: jjeffersbranam@etch.com

♦ Tennessee—

The Monroe Carell Jr. Children's Hospital at Vanderbilt University and the D. Brent Polk Division of Pediatric Gastroenterology, Hepatology and Nutrition has openings for BC/BE pediatric hepatologists, with strong clinical skills in transplant hepatology, to join our team. Responsibilities involve comprehensive management of pediatric patients with acute and chronic liver disease, complications of end-stage liver disease, and pre- and post-operative transplant patients. Depending on qualifications, the possibility of a Medical Directorship of the transplant program exists. Faculty rank is open and will be based on clinical and academic experience.

The Division is comprised of eleven faculty members, and four advanced practice nurses. The division has an ACGME-approved, NIH-funded fellowship training program (6 fellows).

The Monroe Carell Jr. Children's Hospital at Vanderbilt University is a freestanding, state-of-the-art Children's Hospital serving the youth of Tennessee and surrounding states. It is ranked as one of the best children's hospitals in the nation. The Department of Pediatrics is also recognized as a leader in pediatric clinical, translational and basic science research, and consistently ranks among the very best pediatric departments in NIH research funding.

Nashville is a family-friendly city of 1.7 million that is recognized as a cultural, music, epicurian, higher education and healthcare management hub, and aptly named by the *NY Times* as the "it" city of 2013.

Applicants should send a letter of interest and curriculum vitae by email to:

Sari Acra, MD, MPH

Professor and Chief

D. Brent Polk Division of Pediatric

Gastroenterology, Hepatology and Nutrition

Phone: 615.343.9034

Fax: 615.875.1742

Email: sari.acra@vanderbilt.edu

♦ Texas—

Methodist Children's Hospital in San Antonio, Texas, is recruiting a pediatric gastroenterologist who is board eligible or board certified in pediatric gastroenterology to join a growing program with two very well established pediatric gastroenterologists. The program currently cares for infants, children and adolescents with a wide variety of gastrointestinal problems.

The hospital is equipped with a state-of-the-art GI lab, including full motility capability, ERCP and capsule endoscopy as well as an outpatient surgery center. The program is currently performing over 1000 endoscopic procedures a year, with continued growth expected.

The ideal candidate should have a strong background in pediatric gastroenterology education and training as well as at least three years of clinical experience. He or she should be comfortable with and experienced in all gastrointestinal procedures, or be willing to learn from one of our physicians. B/E in Pediatric Gastroenterology and B/C in Pediatrics required.

To apply for this job, contact:

Kathleen Kyer

Phone: 937.235.5890

Email: Kathleen.Kyer@HCAHealthcare.com

♦ West Virginia—

The Department of Pediatrics at the Robert C. Byrd Health Sciences Center of West Virginia University, Charleston Division, is recruiting a second pediatric gastroenterologist for a non-tenure clinical track position.

Benefits include

- ♦ Excellent benefits package with generous PTO
- ♦ Salary commensurate with qualifications and experience
- ♦ Vibrant community
- ♦ Superb family environment
- ♦ Unsurpassed recreational activities
- ♦ Outstanding school systems

The search will remain open until a suitable candidate is identified.

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

Job Requirements

- ♦ MD, DO degree or foreign equivalent degree from an accredited program
- ♦ Board Certified in Pediatrics and BE/BC in Pediatric Gastroenterology
- ♦ Possess aptitude and passion for educating residents and medical students
- ♦ Willingness to participate in appropriate academic, clinical research or other scholarly activity as may be required of clinical faculty

To apply for this job, contact:

Carol Wamsley, CMSR

Phone: 304.388.3347

Fax: 304.388.6297

Email: carol.wamsley@camc.org

♦ Wisconsin—

The Department of Pediatrics at Marshfield Clinic in Marshfield, Wisconsin is seeking a third BC/BE Fellowship-trained pediatric gastroenterologist to join an established 100% pediatric gastroenterology practice. Responsibilities include clinical care

and teaching of pediatric and internal medicine/pediatric residents. Clinical research is encouraged and is supported by the Marshfield Clinic Research Foundation. Marshfield Clinic is well-known for its history and established pediatric subspecialties. Inpatient care is provided at the adjoining children's hospital. Excellent salary and benefits package included.

This pediatric gastroenterology opportunity is for a physician who is comfortable combining the art of caring with the scientific approaches of measurement, technology, and organizational evolution. The successful candidate will be adaptable, and focused on providing ultimate customer service through quality care. The physician will team with the patient to arrive at goals, allowing patients to understand and make decisions about their care options based upon evidence.

The goal of the care team at the Marshfield Clinic is to give our patients value through compassionate, cost-effective care at a personal level—leveraging technology to improve the health of our population, one patient at a time.

With over 775 physicians, Marshfield Clinic is the largest physician-led multispecialty group

practice in Wisconsin. It is a tertiary referral center for the population of Central, Northern and Western Wisconsin and the Upper Peninsula of Michigan.

Marshfield is located in picturesque central Wisconsin. This is a safe community with one of the highest-rated school systems in the state. Large cities of Madison, Milwaukee and Minneapolis are not far away and local opportunities for recreational summer and winter sports activities abound. Housing is affordable and there are no long commutes.

Marshfield Clinic is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

To learn more about Marshfield Clinic, please visit our website at:
(www.marshfieldclinic.org/recruit)

Please Contact:

LaVonne Krasselt, Physician Recruiter
Marshfield Clinic

Phone: 715.221.5774

Email: krasselt.lavonne@marshfieldclinic.org

Watch for 2015 NASPGHAN Foundation Grants!

NASPGHAN Foundation grant applications for 2015
will be available online in early March. Look for details
soon on the NASPGHAN website.

www.naspghan.org