



President's Report

President, NASPGHAN: Benjamin D Gold, MD

To my Friends and Colleagues of **NASPGHAN**, CPNP and APGNN:

What a year 2020 has been for all of us, one that the history books will speak of centuries from now!

A pandemic with a virus named SARs-COV2, an explosion of world-wide awareness of human, and in particular civil rights, violations with the nidus being the uncovering of 400+ years of racism towards people of color, and African Americans in particular, with the deaths of George Floyd, Breonna Taylor and Ahmaud Aubrey, to name just a few souls lost, and, a year where the very essence of U.S. democracy was threatened. To the first, this world-wide pandemic has frankly not spared even a single member of **NASPGHAN**, whether COVID-19 infected us individually or close family/division members and our extended family or for that matter all of North America from Canada to Mexico. This pandemic has changed every aspect of our lives and the way we live; the way our children go to school; the way we practice medicine; whether in the hospital or outpatient setting; the manner in which we carry out our procedures; train/teach our fellows; and yes, how we at **NASPGHAN** function in holding our conferences, including **NASPGHAN** Fellows conferences and our Annual Meeting!

The 48th Annual Meeting was held November 1st through 7th 2020, the **FIRST** ever, totally virtual, Annual Meeting of our organization. We proactively decided on how to proceed early in 2020, by a small,

enthusiastic and talented task force assembled in February. I would be remiss without giving a huge thanks to each of them; to Rina Sanghavi, Melanie Greifer, John Pohl, Jose Garza, Jeannie Huang, Edwin deZoeten, Ian Leibowitz, Christine Lee, Bruno Chumpitazi, to CPNP as well as APGNN leadership, and to **NASPGHAN** Meeting planner Laura Smith as well as Margaret Stallings. The 2020 Annual Meeting would not have happened without this groups' input, willingness to meet at a moment's notice, and most of all their creativity and energy in helping transform the work done at the January planning meeting in Orlando into ultimately the virtual meeting held in November. The final decision was validated by getting our members' input with the largest **NASPGHAN** poll ever in our history (>1400 members participated). Once the decision to go virtual was made, we expeditiously but carefully selected Pathable, Inc. as our virtual vendor and then relied upon Kenny Reff and Limelight Productions to produce the meeting.

I witnessed first-hand and confirmed the strength of our Society, and the dedication and collaboration of our members, as Laura, Margaret and the Annual Meeting Task force, in conjunction with Karen Murray, **NASPGHAN** President, the Committee Chairs and Councilors, set about reorganizing the concurrent sessions, posters, plenary session and Postgraduate Course as well as the Scientific Exhibits, Satellite Symposia into the virtual format, and then executed the final product. From the meeting's kickoff with Dr. Ray Bignall's William F Balistreri Lecture on

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Diversity and Inclusion in Healthcare to Past-President James Heubi's lecture on the gallbladder at the last module of the Postgraduate Course, our meeting not only exceeded all of our expectations, but had an energy and spirit that I just couldn't have imagined. In addition, we recorded our best Annual Meeting attendance to date: 1,923 attended/registered at the Annual Meeting formally (1,891 in Chicago, 2019) and 944 attended/registered at the Postgraduate Course (902 in Chicago, 2019)!

The shout-outs of 2020 don't stop there. We have had an incredible number of wonderful accomplishments completed by our members during this past year despite the circumstances in which we have been living. In regards to COVID-19 proper, **NASPGHAN** members created a variety of resources including patient resources made available on our website and at (GIKids.org) multiple articles published in *JPGN* reporting on member-driven surveys, and a series of practical, evidence-based interactive webinars and teleconferences. In addition, a series of Virtual fora, now formerly called Webinar Wednesdays were initiated and implemented by Matthew Ryan and leadership. These webinars ranged from performing endoscopy during the pandemic, to B Li, Jim Franciosi, Jeannie Huang, Sandeep Gupta, and Chris Hayes leading dynamic, well-attended webinars on Telehealth.

Similarly, despite the impact of the pandemic on the economy, our financial status remains strong. This was due to the success of the 2020 Annual Meeting, our industry partners who have continued to step up with their financial support, but also the vigilant oversight of our Secretary-Treasurer, Jeannie Huang, now Norberto Rodriguez-Baez.

Further, social media presence of **NASPGHAN** has never been stronger, from the 'twitter-sphere' to Instagram and the now 1-year old, increasingly popular Podcast called *Bowel Sounds*, which launched its inaugural episode at the 2019 Annual Meeting in Chicago. In particular, *Bowel Sounds* (led by Jennifer Lee, Peter Lu, and Jason Silverman) really stepped up its game this year – bringing key issues to our members with features that included meeting the candidates (for the **NASPGHAN** presidential election) to racism in healthcare shortly after the death of George Floyd in July.

With respect to training our fellows, we owe our gratitude to the enthusiastic leadership of Christine Lee, Danny Mallon and all of the members of the Training committee who were able to reformat and then execute the 2nd and 3rd year, as well as the upcoming 1st year fellows conference in a completely virtual format. In conjunction with the Fellows Committee, who have just been incredible this year, the **NASPGHAN** Training Committee conducted, analyzed and just recently published a descriptive study characterizing issues being faced by fellows during training to fellowship completion and the job search during the challenge of COVID-19.

On the advocacy and professional development front, our Society continues to tirelessly speak up for our patients and more broadly advocate for the welfare of children. In the past year, **NASPGHAN** has lobbied

our representatives and senators about magnet safety, medical nutrition and equity, and about pediatric gastrointestinal disease in general. And, relevant to the eye-opening events of the past year drawing awareness to race and its role in societal and health disparities, **NASPGHAN** has committed to improving equity, inclusion and diversity in our profession, Society, and to improving the social context of the marginalized patients we serve. The **NASPGHAN** Professional Development Committee (PDC), led by Gitit Tomer and Rina Sanghavi, continues to keep the issues of gender representation, equality and participation at the forefront, and recently conducted a work-satisfaction survey of our members. The PDC, in conjunction with the Diversity Special Interest Group now led by Conrad Cole, is undertaking a systematic assessment of our society with respect to gender designation, ethnicity and race as it is critical to know where we are in order to optimally plan and strategize about where we need to be as a society. Accordingly, NASPGHAN has expanded our partnership with ACG (#DiversityinGI), initiated prior to the 2019 annual meeting under Karen Murray's leadership, to participation in an Inter-society Gastroenterology Diversity (IGD) Committee including AGA, ACG, ASGE, AASLD, and **NASPGHAN** to further address issues of equity, diversity and inclusion.

In closing, although at times, it feels like we just need to 'flush' 2020, be done with it and move on to 2021, there are so many wonderful aspects to our society, so many people who stepped up and made a difference, and so many wide-ranging accomplishments that shine brightly even in the worst days we have been through to remind us that there is much to look forward to and with excitement towards the future.

I have nevertheless missed seeing your smiling faces in-person at the Annual Meeting and throughout the past year. I dearly miss the hugs and handshakes, warm hello's and moving on the dance floor with Norberto at the helm at the final closing party . . . but know we will be together again soon!

My wife Wanda, my family and I want to extend our warm wishes and love to you all for the Holiday Season and the New Year. I look forward to seeing you virtually or in-person at the World Congress in Vienna, Austria in June and with great hope in person in Nashville, TN come November, 2021.

Stay safe, stay healthy and may you and your families be blessed during this holiday season and look forward to our future, 2021 and beyond.

Respectfully yours,



Benjamin D Gold, MD, FAAP, FACG, NASPGHAN-F
President, **NASPGHAN**

Children's Center for Digestive Healthcare | Atlanta, GA



Secretary–Treasurer's Report

¡Hola! Greetings from Dallas, Texas! As your recently elected Secretary-Treasurer, I am truly honored to have the privilege to serve **NASPGHAN** and you for the next 3 years. I will bring my leadership skills, knowledge and enthusiasm to help **NASPGHAN** maintain financial stability while continuing to be the voice for pediatric gastroenterologists. The year 2020 has been one of many transformations and unprecedented challenges. However, **NASPGHAN** remains in a solid financial stability due to the extraordinary work of my predecessor Dr. Jeannie Huang in collaboration with the Finance and Executive Committees.

The financial strength of our Society relies on the income from membership, the Annual Meeting and Postgraduate Course, and *JPGN*. From November 1-7, 2020 we celebrated another successful Annual Meeting and Postgraduate course with a record attendance of 1,923 and 944 registrants respectively. This is a true testament of the commitment of our members in supporting **NASPGHAN** activities. Thank you to Ben Gold, Karen Murray, and the Planning Committee for organizing this amazing meeting for our Society despite the challenges resulting from the COVID-19 pandemic.

Our Society continues to grow. The current membership of **NASPGHAN** is about 2,641, which includes 1,962 full members, 75 emeritus members, 38 Fellow of **NASPGHAN**, 450 associate members, 60 international members, 32 editorial board members, 7 members who are also members of ESPGHAN, and 17 psychology members. In addition, there are 467 members in the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) and 303 in the Council for Pediatric Nutrition Professionals (CPNP) who are actively involved in collaborative activities with **NASPGHAN**.

You can pay your **NASPGHAN** membership and dues online. Your support is instrumental for the organization of our Annual Meeting and Postgraduate Course as well as other programs such as Maintenance of Certification, Single Topic Symposia, and Mid-Career Research Award among others.

We are looking to the future with hope and expecting to celebrate face-to-face our 2021 Postgraduate Course and Annual Meeting at Gaylord Opryland Resort & Convention Center in Nashville, Tennessee November 4-6, 2021. We also hope to have the amazing opportunity to interact with colleagues and friends from different countries at the World Congress in Vienna, Austria in June 2021.

Finally, as we celebrate this season of giving, we encourage you to continue [supporting NASPGHAN and the NASPGHAN Foundation](#) when you contemplate charitable giving. This support will positively impact **NASPGHAN** and the Foundation in their mission to advance the practice of pediatric gastroenterology, hepatology, and nutrition through education, advocacy and research.

Please feel free to contact me by email at (norberto.rodriguez-baez@utsouthwestern.edu) with any questions or concerns.

Wishing you happy holidays and a wonderful 2021 full of blessings!

Your Secretary Treasurer,

Norberto Rodriguez, MD
Secretary-Treasurer, NASPGHAN
Dallas, TX

NEW NASPGHAN MEMBERSHIP CATEGORY

With the membership passage of the bylaws amendment in the recent **NASPGHAN** election, **NASPGHAN** has a new membership category. This category, Pediatric Clinical Affiliate, allows practitioners of affiliate clinical services to join the Society. Such practitioners would include, but are not be limited to social workers, psychologists, occupational therapists and psychiatrists. We hope you will share this information with your colleagues in these disciplines.

—Applications will be available on the **NASPGHAN** website soon and a new online application will be available in 2021—



NASPGHAN Foundation News

.....•Menno Verfiave, MD•.....
President, NASPGHAN Foundation

Dear Colleagues:

Season's greetings! It is hard to believe that we are closing out another year and have remained strong despite the challenges of the pandemic. This is largely due to the tireless contributions and work from our members and the corporate community who have rallied around us to support our important educational and research missions. It is a testament to our wonderful professional community. This particularly struck me as I attended our Annual Meeting. Even virtually, seeing everyone and participating in this successful event brought me a welcome respite and sense of joy in being part of our incredible **NASPGHAN** "family".

Because of this support, and the incredible volunteer efforts of our members, our Educational Mission remains front and center. The Foundation was able to produce and continue many new activities in 2020 and more are on the horizon for 2021.

Projects for 2020 included:

► ONLINE LEARNING MODULES

The ABCs of EGIDs Online Learning Modules

Thanks to all of the faculty and especially Course Directors, Sandeep Gupta, MD and Jonathan Spergel MD, PhD for their leadership on the massive undertaking.

NASPGHAN Nutrition Curriculum for Pediatric Gastroenterology Fellows

This comprehensive resource for all fellows would not have been possible without the contributions from the faculty under the steady leadership of Drs. Praveen Goday, Candi Jump and Ala Shaikhkhailil.

► WEBINARS

The Foundation was able to raise funds to support the timely and important Telehealth Webinars expertly organized by Course Directors B Li MD and James Franciosi MD, MS. More than 800 people have viewed this series.

Transnasal Endoscopy: Going Where We Have Never Gone Before

Thank you to the multi-disciplinary faculty and Course Directors Vrinda Bhardwaj MD and Kristina Leinwand MD who made this a timely and important resource for our practitioners.

Liver Disease in ZSD

This webinar was one of the Foundation's first forays into producing a webinar series for patients, families and caregivers. Thank you for the partnership with the Global Foundation for Peroxisomal Disorders and the expert leadership of James Heubi MD and Sarah Fleet MD.

Nutritional Management of Children with Cholestatic Liver Disease

Another patient facing webinar was successfully launched thanks to the **NASPGHAN** Hepatology Committee (Chair: Mercedes Martinez MD), an expert faculty, Sanjiv Harpavat MD, Shikha Sundaram MD and Jennifer Vittorio MD.

► COURSES

Despite our inability to hold a live meeting Course Director, Timothy Sentongo MD, lead another successful year of the popular N2U Course, which was held virtually. (See page 24)

► PATIENT AND FAMILY EDUCATION

The unstoppable, Jeannie Huang MD continues to update the IBD transition app, Doc4me that will now include a database for pediatric providers (stay tuned for more details). The IBD Committee (Chair: Edwin deZoeten MD) and Public Education Committee have worked tirelessly to update the patient information flyers on GIKids so that the links on the app will be up to date.

► GIKIDS MATERIALS

These materials are continually being updated and again thank you to the members of the Public Education Committee and special thanks to the web editors Athos Bousvaros MD and Priya Raj MD.

► MORE TO COME FOR 2021

- ◆ *Four Part Webinar Series — "New Frontiers in the Science and Practice of Parenteral Nutrition"* This will include an overall update on Parenteral Nutrition, Specific update on Parenteral Nutrition in neonates and infants, Update on alternative lipids, and Addressing the complications associated with PN delivery.

Thank you to the organizing members from our **NASPGHAN** Nutrition Committee (Chair: Timothy Sentongo, MD).

The first webinar is scheduled for January 26—Save the Date!
"You Gotta Be Mental if the Nutrition is Parenteral: An Overall Update on Parenteral Nutrition"

Mark Corkins, MD—*The University of Tennessee Health Science Center*

Anna Tuttle, RD—*Le Bonheur Children's Hospital*
 Registration information will be available shortly.

- ◆ February 8 at 8PM — ***"Advances in Diagnosis and Treatment of Alagille Syndrome"*** Again thanks to our Hepatology Committee and Course Director, Kathleen Loomes, MD for organizing this webinar on this important topic.

♦ **Education Campaign on Viral Hepatitis C in Children** – This important campaign is multi-faceted and will include several components including:

- CME Slide Set and 30 city Virtual Grand Rounds Program
- Public Components Include:
 - Webpage on www.GIKIDS.org
 - Public Awareness Campaign using social media, print, and GIKids website
 - Brochures and guides on Challenges in Daily Life, Protect Your Family, Transition, Nutrition and Catch-up Outreach

The Foundation continues to support research for all our members including our dietitians, nurses, clinical and bench researchers. We had another competitive year of grant applications, and despite the challenges of the pandemic, we received many worthy applications and were able to fund 12 research awards, which we were proud to present virtually during the Awards Ceremony during the Annual Meeting. (See page 33)

The awarding of grants is always a double edge sword: congratulating the recipients, but recognizing that there were many worthy proposals not funded. The Foundation is firmly committed to the pursuit of new sources of research support for our members and affiliate societies. We stay rooted in the belief that innovative research is essential to advance patient care, educate the next generation of physicians, and maintain **NASPGHAN** as a leading voice in the field.

As the end of the year approaches, I want to thank so many people. The work of the Foundation would not be possible without the support of all the Corporate Partners and Supporters.

I want to thank the **NASPGHAN** members who have generously donated to the Foundation and ask those that have not yet, please consider donating before the year's end. Giving to the Foundation has now been made mobile, just TEXT 4GIPEDS to 56512. And don't forget that during this holiday season, you can designate the **NASPGHAN** Foundation to receive 0.5% on each purchase from Amazon. Learn more on our [website](#) and [here](#).

Finally, a huge thank you to our amazing Board members, Ann Scheimann (Secretary-Treasurer), Barry Wershil (Past-President), and of course to the incomparable Margaret Stallings and the dedicated staff in what is literally now the "home" office.

And with that, I wish you all a joyous Holiday season and a Healthy and Happy 2021.

Sincerely,



Menno Verhave, MD
President, **NASPGHAN** Foundation
Boston, MA

2021 MEMBERSHIP FEES CAN NOW BE PAID ONLINE



You can now view and pay your 2021 **NASPGHAN**, CPNP and APGNN membership dues online. To view your account, please:

- ▶ Go to the [Member Center](#)
- ▶ Log in with your user name and password
- ▶ Click on Renew Now on the left-hand side of the page.

If you pay online, you will receive an automatically generated receipt and confirmation. Please remember that you will not receive *JPGN* after January, 2021, if you have not paid your 2021 **NASPGHAN** membership fees or paid for a 2021 *JPGN* subscription.

NASPGHAN is collecting demographic data in an effort to ensure the organization continues to work on improving diversity and providing equitable and inclusive programs and positions to all members. The data to be collected are now expanded and more inclusive. Data collected will be used to address important issues related to diversity, equity and inclusion; increase diversity in pediatric gastroenterology, our pipeline of trainees, and leadership.

Please click on My Account and consider taking some time to review your information and make sure that **NASPGHAN** has correct information for you. The **NASPGHAN** National Office will be preparing the annual update for the Membership Directory. Also, consider uploading a personal picture.

If you have any questions, please contact Gina Brown, at (gbrown@naspghan.org) or Kim Rose at (krose@naspghan.org) or by telephone at 215-641-9800.

NEWS from Our Foundation Partners

ALBIREO PHARMA, INC.



New Phase 3 Data Show Durable Response to Odevixibat in a Rare Pediatric Liver Disease.

Albireo Pharma, Inc. a clinical-stage rare liver disease company developing novel bile acid modulators, recently announced new data in progressive familial intrahepatic cholestasis (PFIC) patients confirming statistically significant reductions in serum bile acids (sBAs) and improvements in pruritus for odevixibat, a potent, once-daily, non-systemic ileal bile acid transport inhibitor (IBATi). Interim results from the extension study also showed continued treatment effect for sBAs, pruritus, growth and liver parameters across PFIC1, PFIC2 and PFIC3 patients. Data was presented at the American Association for the Study of Liver Diseases (AASLD) Liver Meeting November 13-16.

Full results from PEDFIC 1, the first and largest, global, phase 3 study ever conducted in PFIC, confirm both U.S. and EU primary endpoints were met in the randomized, double-blind, placebo-controlled trial. Additionally, long-term data from PEDFIC 2, an open-label Phase 3 extension study, demonstrate continued and durable reductions in sBAs, improvements in pruritus assessments and encouraging markers of liver and growth function in patients treated up to 48 weeks.

Across both studies, odevixibat was generally well tolerated, and treatment-emergent adverse events (TEAEs) were mostly mild or moderate. Collectively, these studies reaffirm odevixibat's potential to be the first drug treatment approved for patients living with PFIC, a devastating disease which is currently treated with surgical options including liver transplantation. The data support near-term regulatory filings in the U.S. and EU.

Full results from PEDFIC 1, the global Phase 3 clinical trial evaluating the efficacy and safety of odevixibat in children with PFIC, confirms both U.S. and EU primary endpoints were met in the placebo-controlled trial. Key findings include significant reductions in pruritus and sBAs. Overall, treatment with odevixibat at both doses of 40 and 120 µg/kg/day led to statistically significant reductions in pruritus symptoms and serum bile acids over 24 weeks, compared with placebo. Statistically significant improvement was seen in the proportion of positive pruritus assessments ($p=0.004$), which is the U.S. regulatory primary endpoint. The EU regulatory primary endpoint was also achieved, which was a 70% reduction in serum bile acids (sBAs) or reaching a level of 70 µmol/L ($p=0.003$). Rapid onset of treatment effects, sustained through week 24.

PEDFIC 1 Key Topline Results

	Placebo n=20	Odevixibat n=42	P-value
Proportion of positive pruritus assessments	28.7%	53.5%	0.004
Clinically meaningful improvement in pruritus score	10.5%	42.9%	0.018
Protocol defined bile acid reduction	0%	33.3%	0.003
Absolute change in serum bile acid	13.1	-114.3	0.002
Low rate of drug-related diarrhea/frequent bowel movements	5.0%	9.5%	----

Odevixibat was generally well tolerated, with an overall adverse event incidence not dose dependent and similar to placebo. There were no drug-related serious adverse events (SAEs) reported during the study. Diarrhea/frequent bowel movements were the most common treatment-related gastrointestinal adverse events, which occurred in 9.5% of odevixibat treated patients vs. 5.0% of placebo patients. Only one patient in the 120 µg/kg/day group discontinued treatment due to an AE of diarrhea.

The PEDFIC 2 interim data include results through 24 weeks of treatment (data cutoff date: July 15, 2020) from 69 patients who received 120 µg/kg/day oral dose, which is the planned commercial formulation of odevixibat. Cohort 1 consists of PFIC1 and PFIC2 patients from PEDFIC 1 who rolled into PEDFIC 2. This includes patients treated with odevixibat (patient group P10), as well as patients treated with placebo (patient group P1P). Cohort 2 consists of newly enrolled patients who did not participate in the PEDFIC 1 trial, including patients with PFIC 1, PFIC 2, PFIC3 and MYO5B deficiency.

Mean reductions in sBAs and improvements in pruritus assessments, height and weight with odevixibat exposure were observed in all PEDFIC 2 patient groups. Patients with 48 weeks of cumulative odevixibat exposure (P10 group) achieved a mean reduction in sBAs from 251.8 µmol/L to 85.1 µmol/L ($p<0.0001$) and a mean monthly improvement in the pruritus score, defined as a drop from baseline of 1.0 point or more on the 0-4 point scale, from 3.0 to 1.4 ($p<0.0001$). Cohort 2 confirms the 24-week data from PEDFIC 1, reinforcing the decline in sBA and pruritus seen in the PEDFIC 1 study.

Encouraging change in height & weight observed: In patients exposed to odevixibat for 48 weeks (P10), mean height Z scores also improved from -1.6 to -0.5 ($p=0.02$) from baseline to PEDFIC 2 week 24, and mean weight Z scores normalized over 48 weeks (-0.9 to 0.2; $p=0.03$). 93% of treated patients are on ongoing treatment with odevixibat. Subgroup analyses showed rapid effect and improvements in patients across multiple PFIC subtypes. For example, patients with PFIC 1, PFIC 2 and PFIC 3 in P1P and cohort 2 had mean reductions vs. baseline in sBAs of -31.7 µmol/L, -120.8 µmol/L and 126.8 µmol/L, respectively, through week 12.

Odevixibat was generally well tolerated in PEDFIC 2. Most TEAEs were mild or moderate. No drug-related serious TEAEs occurred. The incidence of diarrhea was low (10.1% overall), and no patient experienced severe diarrhea. No clinically significant changes or safety signals were noted in laboratory assessments.

Odevixibat is an investigational product candidate being developed to treat rare pediatric cholestatic liver diseases, including progressive familial intrahepatic cholestasis (PFIC), biliary atresia and Alagille syndrome. A potent, once-daily, non-systemic ileal bile acid transport inhibitor (IBATi), odevixibat acts locally in the small intestine. Odevixibat does not require refrigeration and can be taken as a capsule for older children, or opened and sprinkled onto food, which are factors of key importance for adherence in a pediatric patient population. Odevixibat is currently being evaluated in the ongoing PEDFIC 2 open-label trial (NCT03659916) and the BOLD Phase 3 trial in patients with biliary atresia (NCT04336722). Initiation of a pivotal Phase 3 trial of odevixibat for Alagille syndrome is also anticipated by the end of 2020.

Odevixibat has received Fast Track, Rare Pediatric Disease and Orphan Drug Designations in the United States. In addition, the FDA has granted Orphan Drug Designation to odevixibat for the treatment of Alagille syndrome, biliary atresia and primary biliary cholangitis. The EMA has granted odevixibat Orphan Designation, as well as access to the PRiority Medicines (PRIME) scheme for the treatment of PFIC. Its Pediatric Committee has agreed to Albireo's odevixibat Pediatric Investigation Plan for PFIC and biliary atresia. EMA has also granted Orphan Designation to odevixibat for the treatment of Alagille syndrome, biliary atresia and primary biliary cholangitis. Odevixibat has the potential to become the first approved drug treatment for patients with PFIC. The company intends to complete regulatory filings in the EU and U.S. for odevixibat

Orphan Drug Designation to odevixibat for the treatment of Alagille syndrome, biliary atresia and primary biliary cholangitis. The EMA has granted odevixibat Orphan Designation, as well as access to the PRiOrity Medicines (PRIME) scheme for the treatment of PFIC. Its Pediatric Committee has agreed to Albireo's odevixibat Pediatric Investigation Plan for PFIC and biliary atresia. EMA has also granted Orphan Designation to odevixibat for the treatment of Alagille syndrome, biliary atresia and primary biliary cholangitis. Odevixibat has the potential to become the first approved drug treatment for patients with PFIC. The company intends to complete regulatory filings in the EU and U.S. for odevixibat in PFIC no later than early 2021, in anticipation of potential regulatory approval, issuance of a rare pediatric disease priority review voucher and launch in the second half of 2021.

ALCRESTA THERAPEUTICS



For patients with fat malabsorption who require enteral feeding, RELiZORB® mimics the function of pancreatic lipase and delivers absorbable fats to your patients.

RELiZORB, is designed to reliably and efficiently deliver the optimal nutritional and caloric benefit from existing enteral feeding formulas by improving the breakdown and absorption of fats, in particular long-chain polyunsaturated fatty acids like omega-3 (including DHA, EPA). RELiZORB is indicated for use in pediatric patients (ages 5 years and above) and adult patients to hydrolyze fats in enteral formula.

Data were published with RELiZORB in two prospective clinical trials, recently published in the *Journal of Pediatric Gastroenterology and Nutrition*.

Key Findings:

- ◆ In these trials, despite having used oral pancreatic enzyme replacement therapy (PERT) capsules with overnight enteral feedings for an average of 6 years, patients entering the study had BMI's of 17.8 and 17.7 respectively.
- ◆ Subjects also had lower than expected levels of essential long chain fatty acids.
- ◆ A 2.1-fold increase in red blood cells of DHA and EPA and a 2.3-fold increase in plasma levels. DHA and EPA levels normalized, indicating improvement in absorption of fats with the use of RELiZORB.
- ◆ A 2.2-fold decrease of omega 6:3 ratio, a key marker of inflammation
- ◆ Improvements were found across all age groups and were independent of the severity of disease or duration of enteral nutrition
- ◆ 61% of participants had improvement in weight percentiles, with similar increases observed in the 5 to 12 year and 13 to 18-year age groups
- ◆ Decreased frequency of GI symptoms was observed with sustained RELiZORB use
- ◆ Long-term usage of RELiZORB showed
 - No reported incidents of diarrhea at day 90
 - Overall, the number of participants reporting GI symptoms decreased from Day 30 to Day 90
 - No participants discontinued RELiZORB due to an adverse event

Alcresta Therapeutics is dedicated to developing and commercializing novel, enzyme-based products designed to address challenges faced by people living with gastrointestinal disorders and rare diseases.



For questions on the clinical data and use of RELiZORB please contact: (Info@MedicalAffairs.com)

Additional information and resources on RELiZORB can be found in the following places:

- ◆ Free 1 CEU Education Webinar entitled: [Enteral Nutrition Challenges: Focus on Pancreatic Insufficiency](#)
- ◆ Educational videos from various Healthcare Providers, clinical and product information, and other tools at: (www.RELiZORB.com)

FRESENIUS KABI FOUNDATION



A Large, Multi-site Study Shows Intravenous Fish Oil Improves Liver Function and Reduces the Need for Liver Transplantation without Adversely Affecting Growth in children with IFALD

Two recent studies summarized the results of an integrated analysis of a multi-site study investigating growth and liver outcomes in children with intestinal failure-associated liver disease (IFALD) who received fish oil monotherapy. These data were used for the FDA approval of fish oil monotherapy (Omegaven®, Fresenius Kabi, Bad Homburg, Germany) and provide important data to help guide the use of this intravenous lipid emulsion (ILE).^{1,2}

The first study is a multi-center, retrospective pair-matched study that compared 82 children with IFALD who were treated with fish oil monotherapy to 41 children with IFALD who were treated with soybean oil monotherapy (Intralipid®, Fresenius Kabi, Bad Homburg, Germany).¹ To help eliminate potential confounders, pair matching was performed using baseline serum direct bilirubin levels and postmenstrual age. Subjects received open-label fish oil ILE at 1 g/kg/day until IFALD resolved or parenteral nutrition (PN) was stopped. Historical control subjects received soybean oil ILE (up to 3 g/kg/day). Anthropometric measurements (changes in body weight, height/length, and head circumference) and prealbumin, triglyceride, and glucose concentrations were compared over time between groups. Changes in all of the growth measures were similar when the two groups were compared. However, children receiving fish oil ILE showed an overall improved growth trajectory compared to the growth at the study beginning. Moreover, after 28 weeks, those treated with fish oil monotherapy exhibited age-appropriate growth with a mean body weight z score between -1 to 1. In comparison to children receiving soybean oil ILE, fish oil ILE recipients consistently had higher prealbumin and lower triglyceride concentrations and were more likely to be normoglycemic. These findings suggest that fish oil monotherapy supports growth appropriately in pediatric patients with IFALD and is associated with fewer metabolic abnormalities than soybean oil monotherapy.

The second study suggests that fish oil monotherapy effectively treats IFALD, and earlier initiation of fish oil monotherapy leads to improved outcomes.² As part of a multicenter integrated analysis, 189 children with IFALD treated with 1 g/kg/day fish oil ILE were compared with 73 historical controls administered up to 3 g/kg/day soybean oil ILE. Despite having higher direct bilirubin levels at baseline (5.8 vs. 3.0 mg/dL, $P < 0.0001$), 65% of infants and children treated with fish oil monotherapy experienced biochemical resolution of their IFALD. In contrast, only 16% of those receiving soybean oil ILE achieved this milestone ($P < 0.0001$ among groups). In a regression analysis, the probability of cholestasis resolution in relation to the direct bilirubin concentration at the start of the study was greater with fish oil ILE vs. soybean oil ILE (76% vs. 50% at a DB of 2 mg/dL and 50% vs. 19% at a DB of 12.87 mg/dL, all P -values < 0.05). Because liver biopsies are invasive and rarely performed, aminotransferase to platelet ratio (APRI) was used as a surrogate marker for liver fibrosis. In pediatric patients with IFALD, an APRI cut-off of 1.6 is associated with advanced fibrosis.³ When APRI scores at the start of the study were compared to IFALD resolution, scores significantly decreased in the fish oil treated subjects (1.235 vs. 0.810, $P < 0.02$). However, the opposite was observed in soybean oil ILE treated subjects; APRI scores worsened (0.540 vs. 2.564, $P \leq 0.0003$). Further, 12% of the soybean oil ILE group vs. 4% of fish oil ILE group received a liver transplantation ($P = 0.02$). The probability of liver transplantation in relation to the direct bilirubin concentration at the start of the study was lower in the fish oil ILE group vs. soybean oil ILE group (1% vs. 9% at DB of 2 mg/dL; 8% vs. 35% at DB of 12.87 mg/dL, $P = 0.0022$ for both). Like previous reports, this study suggests that late fish oil initiation is associated with an increased likelihood of treatment failure. Since there is no definitive test or factor to identify which patients have irreversible liver disease, all PN-dependent patients with IFALD should be offered fish oil ILE once the direct bilirubin is > 2 mg/dL. Such a change in clinical practice, combined with a multi-disciplinary approach to IFALD, might reduce the risk for liver failure and subsequent transplantation.

In conclusion, despite receiving fewer fat calories and being sicker at the start of the study, children with IFALD receiving fish oil ILE grew similar and experienced fewer metabolic abnormalities compared to those who received soybean oil ILE. When compared to patients receiving soybean oil ILE, more patients receiving fish oil ILE experienced resolution of cholestasis. As a result, APRI scores improved, and there were fewer liver transplantations in patients who received fish oil ILE. Late initiation of fish oil monotherapy was associated with worse outcomes. These two studies demonstrate that fish oil ILE is safe and maybe the preferred parenteral lipid emulsion in children with IFALD as soon as the direct bilirubin reaches 2 mg/dL.

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GERBER



Gerber

Real-world evidence of reduced fussiness and improved GI tolerance in formula-fed infants on Gerber Good Start Soothe Pro.

TITLE OF PUBLICATION

Use of a Partially Hydrolyzed 100% Whey-Based Infant Formula with *L reuteri* in Infants with Caregiver-Perceived Intolerance

BACKGROUND

Functional gastrointestinal disorders (FGID) such as spit-up, colic, and constipation are common complaints of caregivers who formula-feed their infants. Such symptoms can cause infants distress and be a source of stress for caregivers, resulting in formula switches. Nestlé Nutrition/Gerber sponsored a study (Czerkies 2019) collecting real-world evidence in 'fussy' formula-fed infants switched to a formula containing *Limosilactobacillus reuteri*, the most studied probiotic in the area of FGID that has been clinically shown to reduce crying time in colicky infants.

STUDY DESIGN

A total of 50 exclusively formula-fed infants (mean age 28.9 days) whose caregivers rated them as being 'very' or 'extremely' fussy were recruited for this single-arm, single-blind, 3-week study. Upon enrollment, the subjects' infant formula was switched to a commercially available partially hydrolyzed whey-based formula containing *L reuteri* and the human milk oligosaccharides 2-fucosyllactose (Gerber® Good Start® SoothePro). Caregivers were asked to rate their infants' fussiness (not at all, slightly, moderately, very, or extremely fussy) at baseline, after each of the first three feedings with the study formula, and 24 hours after enrollment. In addition to the subjective questions posed to caregivers, an objective tool called the Infant Gastrointestinal Symptom Questionnaire (IGSQ) was completed at baseline and after 3 weeks of study formula feeding. The IGSQ is a validated 13-item questionnaire assessing an infant's GI-related signs and symptoms over the previous week in the domains of stooling, spitting up/vomiting, flatulence, crying, and fussing (Riley 2015). Each of these domains contributed to a single overall score with a possible range of 13 to 65. A score of 23 has been observed in healthy infants, and scores over 30 indicate possible clinically meaningful GI distress. The IGSQ was developed as an outcomes assessment to evaluate parent-perceived GI functioning and distress in young infants. The IGSQ is the only known validated tool to date that is reliable, simple-to-use and not disease specific.

RESULTS AND DISCUSSION



At baseline, the mean IGSQ score of the subjects was 34.9. After three weeks of feeding Gerber® Good Start® SoothePro, this decreased significantly to a score of 22.1, indicating little GI distress. In addition to this, over 90% of caregivers reported a decrease in fussiness after the first bottle of the study formula. Similarly, decreased fussiness was reported by the overwhelming majority of caregivers after the second and third bottles with 95% of caregivers reporting decreased fussiness 24 hours after enrollment. None of the caregivers reported a worsening in fussiness at any time point.

CONCLUSION

The unique design of the study included a combination of the use of a validated feeding tolerance tool in addition to solicitation of subjective caregiver perception. The real-world evidence collected in this study demonstrated a rapid reduction in perceived fussiness by caregivers as soon as the first feeding of Gerber® Good Start® SoothePro as well as longer-term improvements ascertained by the significant decrease in IGSQ scores after three weeks. Utilization of such a formula may be helpful for caregivers who are looking to switch their formula due to their infants' perceived fussiness associated with stooling, spitting up/vomiting, flatulence, crying, and fussing.

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Additional research and resources for healthcare professionals can be found at (www.medical.gerber.com).

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TAKEDA PHARMACEUTICALS



Early identification and management goals for pediatric patients with short bowel syndrome (SBS)

Short bowel syndrome (SBS) is a serious and chronic malabsorption disorder.^{1,2} SBS is the result of physical loss and functional deficiency of portions of the intestine, primarily due to surgical resection.²

In pediatric patients, SBS is most often caused by congenital diseases requiring surgical resection of the bowel, including necrotizing enterocolitis, midgut volvulus, intestinal atresia, intestinal aganglionosis, gastroschisis, malrotation, Hirschsprung's disease, and trauma.³⁻⁵

SBS is also characterized by a collection of clinical features, not only length of remaining bowel.⁶ The clinical features of malabsorption can include malnutrition, dehydration, electrolyte disturbances and diarrhea/increased outputs.^{1,7,8}

Pediatric patients with SBS are often dependent on parenteral support (PS) for nutrients and fluids to maintain their health and growth. PS includes varying fluid/nutritional interventions based on individual needs.^{3,9}

Key goals of SBS management in pediatric patients^{3,9-11}

- ♦ Provide nutrition and fluids: Administer adequate fluid and nutrients initially with parenteral support
- ♦ Enhance intestinal adaptation: Enhance intestinal absorptive capacity to encourage nutritional normalcy
- ♦ Reduce or eliminate parenteral support: Minimize long-term dependence by transitioning to enteral nutrients and fluids
- ♦ Minimize disease- and PS-related complications

To learn more about identifying and managing SBS, visit (shortbowel.com).

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US-NON-2929v1.0 11/20

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NASPGHAN'S [LearnOnLine](#) is **THE** place to find all of your education needs. Simply use your NASPGHAN username and password to enter the site. You'll find dozens of ways to earn CME and MOC Part II credit, all while increasing your knowledge of pediatric GI issues that are important to you. Once on the site you can access rich content, including:

[JPGN Articles](#) | [Nutrition Pearls](#) | [Bowel Sounds Podcasts](#) | [The ABCs of EGIDs](#) | [Webinar Series](#)
[Nutrition Curriculum for Pediatric Gastroenterology Fellows](#) | [On-Demand Educational Webinars](#)

[LearnOnLine](#) also maintains a Dashboard for your accomplishments and allows for the reprinting of certificates for your records.

Be sure to visit [LearnOnLine](#) today, and keep watching for exciting new content!



NASPGHAN WEBINAR WEDNESDAYS

Begins February 9

NASPGHAN is pleased to announce a new resource for our members—*Webinar Wednesdays*. These CME webinars will cover a wide variety of topics and will be aired on line as well as be archived on NASPGHAN's on line learning center for future viewing (learnonline.naspghan.org).

SAVE THE DATES

► FEBRUARY 3, 8:00 PM ET

Changing The Dynamic: How To Enable EHRs To Work For You

Moderators:

Jeremy Screws, MD—Erlanger Health System

Ethan Mezoff, MD—Nationwide Children's Hospital

8:00 PM Improving Your Efficiency In Using Epic: Practical Tips For All Ability Levels

Steven Liu, MD—GI Care For Kids

8:20 PM Practical Tips For Efficient EHR Use: Concepts and Examples

John Pohl, MD—Primary Children's Hospital, University of Utah

8:40 PM Keys To Opening Patient Portal Success

Jennifer Lee, MD—Nationwide Children's Hospital

9:00 PM EHRs: Where We Are And Where We Can Be
(Include Value Discussion)

Jeannie Huang, MD, MPH—UCSD/Rady Children's Hospital

► MARCH 3, 8:00 PM ET

Teaching And Technology: Great Or Glitz

Moderators:

Alan Leichtner, MD, FAAP, MS-HPed—Children's Hospital

Norberto Rodriguez-Baez, MD—Children's Medical Center of Dallas

8:00 PM Introduction (Different Learners/Learning Styles)

Arvind Srinath, MD, MS, UPMC—Children's Hospital of Pittsburgh

8:20 PM Social Media and Education

Jason Silverman, MD, MSc, FRCPC—University of Alberta

8:40 PM Teaching and Apps: Ways To Enhance Education And Feedback

Uma Phatak, MD—Yale University School of Medicine

9:00 PM Virtual Reality and Simulation

Brennan Spiegel, MD, MSHS—Cedars-Sinai Health System

► APRIL 7, 8:00 PM ET

Social Media: How To Be A Smart Advocate

Moderators:

Rebecca Winderman, MD—Jamaica Hospital Medical Center

John Pohl, MD—University of Utah

8:00 PM Combating misinformation online

Jaime Friedman, MD—Rady Children's Hospital-San Diego

8:25 PM Social Media - Protecting yourself online

Austin Chiang, MD, MPH—Thomas Jefferson University

8:50 PM Panel Discussion

► MAY 5, 8:00 PM

Integrating Quality Improvement Into Your Practice And Career

Moderator:

Shehzad Saeed, MD—Dayton Children's Hospital

—SAVE THE DATE!—

NASPGHAN FOUNDATION - NEW FRONTIERS IN THE SCIENCE AND PRACTICE OF PARENTERAL NUTRITION PART I OF A FOUR-PART WEBINAR SERIES BEGINNING IN JANUARY 2021

(CME and MOC Part II credit available)

You Gotta Be Mental if the Nutrition is Parenteral: An Overall Update on Parenteral Nutrition

JANUARY 26, 2021 • 8PM ET

Faculty: *Mark Corkins, MD, Division Chief of Pediatric Gastroenterology, Hepatology and Nutrition—The University of Tennessee Health Science Center*

Anna Tuttle, RD, Clinical Dietitian—Le Bonheur Children's Hospital

Supported by an educational grant from Fresenius Kabi

CPNP NASPGHAN

COUNCIL FOR PEDIATRIC
NUTRITION PROFESSIONALS



Carmyn Thompson,
CPNP President

Hello **NASPGHAN** Members!

Hope this newsletter finds you well and enjoying the holiday season!

While we definitely missed seeing everyone in person, CPNP was honored to be able to continue to participate in the Annual Meeting and host our 8th Nutrition Symposium virtually. With this year's symposium, we were able to accomplish one of our long-standing goals, which was to provide a collaborative Ethics CEU with **NASPGHAN** and CPNP.

Following the Annual Meeting, we sent out a call for topics for the 2021 CPNP Nutrition Symposium to the CPNP membership. If you have interest in any nutrition topic, please let us know via our email at (cpnp.naspghan@gmail.com).

We were excited to participate in the **NASPGHAN** Foundation/CPNP Nutrition Research Grant for the second year, which has been supported by QOL Medical, LLC. We had four applications, three of which were awarded grants. Congratulations to our awardees:

- ▶ Kristen Criscitelli, MS, RD, CDN
Children's Hospital at Montefiore, Bronx, NY
- ▶ Natalie Stoner, RD, CSP, LDN
Children's Hospital of Philadelphia, Philadelphia, PA
- ▶ Brock Williams, MSc, RD
University of British Columbia, Vancouver, Canada

As we hope to continue to participate in the research grants, we also hope to grow and strengthen our grant mentorship program, where we pair an RD researcher with a **NASPGHAN** mentor to review their grant submission. If you have any interest in being a mentor, please let us know at the email mentioned previously.

Another goal of CPNP is to increase our focus on diversity. We hope to collaborate with **NASPGHAN** to create diversity education materials for our members in the coming year.

Please continue to follow our Nutrition Pearls that can be viewed anytime at [LearnOnLine](#). We also have new Pearls coming monthly and are thrilled to now have support for this initiative from Mead Johnson Nutrition!

We appreciate your support as we continue to grow. Please let us know if you have any suggestions or needs for nutrition resources. We can be reached at (cpnp.naspghan@gmail.com).

Best wishes for a safe and happy holiday season!

Carmyn Thompson

Carmyn Thompson, RD, LDN
President, CPNP, Council for Pediatric Nutrition Professionals



Elizabeth Burch,
APGNN President-Elect



Dear **NASPGHAN** Members,

I first want to congratulate the organization on a successful virtual meeting this year. Despite the challenges of the pandemic, **NASPGHAN** put forth an incredible program. While APGNN decided to postpone our individual agenda, we are thankful our members had the opportunity

to attend your program. We genuinely appreciate **NASPGHAN's** ongoing support to APGNN!

APGNN had a successful year with new membership opportunities, award recipients, and Board elections. We have partnered with the Society of Pediatric Nurses (SPN) to offer dual membership and continue our dual membership agreement with the National Association of Pediatric Nurse Practitioners (NAPNAP). We are enthusiastic about recruitment and retention in response to these partnerships.

APGNN would like to again recognize our award recipients of 2020:

- ▶ **Susan Moyer NASPGHAN Foundation grant:** Goldie Markowitz, MSN, RN, CPNP – *Children with Autism Spectrum Disorder and Obesity: A Feasibility and Acceptability Pilot for a Parent Education Clinic*
- ▶ **Excellence in Education Award:** Shelby Mudarri, CPNP – *Educational Presentation for Parents and Patients on Inflammatory Bowel Disease*
- ▶ **Sue Peck Excellence in Nursing Practice:** Maureen Kelly, MSN, RN, CPNP
- ▶ **Excellence in Mentoring Award:** Dr. Elizabeth Prout

Our APGNN Board recently transitioned, saying farewell to Bernadette Diez (Membership Chair) and Nannette Martin (Program Chair). We are grateful for their contributions over the past several years. Donna Garner (Texas Children's Hospital) and Sharon Perry (Rainbow Babies & Children's Hospital) have remained on the Board and are now our Membership and Program Chairs, respectively. APGNN has also welcomed two new Board members: Rhys David (Rady Children's Hospital) is the new Clinical Practice Chair and Whitney Gray (UPMC Children's Hospital of Pittsburgh) is the new Media Chair.

Lastly, APGNN continues to work towards our goal of developing an Assessment-based Certificate Program (ACAP). This program will provide evidence-based education on fundamental topics in pediatric gastroenterology, with an emphasis on nursing implications and a global introduction to the field. Completion of the program will award the participant a "Certificate in Pediatric Gastroenterology, Hepatology, and Nutrition Nursing". We look forward to providing more updates over the year and appreciate the support of our physician-colleagues.

As the year 2020 comes to an end, we reflect on the unprecedented challenges faced as well as the opportunities it presented. On behalf of APGNN, we wish all of **NASPGHAN** a happy and healthy start to the New Year.

Warm Regards,

Elizabeth Burch, CPNP

Elizabeth Burch, MSN, RN, CPNP
APGNN President-Elect

Committee and Special Interest Group Reports

INTEGRATIVE MEDICINE SPECIAL INTEREST GROUP

Chair: *Alexandra Russell, MD*

The Integrative Medicine Special Interest Group was established in 2017 and is composed of 24 diverse members from across the country. It is overseen by the Clinical Care and Quality Committee. The SIG was created to develop awareness of the integrative medicine (IM) use in pediatric GI and highlight modalities that are evidence-based and effective; develop a research agenda for evidence-based guidelines of safety and efficacy for recommendation of IM modalities in common pediatric GI conditions, and to provide resources for further education on IM modalities. Our recent activities have included a collaborative review on non-pharmacologic approaches to constipation, establishing a working group for implementing clinical hypnosis into pediatric gastroenterology practice, and creating a writing group for a summary of the top 10 botanicals with which a pediatric gastroenterologist should be familiar. During the course of the pandemic, we have also been developing virtual lecture series to expand education and awareness of integrative medicine nationally. When we are able to meet in person again, we hope to develop hands-on workshops during future **NASPGHAN** meetings. This would include chair yoga, auricular acupuncture, biofeedback, anti-inflammatory diet (with potentially a cooking class, either virtual or in person if possible), and a discussion with members from around the country on how integrative medicine can be incorporated into traditional clinic models.

CLINICAL CARE AND QUALITY (CCQ) COMMITTEE

Chair: *Jonathan Moses, MD*

Hello NASPGHAN friends and colleagues! As Sandeep Gupta transitions to his new role as the Editor of *JPGN*, we want to send a heartfelt thank you for all of his tireless work leading CCQ and a huge congratulations on his new role – thank you Sandeep! It is an honor to take over as CCQ Chair and I am equally grateful to have Joe Picoraro on board as our new Vice Chair – welcome Joe! Our goal is to maintain the momentum Sandeep worked so tirelessly to generate and keep CCQ highly productive in service of all **NASPGHAN** members.

One of the major responsibilities of CCQ is review of proposals for **NASPGHAN** societal papers, which are either clinical guidelines or position papers. It is a credit to the membership and committees in **NASPGHAN** for how busy we are reviewing these. We have had 3 new proposals arrive in our inbox within the last month alone! These projects are a result of the work being done by **NASPGHAN** committees to bring highly relevant clinical information and practice recommendations to our members. There has also been cross collaboration within **NASPGHAN** itself and with outside societies to develop these much-needed documents.

CCQ is also host to three vibrant and active special interest groups (SIG), including the Celiac SIG, Integrative Medicine SIG, and Eosinophilic Gastrointestinal Disorders (EGID) SIG. The Celiac SIG is led by Jocelyn

Silvester, MD, and Ed Hoffenberg, MD who are currently working on a number of initiatives, including a social media initiative (keep an eye on Twitter for this!) and online educational videos, led by Catherine Walsh, MD. The Integrative Medicine SIG is led by Alexa Russell, MD, and she heads up a highly productive group. (See *adjacent related story*). They have writing groups in place to generate publications related to top herbs used in pediatric GI and the role of hypnosis in pediatric GI clinical practice, among other initiatives. Finally, we are excited to see what the “new kid on the block”, the EGID SIG, brings us in the near future, as led by Chair Rajitha Venkatesh, MD, and Vice Chair Sandeep Gupta, MD.

Review of the Clinical Vignettes submitted at the **NASPGHAN** Annual Meeting also fall under the purview of CCQ and this year was no down year! We reviewed around 260 abstracts for the Annual Meeting this year, which is a testament to the engagement and efforts of the members of the CCQ Committee.

Finally, CCQ has a long tradition of fostering homegrown projects and is completing work on a clinical practice survey examining the rate of repeat endoscopy in pediatric IBD to assess for endoscopic remission (or “mucosal healing”). We hope to have the results of this national survey submitted and published over the next few months.

2020 has been a year of many memories and it was no exception for the CCQ Committee. We look forward to continuing our work in service of **NASPGHAN** members into 2021 and beyond!

ENDOSCOPY AND PROCEDURES COMMITTEE

Chair: *Diana G. Lerner, MD*

Vice Chair: *Catharine Walsh, MD, MEd, PhD, FRCPC*

The Endoscopy and Procedures Committee is excited to report several collaborative efforts in promoting endoscopic research, education, and patient care and safety during the COVID-19 Pandemic.

The practice of pediatric gastroenterology and, especially endoscopy, has seen significant disruption in 2020. To help pediatric endoscopists navigate these uncertain times, the Endoscopy Committee published a position paper entitled *Pediatric Endoscopy in the Era of COVID-19* in the June *JPGN*. The paper outlines proper PPE guidelines for endoscopy staff and provides guidance regarding risk stratification of elective endoscopic procedures that need to be postponed.

We thank **NASPGHAN** members for filling out the survey conducted by Ruan et al. You can access the full publication here: [“Changes in Pediatric Endoscopic Practice During the Coronavirus Disease 2019 Pandemic: Results from an International Survey.”](#)

[A follow-up survey is currently live, and we invite all our members to participate.](#)

Many current and previous members of the Endoscopy Committee and ESPGHAN members continue to work on the Pediatric Endoscopy Quality Improvement Network (PEQuIN) initiative lead by Drs. Walsh, Lightdale and Thompson. This group went



through a rigorous guideline development process to develop and define quality standards and indicators that can be used to promote safety and quality in endoscopic care for children. Five joint committee guidelines have been submitted to *JPGN*, so stay tuned.

The Endoscopy Committee continues to work closely with the Button Battery Task Force. You can reference our collaborative work reflecting the use of Carafate and Honey as well as acetic acid pre- and post-endoscopy. The paper *"Mitigating Risks of Swallowed Button Batteries: New Strategies Before and After Removal."* by Lerner DG, et al, was published in *JPGN* in May 2020.

For endoscopic education, we are establishing our very first virtual endoscopy seminars. The goals will be to supplement hands-on learning with didactic sessions. Fellows and faculty will be able to present endoscopic cases and have a lively discussion about specific technical challenges and endoscopic clinical care.

You can access more learning via the ASGE Gastrointestinal Endoscopy Self-Assessment Program (GESAP) for pediatrics. This was led by Dr. Marsha Kay. If you need CME or MOC credits, you can use this tool to review interesting pediatric endoscopy clinical vignettes in these evidence-based learning modules.

For those of you who were not able to attend the virtual **NASPGHAN** 2020 meeting, you are in luck! All the wonderful sessions were recorded and are available to view. I highly recommend the Endobariatric Therapies in Adolescence by Dr. Roberto Gugig, EUS Outside the Biliary System in Pediatrics by Dr. Monique Barakat, and Magnet Ingestion in Children by Dr. Patrick Reeves. In the chat, Dr. Brian Rudolph reminded everyone to report magnet ingestions to (www.safeproducts.gov).

We thank Dr. Patel for giving us a summary on Endo/EsoFlip and Dr. Manfredi for preparing us for how to manage esophageal perforations. We also congratulate Michelle Yeghyayan from the University of Virginia for winning the endoscopy prize for her work on Computer-Aided Detection of Gastrointestinal Anatomy and Pathology via use of Deep Learning Algorithms for Video Capsule Endoscopy Interpretation.

Finally, the Postgraduate Course had three endoscopy-related lectures: GI Bleeding, Post Pyloric Feeding and Advanced Endoscopic Imaging for the GI tract.

The E&P committee continues to work on the Image of the Month and Video of the Month section in the *Journal of Pediatric Gastroenterology and Nutrition*. We are excited to review your submissions!

ERCP SPECIAL INTEREST GROUP

Chair: **Quin Liu, MD**
Vice Chair: **Michael Wilsey, MD**

The Endoscopic Retrograde Cholangiopancreatography (ERCP) Special Interest Group (SIG) continues its objective to further the collaboration of Interventional Gastroenterology and Advanced Endoscopy in Pediatrics. The ERCP SIG, which is overseen by the Endoscopy Committee, serves as a forum to discuss a range of pertinent topics from clinical practice, research collaborations and training pathways which impact our SIG membership.

Over the past several years, some of our ERCP SIG highlights have been:

- Forum to discuss multicenter research collaborations such as the Pediatric ERCP Database Initiative (PEDI) led by Principal Investigator (and former ERCP SIG Chair) Dr. David Troendle, MD, at the coordinating center of UT Southwestern. PEDI currently includes 13 international centers, making it the largest multicenter collaboration in Pediatric ERCP studies. Another example is an Endoscopic Ultrasound (EUS) database for multicenter collaboration that was initially discussed through the ERCP SIG and is now being formed.
- It is well known that there are extremely few training opportunities for formal 1-year/4th-year training programs dedicated to Pediatric GI Advanced Endoscopy. The ERCP SIG provides interested Fellows and current practicing pediatric gastroenterologists a chance to discuss training opportunities and various paths to obtain the Advanced Endoscopy training. Our most recent meeting included current training fellows Dr. Paul Tran (Children's Hospital Colorado) and Chris Chu (Children's Hospital LA) presenting their findings of a comprehensive survey on pediatric gastroenterologists obtaining Advanced Endoscopy training.
- An annual "Year-in-review" of journal articles dedicated to Pediatric Advanced Endoscopy. This year's presentation was by Dr. Elaine Odiase, MD (Arkansas Children's).
- Clinical practice advocacy, such as advocating for the reproduction of the infant duodenoscope, spearheaded by both the ERCP SIG and the Endoscopy Committee.
- The start of recurring virtual didactic teaching sessions to enhance training, competence, and collaboration. The sessions are aimed for both fellows and practicing physicians and was started by both Dr. Travis Piester (Children's Hospital LA) and Dr. David Troendle.
- Presentations pertaining to Advanced Endoscopy at the most recent **NASPGHAN** Annual Meeting given by ERCP SIG members:
 - Congenital pancreatico-biliary anomalies: to scope or not to scope, Dr. Quin Liu
 - Role of EUS and ERCP in pancreatitis, Dr. David Troendle
 - ERCP/EUS emergencies: just your typical Friday night, Dr. Douglas Fishman
 - Safety and efficacy of minor papillotomy in children with divisum, Dr. Monique Barakat
 - EUS outside the biliary system in pediatrics, Dr. Monique Barakat

Those interested in the ERCP SIG may email Quin.Liu@cshs.org for more information.

NASPGHAN FELLOWS COMMITTEE

Chairs: **Sarah Kemme, MD & Allison Ta, MD**

The Fellows Committee has been working on three major projects over the past year that include updating the **NASPGHAN** Toolbox – a pediatric GI reference app; The Fellows Feud- a **NASPGHAN** board review quiz, and COVID impact on GI Fellows.

The **NASPGHAN** Toolbox app was developed as a resource tool for general knowledge of common pediatric GI information. Over the last two years, this app has provided access to information regarding best

practice algorithms, endoscopy image atlas, guidelines, calculators, and patient education material. Based on a survey conducted last year, our next steps are to overhaul the app and transition to a web-based design to facilitate seamless updates and improve functionality. Look out for upgrades to the app to improve visibility of documents, updated practice guidelines, and easy access to additional growth charts.

As part of continuing fellow education, we continued the annual Fellow's Feud, which provides easy access to learning material for board preparation and basic knowledge. This is a question-based learning mechanism that uses the unique spaced learning technology from the Qstream company. Each fellow that participates receives 1-2 questions weekly by email through the Qstream platform. Based on their responses, the question is repeated at specific time interval to improve learning retention (for example, incorrect answers return more quickly for quick repetition). Based on fellow's enthusiasm and increased participation, **NASPGHAN** has committed to funding this platform for future Fellow's Feuds.

Lastly, our latest new initiative was spurred by the current global COVID-19 pandemic that has affected so many throughout the world. Graduate Medical learners have been uniquely affected by changes in their education from reduction in clinical training and procedure time, deployment to at need facilities, and reduction of in-person networking, just to name a few. At the beginning of the pandemic, we developed a sub-committee to gauge the impact of the COVID 19 pandemic on North American gastroenterology fellow's clinical education and future job prospects. An anonymous survey was sent to all **NASPGHAN** fellows in June 2020. A majority (93%) of third-year respondents had a job contract signed at the time of the survey; however, 18% of those contracts were subsequently altered with five respondents having job contracts rescinded due to hiring freezes. Following the conclusion of the first survey, the Fellow's Committee has worked with the **NASPGHAN** leadership and committees to enhance networking opportunities and supplement topics in the annual fellow's conference including job acquisition guidance for current graduating fellows. This will be an ongoing committee focused on supporting fellows through this current pandemic and to develop support avenues for the future. For further details, the results of this survey have been accepted for publication in *JPGN*.

We would like to say a special thanks to Drs. Karen Murray, Ben Gold, Christine Lee, Danny Mallon, and Margaret Stallings for their support through this past year.

PANCREAS COMMITTEE

Past Chair: Sobail Husain, MD

The **NASPGHAN** Pancreas Committee was founded in 2014 with the mission "to improve the knowledge and care of children with pancreatic disorders." In the last six years, there were 30 discrete projects initiated, and over 20 of them have gone on to successful completion. The other 8-10 are new or in process. Most of the projects were society publications whose purpose was to increase the knowledge base on pediatric pancreatic disorders and to bring a complementary group of pancreas experts together. Other projects were webinars, symposia, pancreas prize abstract reviews for the **NASPGHAN** Annual Meetings, and innovative first of its kind projects for **NASPGHAN**, such as the [Pediatric Pancreatitis Passport](#).

I had the privilege to steward the last three years of progress of the Pancreas Committee as its Chair. Our successes were grounded in a core culture of being engaged and collegial. I was indebted to have the support of an advisory nucleus within the Committee, which met monthly and consisted of Vice-Chair Dr. Maisam Abu-El-Haija, MD, and Outreach Director Dr. Zachary Sellers, MD, PhD.

I pass the torch to the incoming Chair, our former Vice-Chair, Dr. Abu-El-Haija, who is a tireless advocate for the mission of the Pancreas Committee. The new nucleus includes new Vice-Chair Dr. Sellers, new Outreach Director, Dr. Michael Wilsey, MD, and myself as Past-Chair.

As we celebrate the accomplishments of our Committee over the last three years, I believe that the next three years are bright, with renewed leadership. Dr. Abu-El-Haija has already recruited to our Committee a diverse discipline of pancreatic surgeons and radiologists, as well as an invigorated pipeline of junior talent. The importance that **NASPGHAN** gives to pancreatology is testimony that **NASPGHAN** is not an organization of a few select GI systems and nutrition, but an inclusive organization that supports the total cause of digestive disease in children.

PROFESSIONAL EDUCATION COMMITTEE

Chair: Maria Oliva-Hemker, MD

Vice Chair: Regino Gonzalez-Peralta, MD

In this year permeated by the COVID-19 pandemic, the key activity for the Professional Education Committee (PEC), the Postgraduate Course, went virtual along with the **NASPGHAN** Annual Meeting. We all had to learn how to do something new and we are thankful to the PEC members who functioned as session moderators and to our 17 speakers for helping make this course a success. It was wonderful to see that the course attracted the similar outstanding attendance that we have grown accustomed to in previous recent courses. We also are so appreciative of the amazing work done by Laura Smith, Margaret Stallings and the **NASPGHAN** national office, and Kenny Reff of Limelight Communications, Inc in organizing and helping bring all aspects of the course together. An advantage for attendees this year is having access to the lectures for an entire year and we are sure that **NASPGHAN** members will appreciate this option, along with the MOC part II credits that are available.

Our Committee is already hard at work preparing the 2021 course that we hope can take place in person at the **NASPGHAN** Annual Meeting in Nashville, TN! Please note that we take your evaluations seriously and we appreciate the feedback. Our goal is to generate the best possible course for all so please feel free to email your thoughts and suggestions about Postgraduate Course topics and speakers to (moliva@jhmi.edu).

The PEC works closely with **NASPGHAN** and the **NASPGHAN** Foundation in supporting all of its professional educational offerings. Many of our members have also been involved in reviewing and providing thoughtful feedback to a number of education activities that took place this year such as the N²U course, telehealth and transnasal endoscopy webinars and more. We have members involved with symposia development for our specialty at other national meetings including Dr. Deborah Neigut who is on the program planning committee for the Pediatric Academic Societies (PAS) annual meeting and Dr. Nadia

Ovchinsky who works with the AASLD Pediatric Special Interest Group. PEC members also assist in reviewing *JPGN* publications so that CME and MOC credits can be provided to **NASPGHAN** members who read chosen articles each month. Recently this work was done under the direction of Dr. Sandeep Gupta who has been *JPGN* CME editor. Now that Dr. Gupta will be taking on the duties of *JPGN* **NASPGHAN** Editor in January 2021, PEC member Dr. Tanaz Danialifar will step into the role of CME editor and continue to work with our committee.

In closing, we would like to extend our deepest appreciation to the entire membership of the Professional Education Committee for contributing throughout the year in furthering our goals to provide valuable education to **NASPGHAN** members. There are more exciting things ahead so keep your eyes and ears open!

PUBLIC EDUCATION COMMITTEE

Chair: *Vince Mukkada, MD*
Vice Chair: *Amethyst Kurbegov, MD*

It has been a productive and busy year for the Public Education Committee. Our primary focus over the last year plus has been to update the resources on the GIKids.org website and help manage the transition to a new host server, which has allowed us to update the look and feel of our site. As part of this work, spearheaded by website editors Dr. Priya Raj and Dr. Athos Bousvaros, along with Margaret Stallings and Kathleen Regan from the **NASPGHAN** office, we are in the process of updating all the existing topic information, including standardizing the format, adding new information and topics, and making sure that all website information now has author information as well as the date of last revision to make future maintenance much simpler.

We have a number of projects that we are excited to work on, including identifying and training several Associate Editors for the website to help move the work along as well as to plan for an orderly transition in the future. We are hoping to be able to provide a centralized repository of COVID-19 guidance for families. We have also agreed to focus on the value of multidisciplinary care in successful GI care, starting with doing some short behavioral health focused video vignettes modeled on the very successful "Nutrition Pearls" series. We are also exploring the possibility of a more patient/family oriented program during the **NASPGHAN** Annual Meeting to allow for more direct information sharing with our patient partners.

We are excited to start another busy year and welcome any questions or comments.

TECHNOLOGY COMMITTEE

Chair: *Jason Silverman, MD, MSc, FRCPC*
Vice Chair: *Peter Lu, MD*

In the six months since our last significant update, the COVID-19 pandemic has continued to increase the use of technology-assisted means of connecting with our colleagues and learners, and to achieve our clinical and academic goals. This has been seen in our excellent virtual

meeting completed in November, as well as the additional webinars arranged by **NASPGHAN**, the **NASPGHAN** Foundation and other societies. It has also driven uptake of medical education on social media and through podcasts. Our activities over the past 6 months have been in support of these activities and others.

A few highlights:

- Social media: The Technology Committee continues to work to advance **NASPGHAN** and GIKids' social media presences along with Opus, our social media and web development company. Our Social Media Subcommittee provides editorial oversight for posts written by Opus and creates additional content. **NASPGHAN** currently has more than 3500 followers on Twitter (up about 10% in the past 6 months), while GIKids has over 1300 (a similar increase). Our Instagram and YouTube accounts have also seen steady growth in engagement. We have added four more members to our Subcommittee and look forward to rolling out some new social media initiatives in the coming year. Be sure to follow @NASPGHAN if you don't already!
- Bowel Sounds: Our podcast, launched at the 2019 Annual Meeting, has continued to receive positive reviews and a large number of regular downloads. We have completed our first full year with 12 regular episodes and 3 bonus episodes. Podcast episodes have been downloaded over 30,000 times by listeners on 6 continents. We remain grateful to those who have taken the time to send comments and suggestions our way or leave a review on Apple Podcasts. The podcast team has just expanded to include a fourth member (Dr. Temara Hajjat), who is excited to join in the fun. We have a number of future episodes already recorded and planned, with lots more coming. Stay tuned!
- Web development: Following the successful relaunch of both **NASPGHAN.org** and GIKids.org last year, the Technology Committee continues to work closely with Opus to improve and update our new sites. The most recent focus has been to increase the amount of updated content on GIKids.org, as well as to ensure that content is readable online and not just available as downloadable PDFs.
- Toolbox app: The Technology Committee has lent support to the Fellows Committee to help guide a redevelopment of the application as a mobile-friendly website. This work is ongoing and quotes from vendors to undertake this work are underway.
- Data Science SIG: Last, but not least, the Technology Committee endorsed the proposal for a new SIG encompassing big data, AI and informatics, proposed by Drs. Sana Syed and Jasbir Dhaliwal. The SIG is now open and has attracted a lot of interest, holding its first meeting during #NASPGHAN20.

TRAINING COMMITTEE

Chair: *Christine Lee, MD*
Vice Chair: *Daniel Mallon, MD*

FELLOWS CONFERENCES

As we all know, COVID-19 changed everything this year. One of the earliest programs affected by the pandemic was the **NASPGHAN**/Abbott 2nd year GI fellows conference that had been planned for April 2020 in Scottsdale, Arizona. With the generous support of Abbott Nutrition, **NASPGHAN** leadership and the quick thinking of Course

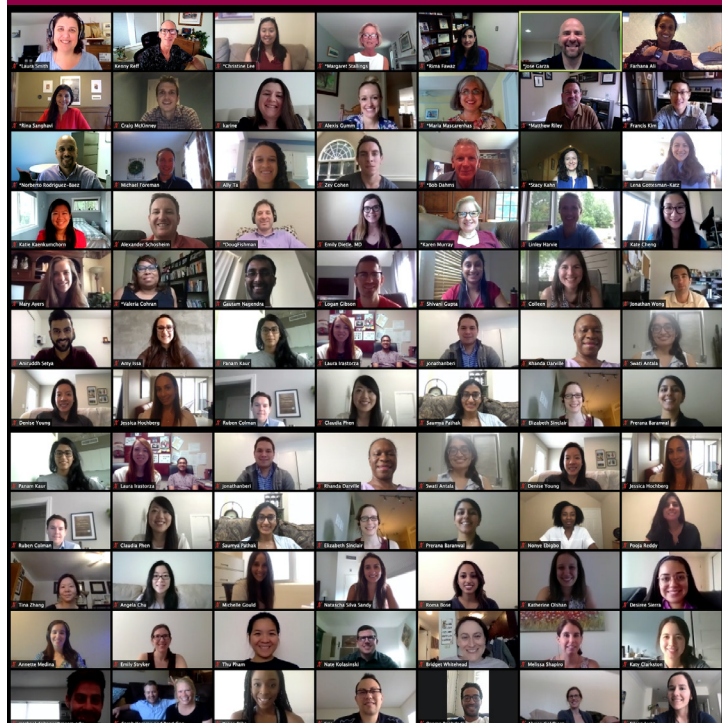
Directors Stacy Kahn and Jose Garza, the conference was transitioned to a virtual conference which took place on July 31-August 1st. The conference provided 100-plus former second year pediatric GI Fellows (now brand-new 3rd year fellows) from across North America with a career-building program that included talks on how to deliver a great talk, prepare for a job search/interviews and small groups on different types of career paths. In addition, discussions on work-life balance in the time of COVID and diversity, equity and inclusion were helpful and honest. The diverse and energetic **NASPGHAN** faculty represented an array of career paths including academic clinicians and researchers, clinical private practice and everything in between. In addition, the faculty were open and available to provide insight into careers in IBD, motility, hepatology, nutrition, quality improvement, endoscopy and more, as well as careers in research and clinical practice. Private feedback was also provided to fellows through personal CV review with fellow-selected faculty. A fun moment was arranged by Abbott Nutrition who mailed formula samples to fellows prior to the conference and hosted a “mocktail” contest using Abbott nutrition products. We were all amazed by the creativity and professional presentation of all submissions. Congratulations to fellow Kyla Tolliver for winning 1st place with her “Banana Split Trio” of drinks using strawberry Pediasure Peptide, Banana Elecare and Vanilla Elecare/Chocolate Syrup! A special thanks goes to Bob Dahms and Abbott Nutrition and the 2020 faculty without whom this meeting could not have happened: Karen Murray, Christine Lee, Valeria Cohran, Maria Mascarenhas, Matthew Riley, Norberto Rodriguez-Baez, Rachel Rosen, Rima Fawaz, Doug Fishman and Rina Sanghavi.

NASPGHAN—Abbott Nutrition

2020 Second-Year VIRTUAL Pediatric GI Fellows Conference

— July 31- August 1, 2020 —

Course Co-Directors: Stacy Kahn, MD & Jose Garza, MD



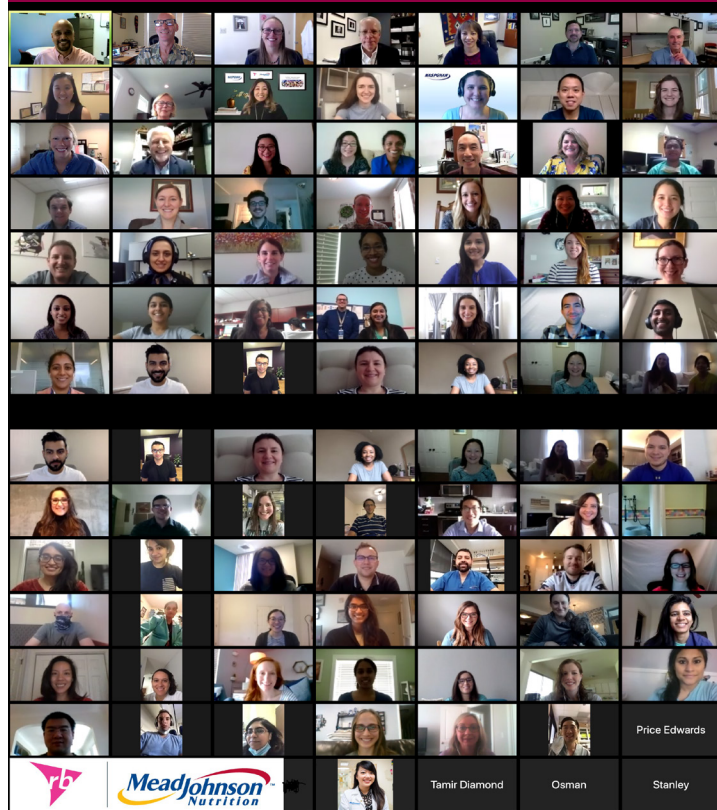
NASPGHAN—Mead Johnson Nutrition

2020 Third-Year VIRTUAL Pediatric GI Fellows Conference

—September 11- 12, 2020 —

Course Co-Directors:

Norberto Rodriguez-Baez, MD & Christine Lee, MD



A little over a month later, Mead Johnson Nutrition hosted the virtual 3rd Year Fellows Conference on September 11-12, 2020 with 98 fellow in attendance. Conference co-chairs Norberto Rodriguez-Baez and Christine Lee organized the “**Transition from Fellow to Attending**” conference which focused on career development/planning, the interview process, and the transition from training to practice with a special emphasis on how to manage this process during the COVID-19 pandemic. The outstanding faculty included Drs. Maria Oliva-Hemker, John Barnard, Steve Guthery, Ben Gold, Matthew Riley, Sue Rhee, Steven Wu, Jessica Lee, and Anna Henderson representing academic centers, private practices, industry and the FDA. The fellows and faculty engaged in panel discussions, small group and one-on-one meetings about the COVID-19 effects on career options/availability, interview process, negotiations and transitioning to their next phase. Many thanks to Lauri Symonds and the Mead Johnson team, **NASPGHAN**, the faculty and the fellows for their continued participation in this fellows conference.

Most importantly, we would like to thank the dedication and unwavering support of **NASPGHAN**’s Margaret Stallings, Laura Smith and Kenny Reff. These crucial fellows conferences could not happen without your help! We look forward to working with this fun **NASPGHAN** team again to help launch the virtual 1st year fellows conference January 14-15, 2021 with the help of co-chairs Sandy Kim and Brian McFerron!

TEACHING AND TOMORROW PROGRAM

Program chairs, Sarah Lusman and Arvind Srinath organized the 2020 Virtual Teaching and Tomorrow program which took place over several nights of the **NASPGHAN** Annual Meeting. The program gives exposure to residents to subspecialty training pediatric gastroenterology, hepatology and nutrition. In addition to having the opportunity to meet faculty, program directors and fellows, participants were also given the opportunity to participate in the excellent scientific talks at the Annual Meeting. Over 80 residents registered to participate in program activities over 4 nights. Two nights involved panel discussions discussing different careers in pediatric GI and ways to improve their application and fellowship interview. In addition, all T&T residents were able to view fellowship program posters and visit different fellowship programs in their virtual fellowship Zoom reception nights over 2 consecutive nights. Many thanks to Sarah Lusman, Arvind Srinath, Danny Mallon and **NASPGHAN's** Margaret Stallings and Laura Smith for their meticulous planning and leadership through this new virtual Teaching and Tomorrow format!

INTESTINAL REHABILITATION SPECIAL INTEREST GROUP

Member: Yaron Avitzur, MD

Formed in 2018, under the Nutrition Committee and current leadership of Drs. Val Cohran and Conrad Cole, the Intestinal Rehabilitation Special Interest Group (IR SIG) has remained active in academics and advocacy for children with intestinal failure. In 2020, the group concluded a primary work product, responded to a critical drug shortage and price increase and assessed the impact of the COVID-19 pandemic on ambulatory care. The SIG continues to advocate for participation in the International Intestinal Rehabilitation and Transplant Association's Intestinal Failure (IIRTA) Registry, which is endorsed by **NASPGHAN**.

Dr. Yaron Avitzur of SickKids, Toronto serves as an executive IR SIG member and the principal investigator of the IIRTA Intestinal Failure Registry. Having completed Pilot Phase data collection from 204 subjects

over 1 ½ years, data entry forms are finalized, and the registry is positioned to launch to all interested centers. Grant support is available for centers enrolling more than 10 patients. Goals of the registry include informing worldwide trends and outcomes, the creation of benchmarks of care, and the identification of best practice interventions and treatments. To explore participation of your Intestinal Rehabilitation Program in this registry, please contact Yaron Avitzur (Yaron.Avitzur@sickkids.ca) or Victoria Srbely (Victoria.srbely@sickkids.ca).

Dr. Danielle Wendel of Seattle Children's Hospital has led a team of SIG members in the creation of a **NASPGHAN** position statement on central line care. The position statement discusses routine care, complications, and special considerations, such as recreational swimming and travel. Supplemental documents include an emergency letter, image library of catheter complications, and patient educational materials. The manuscript is undergoing a final round of revisions.

Dr. David Galloway led a team to survey the SIG to assess the impact of the early COVID-19 pandemic on IF care and the findings were published.¹

Drs. Conrad Cole and Ethan Mezoff have engaged in efforts to advocate for less expensive or alternatives to sterile ethanol solutions. With Dr. David Galloway, they published results of a SIG survey on the early impact of ethanol shortages and ~8 fold price increases following FDA approval of the sterile ethanol product Ablysinol which precluded marketing by others through 2025.² The IR SIG is actively engaged with **NASPGHAN** Advocacy Committee and **NASPGHAN** lobbying consultants to bring this to the attention of the relevant agencies.

Despite many hardships directly impacting the care of children with IF over the past year, the future is bright. The Intestinal Failure Registry holds great promise. Advocacy efforts are underway to explore lower cost options to ethanol lock therapy.

1. Galloway DP, Mathis MS, Wilkinson LT, et al. The Effect of the COVID-19 Pandemic on Pediatric Intestinal Failure Healthcare Delivery. *JPEN J Parenter Enteral Nutr* 2020.

2. Mezoff EA, Galloway D, Cole CR. Heightened Central Line-associated Blood Stream Infection Risk During a Pandemic. *J Pediatr Gastroenterol Nutr* 2020;70:e140-e141.

Welcome New 2020 NASPGHAN Members (as of 11-6-20)

AKari Baber, PhD

Jessica M. Buzenski, PhD

Isabel Soledad Casas Gallegos, MD

Ann M. Davis, PhD

Marla Dubinksy, MD

Andrew Robert Edelstein, MD

Yael Encinas Bravo, MD

Sabeena Farhat, MD

Jeana Hong, MD, PhD

Phuong Christine Nguyen, MD

Lauren Pottthoff, PhD

Kadakkal Ravindran Radhakrishnan, MD

Melanie Ruffner, MD, PhD

Alan Silverman, PhD

Scott Snapper, MD, PhD

Sally Tarbell, PhD



JPGN

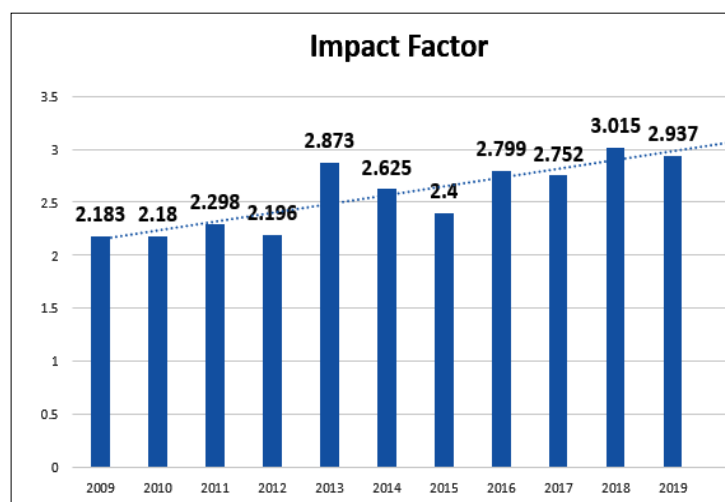
News from the Editor

As of January 1, 2021, the Editorial responsibilities of the *Journal of Pediatric Gastroenterology and Nutrition* will be transitioning to the enthusiastic and capable hands of Dr. Sandeep Gupta. Sandeep has formed a wonderful fresh group of Associate Editors and Editorial Board members who, along with our European colleagues, will continue to drive *JPGN* into the next decade! Please continue to support our journal with your best research and other submissions and with timely reviews as requested.

Below I will provide a few highlights of the current status of our journal:

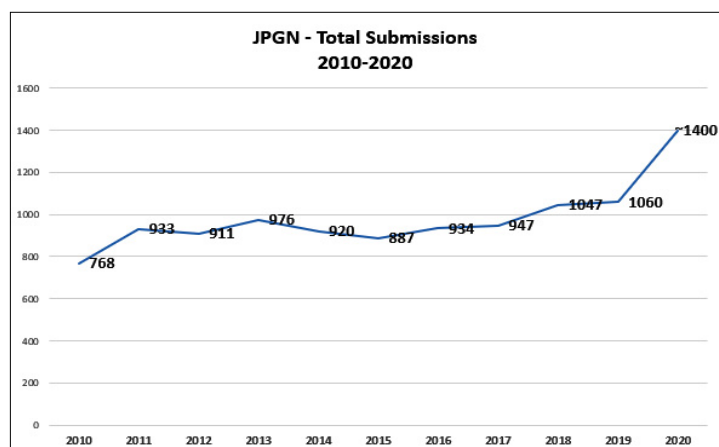
RANKING!

As you already are probably aware, *JPGN* is doing very well, particularly for a pediatric subspecialty journal. Over the past 10 years, the Impact Factor has risen from about 2 to about 3 (2.937 in 2020), making *JPGN* one of the highest impact factors among pediatric subspecialty journals. *JPGN* ranks 17th among all pediatric journals and is in the top quartile (11th percentile) of over 2000 journals in "Clinical Medicine". So, we are doing extremely well, thanks to our busy associate editors, editorial board, reviewers, and all of you!



SUBMISSIONS

This year (2020) we are on track to achieve a new milestone – *JPGN* will receive over 1400 submissions, a tremendous increase especially in the past year. Having more submissions from which to choose material for publication will certainly work towards allowing more focused selection of submissions to accept and will help to further enhance the journal's Impact Factor.



INFOGRAPHICS IN JPGN

Infographics are now included with selected articles in each issue. These provide visual images highlighting the main findings in the selected articles and are useful in helping to distribute information and raise awareness of our publications and our journal in social media.

CME/MOC IN JPGN

NASPGHAN is offering MOC part 2 in addition to CME credit for those of you taking advantage of the CME material, typically 1 or 2 CME articles in each issue. Once again, many thanks to Dr. Sandeep Gupta who provides direction for the CME material and for the related MOC credit. Thanks also to all of the authors who contribute to this activity. You can find CME/MOC articles at [JPGN CME and MOC link](#).

JPGN REVIEWERS

JPGN could not thrive without the dedication and efforts by a large group of our peers who review our submissions. A listing to thank all reviewers (highlighting the top reviewers) is included in the December issue (reviewer acknowledgment) – you can use this on your promotion package!

JPGN needs new reviewers, especially with the increasing number of submissions. If you have not signed up to be a reviewer, please take a few moments to do so. Easiest is to send an email to Marianna Hagan (Marianna.Hagan@wolterskluwer.com) requesting to be added as a reviewer.

If you are already in our database, and especially if you have not heard from us and would like to assist in peer review, please take a moment to update your information in our database to make sure we are aware of your areas of interest and to make sure we have your correct contact information. Please visit the [JPGN.org](#) website to update your information at the "Update My Information" link at the top of every page. Feel free to send me (or Sandeep after Jan 1) an email to let me know of your interest. FYI, the same database of reviewers is used to find reviewers for *JPGN* Reports. (Article following)

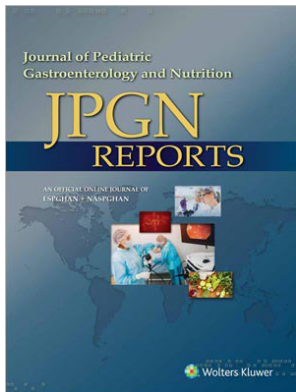
Please feel free to contact me (and Sandeep) if you have any suggestions to continue to improve our journal. And please submit your best research to our journal!

Happy Holidays!

Mel Heyman, MD, Editor-in-Chief

Journal of Pediatric Gastroenterology and Nutrition, Western Hemisphere

Mel.Heyman@ucsf.edu



JPGN REPORTS

JPGN Reports, the new society (**NASPGHAN** and ESPGHAN) journal, is progressing well! Since initiating the journal in June, we have already had over 130 submissions. More than 40 articles have been accepted for publication, so in the next few months we anticipate submitting our application for Medline recognition.

Every three months articles are arranged into a Compendium. **[Our second issue \(and first Compendium\) can be viewed here.](#)**

JPGN Reports is an open access journal, so all articles are accessible online as they are published. **[You can subscribe to alerts and also subscribe to the electronic table of contents by signing up at the JPGN Reports website.](#)**

Log in or Register **Get new issue alerts**

Journal of Pediatric Gastroenterology and Nutrition
JPGN REPORTS

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Articles & Issues ▾ For Authors ▾ Journal Info ▾ ESPGHAN NASPGHAN History ↻

Latest Articles

CASE REPORT

Gastric Mucosa Fistula Secondary to Magnet Ingestion

Lorenze, Alyssa; Downey, Syndey; Costello, Lisa M.; More

November 04, 2020

Abstract ☆ Favorites PDF © Get Content & Permissions

OPEN

BRIEF REPORT

Steatorrhea Versus Normal Stool in Neonatal and Early Infantile Period: Implications for Biliary Atresia

Journal Info

August 2020, Vol. 1, Issue 1

Editor-in-Chief:
Mel Heyman

ISSN: 2691-171X

Online ISSN: 2691-171X

Frequency: Continuous Publication

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[Instructions for authors are on the website here](#) and [here](#).

We anticipate arranging for CME for reviewers of submissions to *JPGN Reports*, as with *JPGN*. Please make sure your information is up to date on the *JPGN* website (above, under *JPGN*), as the reviewers are selected from the same database.

Please feel free to contact me if you have any suggestions to continue to improve our journal!

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



American Academy of Pediatrics Corner

The AAP Section on Gastroenterology, Hepatology and Nutrition, recently completed a strategic plan, and we invite **YOU** to join us in our goals to improve GI care for children and connect with primary care pediatricians in order to do this. The Section is forward looking and growing with 715 members at all stages of their career.

The Section is now laser focused on implementing 4 Impact Statements that came out of our strategic planning process. First, the SOGHN will partner to develop evidence-based collaboration standards and outcome measures that define successful management of common GI problems. We will use new clinical reports and our recently established AAP Chapter Speaker's Bureau to drive education to primary care providers around management of **constipation** and **functional abdominal pain**. We will identify and inform on issues related to **health care inequities** and disparities as part of our education and practice transformation efforts. We will sustain our current efforts that include development of clinical reports on 1—Fecal Microbiota Transplantation (FMT): Guidance for the Pediatrician, 2—Infants with Elevated Conjugated Bilirubin and Possible Liver Disease: Guidance for the Pediatrician to Recognize, Assess and Refer and 3—Probiotics and Prebiotics in Pediatrics. We are also excited to develop and publish a joint Clinical Practice Guideline with **NASPGHAN** on Failure to Thrive.

Second, we will use new **media platforms and digital content** to deliver targeted educational interventions that meet the needs of primary care pediatricians. Offerings will address what is known about relevant health disparities and social determinants of health.

Third, we welcome a broader and more diverse membership. **Fellows and early career gastroenterologists** will help us drive improvement, education, and advocacy efforts for their colleagues and patients through the SOGHN.

And finally, SOGHN will embrace **diversity, equity, and inclusion** as a core principle in all section activities. We will communicate and champion AAP-wide knowledge objectives as they relate to diversity, equity, and inclusion to our members as well as other GI societies. Our work has already begun in this respect, as the Section has committed to AAP and GI initiatives that recognize race as a social construct, not a biologic variable.

The SOGHN has established the following 7 committees to help us accomplish these goals: 1—Trainees and Early Career Gastroenterologists 2—Clinical Education Programming 3—Communications/Website 4—"Community Consult" Chapter Speakers Program 5—Policy Statements and Guidelines 6—Button Battery and Foreign Body and 7—Choosing Wisely. Please let our section manager, Debra Burrowes (dburrowes@aap.org), know if you are interested in joining us on one of these committees.

Finally, please consider recognizing the outstanding contributions of your colleagues by nominating them for the AAP Murray Davidson Award or the AAP Samuel J. Fomon Nutrition Award for 2021. More information about these awards and all of our SOGHN activities can be found at (www.aap.org/SOGHN).

Mitch Cohen, MD, FAAP
Chair, AAP Section on Gastroenterology,
Hepatology and Nutrition

NASPGHAN-F



Apply for NASPGHAN Fellow (NASPGHAN-F) Status

Eligible **NASPGHAN** members [can now apply](#) for the new Fellow of **NASPGHAN** status (**NASPGHAN-F**).

Attainment of the prestigious Fellow of **NASPGHAN** status is for those **NASPGHAN** members who have made significant contributions to the field of pediatric gastroenterology, hepatology or nutrition. Members with a strong career track record for success as clinicians, physician scientists (MD/DO, MD/DO/PhD) or researchers (PhD/ MSC) in the field of pediatric gastroenterology, hepatology and nutrition are encouraged to apply. Fellow status can be attained by meeting all criteria for either Clinical Practice or Research expertise. The **NASPGHAN** Executive Council will review all applications, focusing on the quality and breadth of clinical, research and educational contributions and service to the field of pediatric gastroenterology, hepatology and nutrition. Eligibility requirements are available online and details are available [here](#).



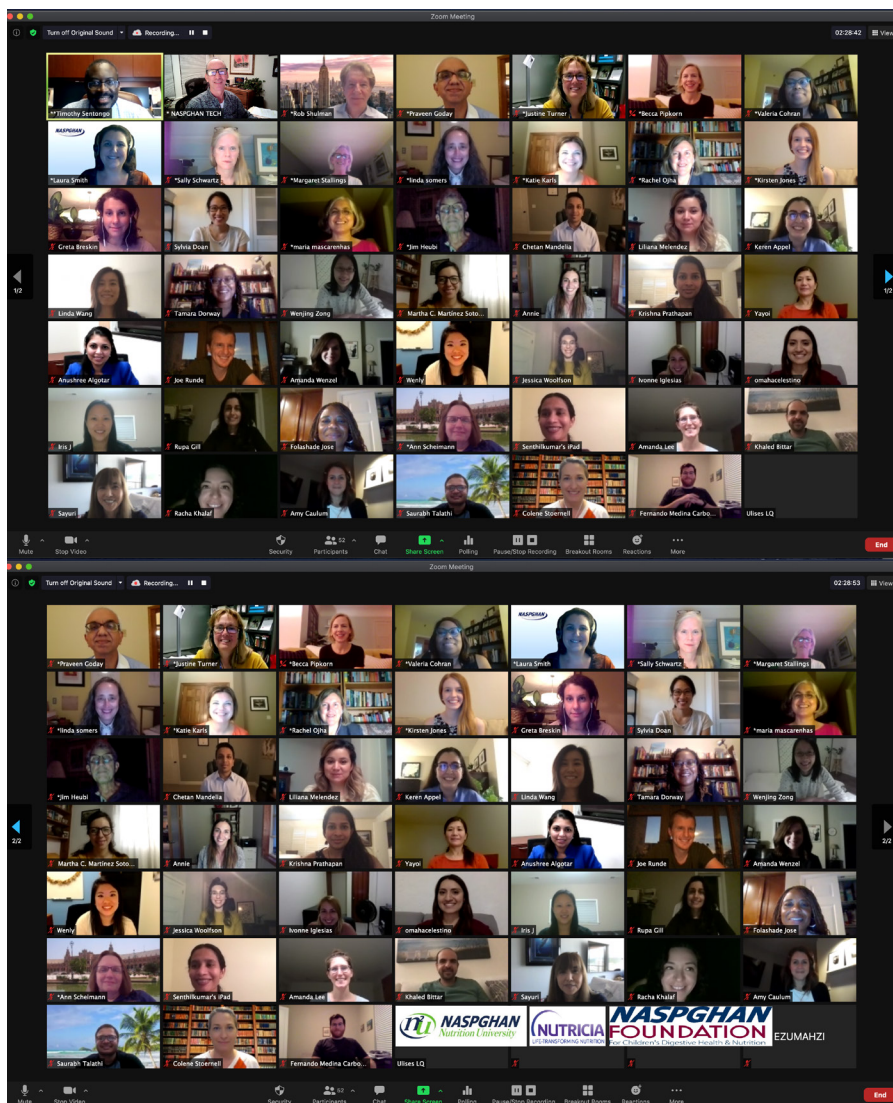
Another Landmark Year for NASPGHAN Nutrition University

Chair: Timothy Sentongo, MD

Congratulations to our 2020 **NASPGHAN** Nutrition University (N²U) graduates!

2020 was unprecedented for the many abrupt yet creative adjustments we all had to make. N²U, which was in its ninth year, was not exempt from the demands of quickly adapting and reinventing itself to remain relevant. N²U like several other **NASPGHAN** engagements got transformed overnight from an in-person activity to a virtual platform. The great enthusiasm and participation of faculty, attendees and organizers reflected the high value attached to learning practical applications in nutrition knowledge and obtaining mentorship. There were 8 RD and 30 MD attendees, and, as usual, the event was interactive and feedback very positive. N²U continues to focus on case-based learning, the latest scientific evidence for nutrition practice, and the clinical wisdom and experience of our expert faculty. The program provides an opportunity for career development and mentorship in the field of pediatric nutrition across North America. Applications to attend N²U are open every January.

A big thank you to our 2020 faculty, CME and applicant reviewers. Special thank you to Margaret Stallings, Laura Smith and supportive staff at the **NASPGHAN** office for all the behind the scenes work, prior to, during and even ongoing after N²U. Also, a special thank you to Kenny Reff of Limelight Communications for helping to create a virtual atmosphere that was both enjoyable and conducive to learning. Finally, thank you once again to Nutricia North America for the unwavering support of this educational activity for now nine years in a row!



FACULTY OF N²U 2020

Timothy Sentongo, MD – Chair
 Valeria Cohran, MD
 Praveen Goday, MBBS, CNSC
 James E. Heubi, MD
 Kirsten Jones, RD
 Catherine Karls, MS, RD, CD, CNSC
 Maria Mascarenhas, MBBS
 Rebecca Pipkorn, RD, CD, CNSC
 Eileen Potter, RD, MS, LDN
 Ann Scheimann, MD, MBA
 Sally Schwartz, RD, CSP, LDN
 Robert Shulman, MD
 Linda Somers, RD
 Justine Turner, MD, PhD

APPLICANT REVIEWERS FOR N²U 2020

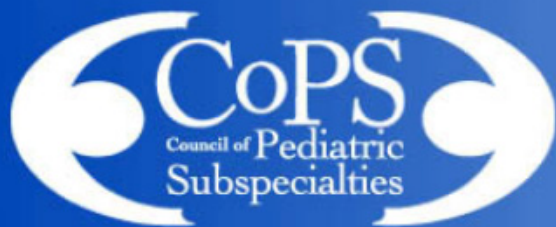
Debora Duro, MD, MS
 Sally Schwartz, RD, CSP, LDN
 Timothy Sentongo, MD
 Carmyn Thompson, RD, CSP, PDN
 Justine Turner, MD, PhD

NASPGHAN Welcomes 2020 First-Year Fellows

Abbas
 Sarah Abu-Alreesh
 Ifunanya Agbim
 Andrea Karina Aguayo Elorriaga
 Renata Aguila Cano
 Cynthia Akagbosu
 Huda Al Ghaffi
 Amna Al-Khuzaei
 Laura Albert Duckworth
 Huda Suhail Alghfeli
 Abdullah Almasoud
 José Antonio Argüello Lopez
 Johanna Ascher Bartlett
 Scheherzade Aslam
 Micaela Atkins
 Ana Gabriela Ayala German
 Anam Bashir
 Geetha Bhagavatula
 Diego Andrés Blanco Fuentes
 Kristin Borovsky
 Matthew Adrian Buendia
 Kimberly Campbell
 Miriam Jacqueline Cano Larios
 Adam Cardullo
 Estefania Salome Carrion Jaramillo
 Michael Carver
 Lucia Casas Guzik
 Ingrid Rebeca Castillo Razo
 Kenny Castro Ochoa
 Partha Sarath Chakraborty
 Bhavika Chepuri
 Ariella Cohen
 Julia Cristina Cordova Munoz
 Ana Carolina Coronado Reyna
 Erin Crawford
 Caitlin Cutler
 Antonietta D'Urso
 Tracey DaFonte
 Rhea Daniel
 Karen DeMaria
 Leena Desai
 Phinga Do
 Nimcy Yudith Domingo Jiménez
 Morgan Dreesen
 Nan Du
 Lauren Dufour
 Jennifer Duong
 Adi Ein-Dor
 Maria Emmerick Gouveia
 Andreas Entenmann
 Sarai Harim Espinoza Alvarez

Peter Farmer
 Mary Flanagan
 Yinan Fu
 Heidi Tatiana Fuentes Canales
 Aayush Gabrani
 Julie Gallagher
 Ana Lilia García Armendariz
 Jared Gelbs
 Chloé Girard
 Alexa Goldfarb
 Nawras Habash
 Faria Hasan
 Meghan Horn
 Brett Hoskins
 Gabriele Hunter
 Fatima Hussain
 Sharon María Imbett Yopez
 Sameer Saleem Imdad
 María Fanny Isidro Averanga
 Seth Iskowitz
 Janet Jang
 Daphna Katz
 Isha Kaul
 Leticia Khendek
 Carolina Frances Koletic
 Chavonne Kouassi
 Nuphar Lendner
 Anne Levine
 Rebecca Little
 Martha Elena López González
 Cinthia Anais López Sainz
 Sarah Lowry
 Gabriel Lugo
 Anne Lyon
 Mariana Martinez Robles
 Sarah Maxwell
 Laurie McCann
 Shaunte McKay
 Brianna McSorley
 Jonathan Medernach
 Mario Baltazar Medina Echeverria
 Shadman Memarian
 Rebecca Mercedes
 María José Mier Prado
 Bradford T. Miller
 Aditi Mittal
 Jennifer Del Rosario Molina Domínguez
 Jerome Molleston
 Fernanda Monge Urrea
 Maria Dolores Montiel Moreno
 Pablo Moreno Cruz

Seth Morrison
 Ryan Morrow
 Sera Na
 Shruti Nabar
 Padmini Nallapaneni
 Noor Nema
 Omar Alejandro Padilla Castro
 Norman Taylor Parks
 Perseus V. Patel
 Sagar J. Pathak
 Rashmi Patil
 Krystle Pereira Martinez
 Sergio Iván Pérez Piñón
 Paula Milena Prieto
 Laura Quinn
 Naseem Ravanbakhsh
 Milad Rezvani
 Judith Nayeli Rodriguez Villa
 Sara Rosenbaum
 Patrick Rowland
 Matthew Royall
 Adam Russman
 Jessica Rutsky
 Michelle Saad
 Shruti Sakhuja
 Jose Angel Salas-Garcia
 Joann Samalik
 Derica Sams
 Meera Shah
 Michael Shpoliansky
 Erika Snow
 Garrett Sprague
 Lorraine Stallard
 Jeremy Stewart
 Anandini Suri
 Michael Sweetman
 Mashette Syrkin-Nikolau
 Jessina Thomas
 Michael J. Thomas
 Naomi Tjaden
 Edwin Torres Reyes
 Michaela Tracy
 Oriana Gema Vanegas Calderon
 Alejandro Velez
 Maggie Vickers
 Gabriel Vidal Rodriguez
 Andrew Wang
 David Willcutts
 Sharon Wolfson
 Sanu Raja Yadav
 Nicole Zeky



All pediatric subspecialties
working together for
optimal child health.



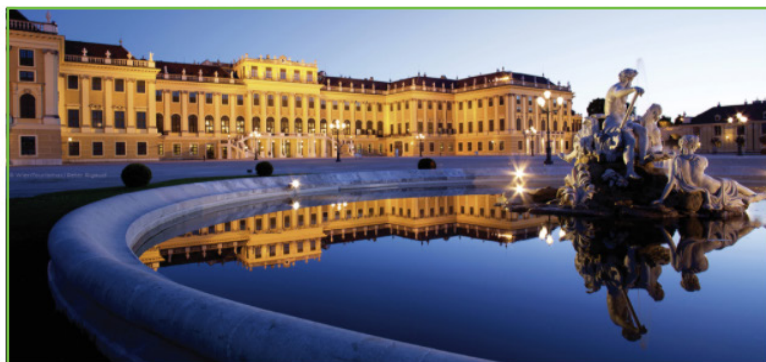
Council of Pediatric Subspecialties (CoPS) Update

Cary Sauer, MD

The Council of Pediatric Subspecialties (CoPS) meets twice a year and has started bimonthly webinars around ongoing projects that include the following:

- ▶ Achieving a Diverse Pediatric Subspecialty Workforce – a recent webinar was held and included Dr. John Barnard and others in a discussion on what CoPS and subspecialties can do to encourage and achieve a diverse, equitable and inclusive workforce. This project is ongoing and will engage facilities including students in pre-medical programs, medical schools, residencies and fellowships.
- ▶ Recruiting and Retaining Research Paths for early career Pediatric Physician Scientists is an ongoing project to ensure that CoPS can encourage and track pediatric physician scientists in subspecialties.
- ▶ Pediatric Workforce and Surveys is an ongoing project to share workforce surveys and expertise across subspecialties, with a goal to better understand the overall pediatric subspecialty workforce and its future needs.
- ▶ Telemedicine Entrustable Professional Activity (EPA) Development (with general pediatrics) is an ongoing project and upcoming webinar to develop standards and objectives for training in telemedicine.
- ▶ **Subspecialty Pediatric Investigator Network (SPIN)** is a group of subspecialty investigators conducting a number of projects to enhance pediatric subspecialty training through innovation and research, including recent projects to evaluate entrustable professional activities (EPAs) across subspecialties such as studies evaluating common and subspecialty EPAs and their assessment in trainees.
- ▶ **Roadmap to Resilience, Emotional and Mental Health** is a joint project between the ABP and AAP in promoting Behavioral and Mental Health (Resilience) evaluation and management in Pediatric subspecialties.
- ▶ Milestones Project - CoPS is engaged as a subspecialty representative in the development of a revised General Pediatric Milestones 2.0 (starting with Gen Peds; Peds Subs slated to begin revision in next couple of years).

As always, please feel free to reach out to the **NASPGHAN** representatives, Cary Sauer (csauer@emory.edu) or Mel Heyman (mel.heyman@ucsf.edu) with any questions or if you have a particular interest in one of these projects.



6th WORLD
CONGRESS
of Pediatric Gastroenterology
Hepatology and Nutrition

02–05 June 2021
Vienna · Austria

ONSITE & ONLINE



REGISTRATION OPEN NOW FOR 6TH WORLD CONGRESS

Registration for the 6th World Congress of Pediatric Gastroenterology, Hepatology and Nutrition, which will be held June 2-5, 2021 in Vienna, Austria, is open. This collaboration, which only takes place every four years, brings together delegates from all over the globe for four days of science, education and technology in the fields of Gastroenterology, Hepatology and Nutrition. The 2021 Congress will be a hybrid that will allow for in-person attendance and an interactive, remote model.

[Visit the World Congress home page for additional information](#)



Billing & Coding

Provided by Kathleen A. Mueller, RN, CPC, CCS-P, QMC, QMGC, CGCS, ICD-10 Proficient President, AskMueller Consulting, LLC in Association with McVey Associates, Inc.

2021 ICD-10-CM UPDATE

Effective: 10-1-2020, these are the changes affecting Pediatric Gastroenterology Practices.

2021 total ICD-10 CM codes: 72,616

490 additions | 58 deletions | 47 revisions

CODE	ACTION	TITLE
K20.80	New	Esophagitis, other specified (without bleeding)
K20.81	New	With bleeding
K20.90	New	Esophagitis, unspecified (without bleeding)
K20.91	New	With bleeding
K21.00	New	Esophagitis, reflux (without bleeding)
K21.01	New	With bleeding
K59.81	New	Acute colonic pseudo-obstruction
K59.89	New	Other functional intestinal disorders
K74.00	New	Liver fibrosis unspecified
K74.01	New	Liver fibrosis; early (stage F1 or F2)
K74.02	New	Liver fibrosis; advanced (stage F3)
N18.31	New	Stage 3a Chronic Kidney Disease
N18.32	New	Stage 3b Chronic Kidney Disease
R74.01	New	Abnormal/elevated transaminase (SGOT, aminotransferase)
R74.02	New	Abnormal/elevated lactic acid dehydrogenase (LDH)
U07.0	New	Vaping-related disorder EFFECTIVE 4-1-2020
U07.1	New	COVID-19 EFFECTIVE 4-1-20
Z03.821	New	Observation for suspected ingested foreign body ruled out
Z03.822	New	Observation for suspected inhaled foreign body ruled out
Z03.823	New	Observation for suspected inserted foreign body in (orifice) (ruled out)

2021 E&M CHANGES TAKE PLACE FOR MEDICARE EFFECTIVE 1-1-2021

Only Medicare is committed to making the E/M change. CMS made the decision to alter its E/M rules, starting with suggestions and requests for comment in its 2018 PFS proposed rule, but CMS has no direct authority over any commercial insurance plans. Apart from Medicare Advantage

plans, no commercial payer is bound to follow CMS down the E/M rabbit hole in 2021. This means you could only allow physicians to adopt more “relaxed” documentation rules for Medicare patients – and in most scenarios physicians rarely know the patient’s insurance situation prior to beginning their note. **Make sure that you check each payer’s website for further information as to whether or not they are following CMS and AMA guidelines.**

Only outpatient office visit codes are affected. In an effort to gradually phase in the E/M changes, CMS is limiting the 2021 rules to outpatient office visit codes only (CPT 99202-99215). That means the changes will heavily impact physicians in private practice or those who primarily see patients in the office setting. Meanwhile, hospitalists and specialists who do the bulk of their E/M visits as inpatient consults will essentially be unaffected in 2021. Again, the difficulty lies in asking physicians to adopt two styles of documentation, one under the current rules (i.e. 1995 and 1997 Guidelines), one under the relaxed rules (i.e. the new 2021 rules).

[For Further information click here.](#)

CPT CODE 99072

Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease.

Released by the AMA on 9-8-20 for immediate use.

- ▶ Used only in POS 11 (office)
- ▶ Represents a new practice expense code specifically intended for use during a declared PHE. It accounts for additional supplies, materials, and clinical staff time required for patient symptom checks over the phone and upon arrival, donning and removing personal protective equipment (PPE), and increased sanitation measures to prevent the spread of communicable disease
- ▶ This new code is designed to capture the following practice expense factors such as:
 - Time over what is included in the primary service of clinical staff time (registered nurse [RN]/ licensed practical nurse [LPN]/ medical technical assistant [MTA]) to conduct a pre-visit phone call to screen the patient (symptom check), provide instructions on social distancing during the visit, check patients for symptoms upon arrival, apply and remove PPE, and perform additional cleaning of the examination/ procedure/imaging rooms, equipment, and supplies
 - Three surgical masks
 - Cleaning supplies, including additional quantities of hand sanitizer and disinfecting wipes, sprays, and cleansers
 - Code 99072 is to be reported only once per in-person patient encounter per provider identification number (PIN), regardless of the number of services rendered at that encounter

This new code is established in response to the significant additional practice expenses related to activities required to safely provide medical services to patients in person during a PHE over and above those usually included in a medical visit or service. This new code should only be reported when the service is rendered in a non-facility place of service (POS) setting, and in an area where it is required to mitigate the transmission of the respiratory disease for which the PHE was declared.

- ▶ No fee has been established for 99072 by any payer at this point.

FINAL RULE ISSUE DECEMBER 1, 2020, FOR THE 2021 PHYSICIAN FEE SCHEDULE

- ▶ On December 1, 2020, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes updates on policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, on or after January 1, 2021.
- ▶ With the budget neutrality adjustment, as required by law, to account for changes in RVUs including significant increases for E/M visit codes, the final CY 2021 PFS conversion factor is \$32.41, a decrease of \$3.68 from the CY 2020 PFS conversion factor of \$36.09. The PFS conversion factor reflects the statutory update of 0.00 percent and the

adjustment necessary to account for changes in relative value units and expenditures that would result from finalized policies.

- ▶ Even though pediatric GI practices do not see a high percentage of Medicare patients, many fee schedules from your commercial payers are based upon a percentage of the Medicare fee schedule. Make sure that your practice administrators review payer contracts and adjust your payer's approved amounts in your billing software effective January 1, 2021.
- ▶ Supervision of Diagnostic tests by Certain Nonphysician Practitioners (NPPs) CMS is finalizing our proposal to make permanent following the COVID-19 PHE, the same policy that was finalized under the May 1, 2020 COVID-19 IFC (85 FR 27550 through 27629) for the duration of the COVID-19 PHE to allow nurse practitioners (NPs), clinical nurse specialists (CNSs), physician assistants (PAs), and certified nurse-midwives (CNMs) to supervise the performance of diagnostic tests within their scope of practice and state law. We are adding certified registered nurse anesthetists (CRNAs) to this list. These practitioners must maintain the required statutory relationships under Medicare with supervising or collaborating physicians.

For further information, please refer to this link.

Publication in the Federal Register was December 8, 2020.

Continuing Education & MOC Credit for 2020 Virtual Annual Meeting

HOW TO GET CE CREDIT

▶ **2020 NASPGHAN ANNUAL MEETING—CE CREDIT**

Live Dates: November 1, 2020 – November 7, 2020

Enduring Dates: November 8, 2020 – November 7, 2021

▶ **PHYSICIANS (ACCME)**

NASPGHAN is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

NASPGHAN designates this activity for a maximum of 28.75 Live / 49.75 Enduring AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

▶ **CREDIT BREAKOUT**

Annual Meeting: 22.5 Live / 43.5 Enduring

Postgraduate Course: 6.25 Live / 6.25 Enduring / 6.0 MOC Part 2 Credits

▶ **ACCREDITATION STATEMENT**

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and NASPGHAN. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

▶ **NURSES (ANCC)**

Amedco LLC designates this activity for a maximum of 28.75 Live / 49.75 Enduring (22.5 for the Annual Meeting / 6.25 for the Post Graduate Course) ANCC contact hours.

▶ **ABP MOC PART 2 CREDITS FOR POSTGRADUATE COURSE**

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 6 MOC Part 2 points for the Post-Graduate Course in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. **Participant must complete the assessment within 30 days of the activity.**

Participant information will be uploaded to ABP 30 days post activity.

▶ **DIETITIANS**

CPE credit will be provided for the Nutrition Symposium and select sessions on Friday during the NASPGHAN programming. If you attend all approved sessions, you can earn up to 9.0 credits.

Annual Meeting Evaluation

Postgraduate Course Evaluation

Postgraduate Course Quiz for MOC Credit

Nutrition Symposium Evaluation

Public Affairs & Advocacy Report

Camille S. Bonta, NASPGHAN Washington Representative

A PASSION FOR ADVOCACY

A Discussion with Out-Going & In-Coming NASPGHAN PAAC Chairs

The 2020 elections will bring change to Washington, DC and state and local governments across the country. This year also marks a change in leadership of the **NASPGHAN** Public Affairs and Advocacy Committee (PAAC).

Dr. Bryan Rudolph assumed the role of Committee chair in 2017 and during his tenure has overseen the reintroduction of the bipartisan Medical Nutrition Equity Act in the Senate and House, and the reauthorization of the Pediatric Subspecialty Loan Repayment Program. He continues to lead the ongoing national fight to ban the sale of high-powered magnets and has walked the halls of Congress with the mission of educating lawmakers about issues of importance to **NASPGHAN** members and their patients.

This month, Dr. Rudolph will pass the baton to Dr. Jennifer Dotson who returns to the Committee as chair, having previously served as a member.

COVID-19 demonstrated the limits of political and policymaking predictability. And, just as the pandemic laid bare the vulnerabilities of our health care system, it will unveil new opportunities for **NASPGHAN** advocacy.

Dr. Rudolph and Dr. Dotson share a passion for advocacy. In this question and answer piece, they share reflections, advice and predictions.



Bryan Rudolph MD, MPH

Bryan Rudolph MD, MPH

QUESTION: As you reflect on your time as chair of the Public Affairs and Advocacy Committee, what was the biggest take-away from your experience?

ANSWER: To me, there are two. First, quick wins do occur, but wars are won after many battles. And second, effective advocacy is best attempted alongside a committed team.

QUESTION: While politics and the pandemic have shaped the health care landscape in ways that are not yet fully understood, do you foresee an emerging issue that you expect **NASPGHAN** members will need to confront through policy and advocacy in the years ahead?

ANSWER: As the pandemic moves behind us, I expect there to be a renewed focus on health care investment and, as a result, expenditures. While the politics of this are difficult to predict, there will undoubtedly be a role for us to play, whether in defining value targets or fighting for fair reimbursement, among others. On a patient level, it will be important to push for continued telehealth access and, using COVID vaccines as an example, earlier adoption/study of therapeutics in pediatric patient populations.

QUESTION: What do think is the biggest misconception about advocacy that deters physicians and other health care professionals from becoming involved?

ANSWER: That effective advocacy means solving the problem in its entirety and, by extension, necessitates an exorbitant amount of time. Effective advocacy can occur quickly on an individual level by advocating for a patient being denied care or in need of stable housing, for example. Relatively simple steps like writing an op-ed for a local paper are also incredibly helpful when coordinated with larger, national efforts. And lastly, you can donate money to advocacy groups, organizations researching issues important to you, and/or pay annual dues to professional societies doing advocacy work on their members' behalf.

QUESTION: The legislative and regulatory process is oftentimes slow, with it sometimes taking years for an issue to mature. How do you stay motivated?

ANSWER: In short, I stay motivated by focusing on the long-term goal: improving health for millions of people. When framed within that context, it's easier to move past failures.

QUESTION: What advice do you have for **NASPGHAN** members who are trying or want to try to impact policy at the federal, state or local levels?

ANSWER: First, understand the issue inside and out – this is critical to effective communication and understanding resistance from your opponents. A deep knowledge base may also help you find allies and develop a successful strategy. Next, manage expectations – make sure you have sufficient time and enthusiasm to reach your goal, as adaptation and flexibility will be required along the way. Third, start from the beginning. In other words, start wherever you think you should. Even if you reach out to the “wrong” people or group, you’ll eventually be directed to the “right” decision-makers and learn something along the way. Fourth, spend time building a coalition; gain power with added numbers and/or clout. And lastly, remember that effective communication (and manners) is half the battle. nurture relationships with the press and decision makers; expand your social media presence; and be a “squeaky wheel.” Don’t give up!



Jennifer Dotson, MD, MPH

Jennifer Dotson MD, MPH

QUESTION: As incoming chair of the Public Affairs and Advocacy Committee, what do you want **NASPGHAN** members to know about you?

ANSWER: I am the co-director of the Center for Pediatric and Adolescent IBD at Nationwide Children's Hospital in Columbus, OH. My niche is clinical/health services research in IBD, with a focus on reducing barriers to care, health care disparities/health equity, and quality of care.

Over the years I have blended my interests in pediatric chronic disease, clinical research, public policy and advocacy, and quality improvement to develop an academic career which I truly love. I have a strong commitment to service to both my home institution and to the global community of gastroenterology. I have volunteered my time to several

national organizations, including **NASPGHAN**, the Crohn's and Colitis Foundation, and the American Academy of Pediatrics (AAP) where I am serving my second term on the Executive Committee for the Section on Gastroenterology, Hepatology, and Nutrition.

I am truly honored to serve as chair for this important committee. Service and advocacy have been long-standing aspects of my career — from AAP delegate as a resident, to numerous visits to Capitol Hill. I first joined the **NASPGHAN** Public Affairs and Advocacy Committee as a fellow member and then completed a term as faculty. I welcome this new and exciting opportunity to better serve my patients, families, and profession, and I look forward to working with my **NASPGHAN** colleagues in this new role.

QUESTION: In your role as chair you'll promote **NASPGHAN** advocacy. Why is advocacy an important component of a professional medical society?

ANSWER: Advocacy is what we do. This is why most of us chose to become pediatricians and subspecialists. We are the voice of our profession and, most importantly, we are the voice for our patients. Our health care system and society is broken; we have a duty to help make things better for our patients and families, especially those with chronic diseases. As a professional society, we are leaders and partner with other organizations to increase the power of our voices to bring about change through collaboration.

QUESTION: What are your goals as chair of the Committee?

ANSWER: My goals are to increase **NASPGHAN** member involvement in advocacy efforts pertaining to child health and our subspecialty, formally assess and prioritize our advocacy agenda for the next few years, and continue to move forward our longstanding advocacy initiatives.

QUESTION: The legislative and regulatory process is oftentimes slow, with it sometimes taking years for an issue to mature. How do you stay motivated?

ANSWER: It's certainly easy to become frustrated when we don't get "quick wins" that we, as pediatric gastroenterologists, think are straightforward, common-sense issues. Celebrating our small wins — recognizing most advocacy efforts are marathons — and remembering why we all chose this profession in the first place. We have the privilege of caring for children and their families and a duty to advocate for those that cannot advocate for themselves.

QUESTION: What are your recommendations for **NASPGHAN** members who want to get involved in the Society's advocacy activities?

ANSWER: I would be delighted to have a conversation with any **NASPGHAN** member who wants to get more involved in an issue for which they are passionate or who is interested in serving on **NASPGHAN's** Public Affairs and Advocacy Committee. There are many grassroots opportunities at local, state, and federal levels; gathering data or patient journeys to build support around certain issues; writing op-eds; or creating awareness through social media and by sending letters to elected officials. Each of these opportunities are uniquely valuable. Most importantly, don't be afraid to step out of your comfort zone!

QUESTION: **NASPGHAN** is currently going through a process of establishing its advocacy agenda for the next two years. What would you like **NASPGHAN** members to know about that process?

ANSWER: Input from **NASPGHAN** members is incredibly important, valued, and critical to the development of the Society's next advocacy agenda. **NASPGHAN** leadership will be sending a survey asking all members to rank and list advocacy items by order of importance to them. The PAAC will collate the responses and use this data to help focus **NASPGHAN** advocacy efforts over the next two years.

DECEMBER BOWEL SOUNDS FOCUSES ON TRANSITION FROM PEDIATRIC TO ADULT GI CARE



In this episode of Bowel Sounds, hosts Dr. Jennifer Lee and Dr. Jason Silverman talk to **NASPGHAN's** recent Secretary-Treasurer, Dr. Jeannie Huang. We discuss best practices for the transition from pediatric to adult-centered care in pediatric inflammatory bowel disease. We talk about the [Doc4Me](#) app to help adolescents find adult gastroenterologists and how the electronic health record can be used as a tool to engage and help facilitate transition of care.

In a special event for this episode, we partnered with [Monday Night IBD](#), a weekly Twitter chat. It was 4pm on Dec 14 and included a discussion on transition from pediatric to adult GI for IBD patients moderated by [Dr. Eric Benchimol](#). On December 16, there was a separate discussion from the patient/parent perspective!

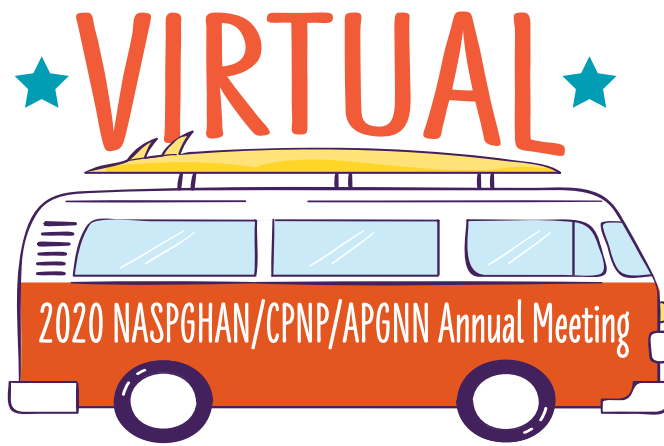
As always, the discussion, views, and recommendations in this podcast are the sole responsibility of the hosts and guests and are subject to change over time with advances in the field.

Produced by: Jennifer Lee

SPECIAL REQUESTS:

Thank you to everyone for listening to our podcast. If you enjoyed this content and thought it was useful, we ask you to consider doing any or all of the following three things:

- ▶ Tell one person that you think would like this type of content about the podcast. We want to reach more GI doctors and trainees as well as general pediatricians, pediatric residents and medical students.
- ▶ Leave a review on [Apple Podcasts](#) — this helps more people discover our podcast.
- ▶ Support the show by making a [donation to the NASPGHAN Foundation](#).



THANK YOU TO OUR 2020 VIRTUAL ANNUAL MEETING SUPPORTERS



NASPGHAN FOUNDATION DIGESTIVE HEALTH FOR LIFE PARTNERS PROGRAM

PLATINUM

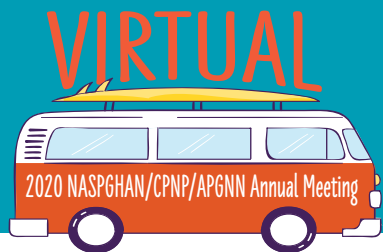


GOLD

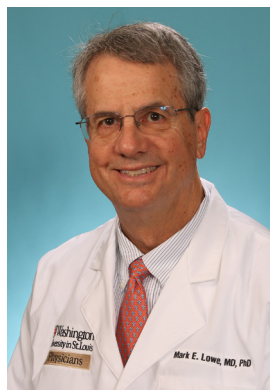


SILVER





AWARDS CEREMONY SUNDAY, NOVEMBER 1, 2020



HARRY SHWACHMAN AWARD

Presented to: **Mark E. Lowe, MD, PhD**

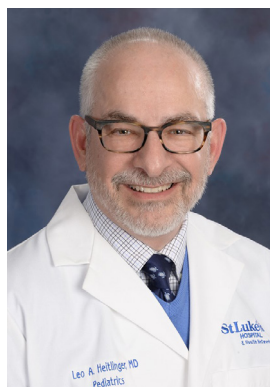
The Shwachman award is given by **NASPGHAN** to a person who has made major, lifelong scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. The award is designed to preferentially honor a member of **NASPGHAN** for his/her achievements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



MARGARET STALLINGS NASPGHAN DISTINGUISHED SERVICE

Presented to: **Paul Hyman, MD**

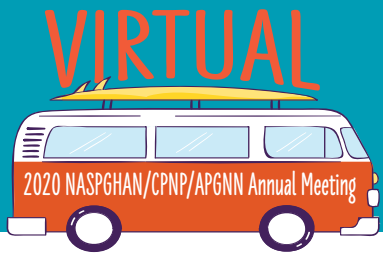
The **NASPGHAN** Distinguished Service Award is presented to an individual to recognize excellence and service to the field of pediatric gastroenterology, hepatology, and nutrition by achieving national and/or international recognition in their field



AAP MURRAY DAVIDSON AWARD

Presented to: **Leo Heitlinger, MD, FAAP**

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



NASPGHAN FOUNDATION AWARDS



NASPGHAN Foundation/George Ferry Young Investigator Development Award

OPTIMIZING POSTOPERATIVE OUTCOMES IN CHILDREN WITH CROHN'S DISEASE USING PRECISION MEDICINE

▶ *Matthew Egberg, MD, MPH, MMSc—University of North Carolina at Chapel Hill, Chapel Hill, NC*



NASPGHAN Foundation/Nestlé Nutrition Research Young Investigator Development Award

THE ROLE OF MALRD1 IN INTESTINAL REHABILITATION

▶ *Linda Wang, MD—Children's Hospital of Los Angeles, Los Angeles, CA*



NASPGHAN Foundation Mid-Level Career Development Award

SCHWANN CELL-DERIVED POSTNATAL ENTERIC NEUROGENESIS

▶ *Jaime Belkind-Gerson, MD, MSc—Children's Hospital Colorado, Aurora, CO*



NASPGHAN Foundation/AstraZeneca Research Award for Disorders of the Upper Gastrointestinal Tract

EFFECT OF BLENDERIZED ENTERAL TUBE FEEDS ON PEDIATRIC UPPER GASTROINTESTINAL TRACT PHYSIOLOGY

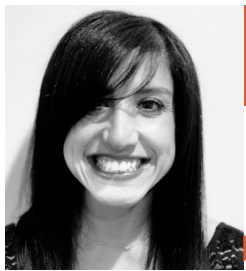
▶ *Bridget Hron, MD—Boston Children's Hospital, Boston, MA*



NASPGHAN Foundation/APGNN Susan Moyer Nursing Research Award

CHILDREN WITH AUTISM SPECTRUM DISORDER AND OBESITY: A FEASIBILITY AND ACCEPTABILITY PILOT FOR A PARENT EDUCATION CLINIC

▶ *Goldie Markowitz, MSN, CNS, CRNP, APN-PC, Children's Hospital of Philadelphia, Philadelphia, PA*



NASPGHAN Foundation/CPNP Nutrition Research Grants
(These grants are supported through an educational grant from QOL, LLC)

FACTORS ASSOCIATED WITH SUCCESSFUL WEIGHT LOSS AMONG CHILDREN WITH NONALCOHOLIC FATTY LIVER DISEASE: A FIRST STEP TOWARDS DESIGNING EFFICACIOUS LIFESTYLE INTERVENTION

▶ *Kristen Criscitelli, MS, RD, CDN—Children's Hospital at Montefiore, Bronx, NY*



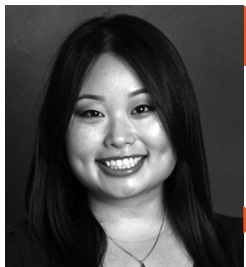
EVALUATING USE OF ENTERAL NUTRITIONAL THERAPY TO IMPROVE DISEASE OUTCOMES IN CHILDREN WITH VEO-IBD

▶ *Natalie Stoner, RD, CSP, LDN—Children's Hospital of Philadelphia, Philadelphia, PA*



SUBLINGUAL IMMUNOTHERAPY FOR THE TREATMENT OF PEDIATRIC FOOD ALLERGY: ARE WHOLE FOOD COMPOUNDS AS EFFECTIVE AS INDUSTRIAL GLYCERINATED EXTRACTS?

▶ *Brock Williams, MSc, RD—University of British Columbia, Vancouver, BC Canada*



NASPGHAN Foundation Innovations in Clinical Care Grant

THE UTILITY OF A NOVEL VIRTUAL REALITY-BASED DIAPHRAGMATIC BREATHING INTERVENTION TO TREAT PEDIATRIC FUNCTIONAL CONSTIPATION AND PELVIC FLOOR DYSFUNCTION

▶ *Alice Huang, MD, MB—Lucile Packard Children's Hospital, Palo Alto, CA*



IMPROVING IRON SUPPLEMENTATION IN CHILDREN WITH INTESTINAL FAILURE

▶ *Vikram Raghu, MD—Children's Hospital of Pittsburgh, Pittsburgh, PA*

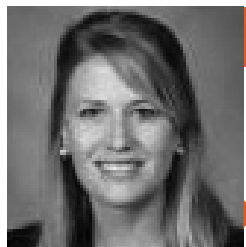


NASPGHAN Foundation Advanced Fellowship in Pediatric Endoscopy

DIAGNOSTIC AND THERAPEUTIC BENEFITS OF PEDIATRIC ENTEROSCOPY

▶ *Wenly Ruan, MD—Baylor College of Medicine, Houston, TX*

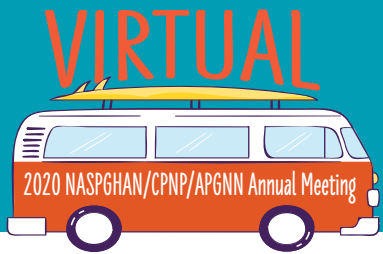
(Supported by an educational grant from Olympus)



NASPGHAN Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition

SKELETAL MUSCLE DEFICITS IN UNDERNUTRITION AND ASSOCIATION WITH DISEASE CHARACTERISTICS IN INFLAMMATORY BOWEL DISEASE (IBD)

▶ *Erin Alexander, DO, Children's Hospital of Philadelphia, Philadelphia, PA*



SPECIAL RECOGNITION AWARDS



Gerard Odell Prize for Excellence in Liver Research

ACUTE HEPATITIS IS A PROMINENT PRESENTATION OF THE MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN: A SINGLE-CENTER REPORT

▶ *Amanda Cantor, MD—Columbia University Medical Center, New York, NY*



Amin Tjota Prize for Excellence in Pancreatic Research

USE OF NOVEL CYTOPLEX ASSAY TO DETERMINE PREDICTORS OF SEVERITY IN PEDIATRIC ACUTE PANCREATITIS

▶ *Peter Farrell, MD—Cincinnati Children's Hospital Medical Center, Cincinnati, OH*



The Grand Watkins Prize

CHARACTERISTICS AND CLINICAL LIVER DISEASE IN CHILDREN WITH SONOGRAPHIC NODULAR LIVER (SONIC) IN CYSTIC FIBROSIS

▶ *Jean Molleston, MD—Riley Hospital for Children, Indianapolis, IN*



NASPGHAN Foundation Teri Li Young Educator Award

▶ *Daniel Mallon, MD, Cincinnati Children's Hospital Medical Center, Cincinnati, OH*

Ending the **2020 NASPGHAN ANNUAL MEETING** on a high note, Dr. Norberto Rodriguez-Baez led attendees in an hour-long evening virtual Zumba session, following the last session of the Annual Meeting on Friday, November 6. From a studio in Texas, Dr. Rodriguez-Baez served up a wide variety of music and Zumba dance moves to appreciative participants via Zoom. Dr. Rodriguez-Baez is known for leading group dancing at every **NASPGHAN** live Annual Meeting and did not want 2020 to be any different. Meeting attendees, plus some family members and pets, got in on the action while talking to each other in the participant chat box.



Classifieds

**YOU CAN NOW POST YOUR JOBS AND
LOOK FOR EMPLOYMENT ONLINE**

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CLICK ON TRAINING AND CAREER
DEVELOPMENT AND THEN CLICK ON
JOB BOARD**

♦ California—

Ranked as one of the nation's Best Children's Hospitals in seven specialties by *U.S. News & World Report* in 2020-2021, including Pediatric Gastroenterology and GI Surgery in 2017, 2018, 2019, and 2020, Valley Children's Healthcare is expanding and seeking Board Certified/Board Eligible Pediatric Gastroenterologists to join their team at Valley Children's Hospital's main campus in Madera, California and at the Pelandale Specialty Center in Modesto, CA. We are looking for pediatric gastroenterologists with a passion for the underserved and innovative ideas to join this fantastic team while also expanding resources for the children of the Central Valley.

At Valley Children's main campus, you'll enjoy working at this state-of-the-art, free-standing children's hospital with 358 regional beds. The setting is a 50-acre campus on the bluffs of the San Joaquin River with the majestic Sierra Nevada Mountains in the background. Valley Children's current team includes nine Pediatric Gastroenterologists, who work at the main campus and Specialty Care Centers in Bakersfield and Modesto. With a vast 12-county, 145,000 square-mile service area, Valley Children's provides Central California's only high-quality, comprehensive care to over 1.3 million children in the service area, from before birth to age 21, with more than 640 physicians and 3,500 staff. Valley Children's also has Pediatric Residency and fellowship programs in affiliation with Stanford University School of Medicine.

One of the largest pediatric healthcare networks in the nation, Valley Children's is growing rapidly to meet the needs of families throughout the Central Valley. Eagle Oaks Medical Office Building in Bakersfield, located just an hour and a half from Los Angeles opened in 2018 and the new Pelandale Medical Office Building in Modesto, situated just an hour and a half from San Francisco, which opened in 2019. Last year, Valley Children's 34th Street Specialty Care Center in Bakersfield saw more than

5,500 visits and expects the number of outpatient visits to grow to more than 42,000 within the next decade. In Modesto, the outpatient center saw more than 12,000 outpatient visits last year and is expected to grow to more than 27,500 annual visits in the next decade.

Valley Children's goal is to provide healthcare resources to patients in the Central Valley within 30 minutes of their home. This diminishes healthcare disparities while offering state-of-the-art medical care to children. These new, sophisticated facilities in Bakersfield and Modesto bring even more of Valley Children's pediatric specialists closer to the families who need expert care.

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

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

For complete details and consideration, please contact:
Glenda Church Smith, Principal
Pediatric Search Partners
Phone: 877.440.3832
Text: 214.850.3094
Email: glenda@pediatricsearchpartners.com
pediatricsearchpartners.com

Job Requirements:
Board Eligible/Board Certified Pediatric
Gastroenterology

♦ California—

PEDIATRIC GASTROENTEROLOGY Assistant, Associate or Full Professor.

The University of California in San Diego (UCSD) is committed to academic excellence and diversity

within the faculty, staff, and student body.

The Division of Gastroenterology, Hepatology and Nutrition in the Department of Pediatrics is currently in an exciting period of growth and expansion. As part of our ongoing pursuit of clinical innovation, we are seeking a Pediatric Gastroenterologist with expertise in motility and functional gastrointestinal disorders.

As a known major academic institute in southern California, UCSD offers a comprehensive benefit package and is affiliated with Rady Children's Hospital-San Diego; the tertiary care free-standing Children's Hospital that serves all San Diego counties and southern California. The Department of Pediatrics is deeply committed to promoting children's health in the community and across the state, while supporting innovative clinical programs and expanding research initiatives.

The successful candidate will join our GI practice of 20 attendings and 4 nurse practitioners. The candidate will be expected to contribute to the Division of Pediatric Gastroenterology's mission of delivering high quality inpatient and outpatient care, performing procedures, teaching Fellows, and engaging in scholarly activities. The candidate will join a well-established motility program with a GME approved advanced training in motility (motility fellowship already established with one fellow graduated already). Being an NIH-funded, our Motility Center is leading on different multicentre trials, and has an ongoing collaboration with bioengineering on HR-EGG.

Candidates must have an MD or equivalent and must be American Board of Pediatrics certified or eligible with a sub-specialty in Pediatric Gastroenterology. Candidates must have or be eligible for a California medical license or equivalent certification/permit as determined by the Medical Board of California.

Appointment will be at the Assistant, Associate or Full Professor level. Series will be determined by the successful candidate's skills, qualifications and funding.

A link to full descriptions of each series is provided for your review:

HS Clinical Professor

Clinical X Professor

Adjunct Professor

In-Residence Professor

Salary is commensurate with qualifications and based on the University of California pay scales. Appointments may require candidates to be self-funded. As a member of the Health Sciences

Compensation Plan, the appointee should be aware that there are limitations on outside professional activities and clinical moonlighting is expressly prohibited. [Additional information can be found here.](#)

Applications must be submitted through the [University of California San Diego's Academic Personnel RECRUIT system.](#)

References may be requested from all finalists.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran.

♦ California—

The University of California in San Diego (UCSD) is committed to academic excellence and diversity within the faculty, staff, and student body. The Division of Gastroenterology, Hepatology and Nutrition in the Department of Pediatrics is currently in an exciting period of growth and expansion. As part of our ongoing pursuit of clinical innovation, we are seeking to recruit a full-time Pediatric Gastroenterologist with specific expertise in Pediatric Hepatology and Transplantation and a genuine interest in teaching and research in an academic setting.

The successful candidate will join our GI practice of 21 faculty and 4 nurse practitioners covering a major portion of Southern California, Nevada, and Arizona. Our pediatric hepatology and transplant programs are fully integrated with the corresponding adult programs at UC San Diego. The successful candidate will play a major role in the clinical expansion of our pediatric liver transplant program, development of clinical and translational hepatology/transplant hepatology research programs, education of students, residents and fellows, and will have a prominent leadership profile within the Division.

The candidate will be expected to contribute to the Division of Pediatric Gastroenterology's mission of delivering high quality inpatient and outpatient care, performing procedures, teaching fellows, and engaging in scholarly activities. There are myriad opportunities for collaboration with outstanding investigators in microbiome research and "omics" sciences at UCSD and Rady Children's Hospital.

Candidates must have an MD or equivalent and be board certified or board eligible in Pediatric Gastroenterology and Pediatric Transplant

Hepatology. Candidates must have or be eligible for a California medical license or equivalent certification/permit as determined by the Medical Board of California.

The appropriate series and appointment at the Assistant, Associate or Full Professor level will be based on the candidate's qualifications and experience.

A link to full descriptions of each series is provided for your review:

[HS Clinical Professor](#)

[Clinical X Professor](#)

[Adjunct Professor](#)

[In-Residence Professor](#)

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Applications must be submitted through the [University of California San Diego's Academic Personnel RECRUIT system.](#)

References (contact information or letter of recommendation) may be requested from all finalists.

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♦ Georgia—

GI Care for Kids is a free-standing, physician owned pediatric gastroenterology practice with 15 physicians. We see emergency patients and inpatients at Scottish Rite Hospital, a Children's Healthcare of Atlanta (CHOA) facility. In addition to providing professional services, GI Care for Kids also provides Infusion service for both children and adults and an endoscopy center on-site, nutrition counseling, psychology services and a feeding program in conjunction with the Marcus Autism Center of CHOA. We are looking for someone with physician office-based nursing experience and management experience who is a fast-learner, bright and quick-witted with great problem solving and interpersonal skills. The Clinic Nurse Manager (RN) is responsible for overseeing and coordinating the clinic team members to ensure compassionate, effective and efficient delivery of high-quality clinical care for patients. Clinic Nurse Manager is responsible for managing the RNs and LPNs who provide one-on-one support to each physician and the Medical

Assistants and Procedure Schedulers for all office locations.

DUTIES AND RESPONSIBILITIES:

- ♦ Coordinate and supervise the activities of clinic team members engaged in clinical care of patients under the supervision of a medical provider for the diagnosis, treatment and prevention of disease.
- ♦ Organize and assign duties and tasks to clinic team members.
- ♦ Establish clinic team member work schedules monthly, sending out weekly updated clinical coverage.
- ♦ Coordinate staffing coverage for all clinic team members as needs arise on an urgent basis related to unforeseen employee circumstances (illness/accident).
- ♦ Monitor daily performance of clinic team member to ensure duties are completed accurately, efficiently and timely. Monitor and control overtime.
- ♦ Work with Payroll to approve posted time and attendance, mileage to satellite locations and on-call pay.
- ♦ Review and respond to time off requests based on PTO accrual balance.
- ♦ Evaluate performance conduct verbal and written performance evaluations after 30 days, 90 days and annually.
- ♦ Initiate the interview process for potential candidates for clinic staff positions.
- ♦ Provide onboarding for new staff in the Nursing department.
- ♦ Conduct orientation and training on clinic policies and procedures.
- ♦ Identify, recommend and develop clinic policies and procedures for all clinical tasks and ensure these procedures comply with current state and federal regulations within the scope of the clinic team members' job description.
- ♦ Review all procedures annually to confirm procedures remain valid and applicable.
- ♦ Identify problems and provide direction to correct and avoid future problems as appropriate.
- ♦ Maintain adequate clinical supplies. Ensure supply purchases are cost efficient and within budget set forth by practice administrator.
- ♦ Organize samples of formula/medications and monitor low levels, work with formula/medication reps as needed to ensure adequate par levels.
- ♦ Ensure clinical equipment remains in operating condition, including AED machine, oxygen tanks, pulse oximeter, scales and other equipment used by clinic staff.

- ◆ Ensure high quality clinical care for patients by reviewing and researching concerns or complaints and recommending corrective action as appropriate.
- ◆ Assist clinic staff and providers with maintaining patient flow to ensure patients are seen in a timely and efficient manner.
- ◆ Conduct monthly departmental staff meetings with all clinic team members, either in person or virtual as needed.
- ◆ Attend and participate in management staff meetings as scheduled and relay pertinent information to clinic team members in a timely manner.
- ◆ Attend periodic training sessions and meetings related to position.
- ◆ Maintain RN licensure and CPR certification.
- ◆ Maintain excellent communication and effective working relationships with patients, providers, as well as all staff, administration and supervisor colleagues.
- ◆ Performs other duties as assigned by management.

SUPERVISORY RESPONSIBILITIES:

- ◆ Directly supervises employees within the Nursing department, including Medical Assistants and Procedure Scheduling, others as assigned.
- ◆ Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws.
- ◆ Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

QUALIFICATIONS:

- ◆ Bachelor's Degree (BA) or higher required
- ◆ Minimum of 5 years of clinical nursing experience required
- ◆ 3-5 years of medical office experience; busy pediatric office experience preferred
- ◆ 3-5 years of supervisory and management experience
- ◆ Certificates, licenses and registrations required: RN and CPR
- ◆ Computer skills required: proficient in Microsoft Office
- ◆ Electronic medical record (EMR) skills required: EPIC preferred

COMPETENCIES:

- ◆ Diversity - Demonstrates knowledge of EEO policy; shows respect and sensitivity for cultural

differences; educates others on the value of diversity; promotes a harassment-free environment; builds a diverse workforce.

- ◆ Ethics - Treats people with respect; keeps commitments; inspires the trust of others; works with integrity and ethically; upholds organizational values.
- ◆ Adaptability - Adapts to changes in the work environment; manages competing demands; changes approach or method to best fit the situation; able to deal with frequent change, delays, or unexpected events.
- ◆ Customer Service - Manages difficult or emotional customer situations; responds promptly to customer needs; solicits customer feedback to improve service; responds to requests for service and assistance; meets commitments.
- ◆ Delegation - Delegates work assignments; matches the responsibility to the person; gives authority to work independently; sets expectations and monitors delegated activities; provides recognition for results.
- ◆ Interpersonal Skills - focuses on solving conflict, not blaming; maintains confidentiality; listens to others without interrupting; keeps emotions under control; remains open to others' ideas and tries new things.
- ◆ Managing People - Includes staff in planning, decision-making, facilitating and process improvement; takes responsibility for subordinates' activities; makes self available to staff; provides regular performance feedback; develops subordinates' skills and encourages growth; solicits and applies customer feedback (internal and external); fosters quality focus in others; improves processes, products and services; continually works to improve supervisory skills.
- ◆ Organizational Support - Follows policies and procedures; completes administrative tasks correctly and on time; supports organization's goals and values; benefits organization through outside activities; supports affirmative action and respects diversity.
- ◆ Teamwork - Balances team and individual responsibilities; exhibits objectivity and openness to others' views; gives and welcomes feedback; contributes to building a positive team spirit; puts success of team above own interests; able to build morale and group commitments to goals and objectives; supports everyone's efforts to succeed.

PHYSICAL DEMANDS AND WORK ENVIRONMENT:

- ◆ Frequent sitting, standing, walking, grasping, carrying and speaking
- ◆ Occasional reaching, bending and stooping
- ◆ Lifting, carrying, pushing and pulling up to 50 pounds, with assistance if needed

- ◆ Frequent use of computer, keyboard, copy/fax machine, and phone
- ◆ Possible exposure to infectious specimens (blood or bodily fluids or airborne pathogens)
- ◆ May be required to wear Personal Protective Equipment (PPE)
- ◆ While performing the duties of this job, the noise level in the work environment is usually quiet to moderate.
- ◆ Fast paced environment with occasional high pressure or emergent situations.
- ◆ Work hours subject to office needs to ensure coverage during all hours of operation.

COMPENSATION AND BENEFITS:

- ◆ Salary range: \$95,000 to \$105,000
- ◆ PTO starting at 15 days per year, plus 9 holidays
- ◆ Medical, dental, vision, life and AD&D
- ◆ Eligible for 401k and Profit-sharing after 1 year of employment
- ◆ Relocation assistance

Please send inquiries and resume to
(Ashley@hrdracc.com) *or* (jade@hrdracc.com)

For more information about the practice please see
(www.gicareforkids.com).

◆ **Maryland—**

The Herman and Walter Samuelson Children's Hospital at Sinai Hospital in Baltimore, Maryland seeks a BC/BE Pediatric Gastroenterologist to join our pediatric GI practice.

We invite you to join a collegial group of dedicated medical professionals who work collaboratively to provide outstanding and family-centered medical care to our patients and families in Baltimore and the surrounding region.

OUR DEPARTMENT:

- ◆ Our division is part of the Department of Pediatrics at Sinai Hospital of Baltimore. Sinai Hospital, established in 1866, is the largest community hospital in Maryland and is part of the LifeBridge Health system.
- ◆ The Department of Pediatrics at Sinai includes 40 full time faculty members including more than 15 different sub-specialties
- ◆ Sinai has the only nationally accredited pediatric training program in a Maryland community hospital with a free-standing pediatric residency program that includes a total of 25 residents

- ♦ Pediatrics at Sinai is a teaching site for medical students from Johns Hopkins University, University of Maryland, Georgetown University and visiting international medical students
- ♦ Faculty appointments commensurate with experience are available from our affiliated medical institutions

OUR PRACTICE:

- ♦ We are a well-established pediatric GI practice with an opportunity for personal and professional growth
- ♦ The division includes 4 attending physicians and 1 nurse practitioner
- ♦ Our patient population includes individuals with a wide range of pediatric GI diagnoses including a large population of patients with Inflammatory Bowel Disease.
- ♦ We are supported by a pediatric hospitalist service, pediatric surgery, pediatric pulmonary, pediatric dietician, child-life services and a full time pediatric intensive care. Our program also includes a level III neonatal intensive care unit
- ♦ Opportunities exist for teaching and scholarly activity
- ♦ The position offers a competitive salary and benefits package that also includes a wRVU incentive bonus opportunity, annual CME support and potential relocation assistance.

About Baltimore, Maryland

The hospital campus is ideally located within easy driving distance of the Baltimore Inner Harbor, National Aquarium, Hippodrome Theater, Orioles Park at Camden Yards and the Baltimore Ravens M&T Bank Stadium. We are also close to historic Annapolis, the Chesapeake Bay, Washington, DC and many residential communities with outstanding public and private schools. The area offers excellent universities and colleges, a rich cultural fabric and unique recreational and dining opportunities.

[More information is available here.](#)

♦ North Carolina—

Atrium Health Levine Children's is seeking a Division Chief for Pediatric Gastroenterology, Hepatology and Nutrition. The division currently includes 11 physicians, 4 Advanced Practice Providers and excellent support from registered nurses, outpatient registered dietitians and social workers in a collegial, friendly, and supportive environment. Specialized services include hepatology and liver transplantation, neurogastroenterology and motility, IBD, intestinal rehabilitation/home

parenteral nutrition, allergic GI disorders, feeding clinic, cystic fibrosis center and a weight management program. Division physicians and staff are primarily at one of two campuses – Levine Children's Hospital (LCH) in Charlotte and the Jeff Gordon Children's Center in Concord, NC. Outreach clinics are also held in NC and SC counties in the greater Charlotte Metro region.

IDEAL CANDIDATES WOULD HAVE THE FOLLOWING CHARACTERISTICS:

- ♦ Expert clinician with at least 10 years of experience
- ♦ Successful track record of leadership and mentorship
- ♦ Board certified in Pediatric Gastroenterology
- ♦ Demonstrated commitment to clinical excellence, education and research development
- ♦ Academic accomplishments that support appointment at an Associate or Full Professor
- ♦ Demonstrated commitment to collegiality and the highest standards of professionalism

RESPONSIBILITIES INCLUDE:

- ♦ Leadership and supervision of Division physicians, APPs and staff
- ♦ Oversight of outpatient satellite outreach clinics (6 currently with a 7th planned for 2021)
- ♦ Establishing and monitoring annual budgets
- ♦ Planning and executing clinical growth plans
- ♦ Program development and evaluation
- ♦ Participation in Hospital, Department of Pediatrics, and system committees and goals
- ♦ Faculty development (leadership, clinical, academic)
- ♦ Education – medical students, pediatric residents, faculty and Peds GI staff
- ♦ Shared call and inpatient consult responsibilities balanced with outpatient clinics
- ♦ Establishing and maintaining relationships with Atrium Health partners caring for children needing peds GI care

Atrium Health Levine Children's Hospital, located on the Carolinas Medical Center (CMC) campus, is the largest children's hospital between Atlanta and Washington, DC, offering comprehensive services across all pediatric medical and surgical subspecialties. In 2018, we served children from 19 countries and 49 US states. LCH has 236 beds, and we have more than 150 subspecialists and a network of over 150 primary care pediatricians in Charlotte and surrounding NC and SC counties.

LCH has a 20-bed PICU (including cardiovascular ICU), an 85-bed NICU, and an inpatient pediatric rehabilitation facility. LCH has a highly regarded pediatric residency and is a teaching hospital for students of the UNC School of Medicine. We have robust clinical research and quality improvement opportunities. LCH has been ranked by *US News & World Report* in each of its 13 years, and for 2020-2021, LCH is ranked in eight specialties, including Gastroenterology and GI Surgery, Cancer, Cardiology and Heart Surgery, Neonatology, Nephrology, Neurology and Neurosurgery, Pulmonology and Orthopedics. Carolinas Medical Center, including Levine Children's Hospital, is the flagship facility for Atrium Health and has earned Magnet designation from the American Nurses Credentialing Center. Jeff Gordon Children's Center has 53 inpatient beds including a 20-bed NICU, an 8-bed epilepsy monitoring unit, and a 5-bed Progressive Care unit.

Atrium Health, one of the nation's leading and most innovative healthcare organizations, provides a full spectrum of healthcare and wellness programs throughout North Carolina, South Carolina, and Georgia. Atrium Health has over 3,000 system-employed providers and more than 60,000 employees, operating 45 acute care and specialty hospitals and 900-plus care locations.

For more information or to submit your CV for consideration please contact:
Sarah Foster, Senior Physician Recruiter
(Sarah.Foster@AtriumHealth.org)
Phone: (704) 631-1120 direct
www.JoinAtriumHealth.org

♦ Ohio—

We are seeking an outstanding pediatric gastroenterologist with an interest in neurogastroenterology/motility to join our congenial group at Dayton Children's Hospital. For an experienced physician, this is a great opportunity to develop leadership and quality improvement skills within our division and in the institution generally. Opportunities are available for research and for medical student and resident teaching, the latter as part of the country's only civilian/military integrated pediatric residency program. All of our physicians hold faculty appointments in the Department of Pediatrics of the Wright State University Boonshoft School of Medicine and teach medical students and residents.

OUR DIVISION:

The GI division is composed of 10 pediatric gastroenterologists, 2 pediatric nurse practitioners,

1 physician assistant, 3 registered dietitians, nurses, and support staff to see over 10,000 outpatient visits per year at four sites and perform more than 1,600 endoscopic and motility procedures per year. We work closely with our pediatric, surgical, pathology, radiology, and psychology colleagues throughout the hospital as well as our home care team and primary care physicians in our area. Our physicians include hospital leaders in medical affairs, value-based care, and quality improvement. We are active participants in the ImproveCareNow network, and we have on-going research programs in inflammatory bowel disease.

OUR CENTER:

Dayton Children's is a 178-bed, freestanding children's hospital with more than 35 pediatric specialties. We serve a pediatric population of 510,000 from a 20-county region of central and southwestern Ohio and eastern Indiana. An eight-story, 260,000-square-foot patient care tower in the center of our main campus that opened in 2017

includes dedicated space for our GI inpatients and a motility lab. In 2017 we also opened a major expansion of our south campus, about 15 miles from our main campus, that includes a specialty care center, a 16-room pediatric emergency department, and an outpatient surgery center with four operating rooms, including space for GI procedures. More information is available at childrensdayton.org.

OUR CITY:

Known as the Birthplace of Aviation, Dayton offers big-city amenities coupled with midwestern friendliness, charm, and affordability, not to mention easy commutes. The region is home to some of the best private and public schools in the state. Dayton also has a vibrant arts and entertainment community that is itching to get back on-line, with three outdoor concert venues, an orchestra, opera, ballet, theater, Broadway series, museums, and minor league baseball that has the longest sold-out streak in the country. With a beautiful system of parks, trails, and river corridors, the region provides opportunities for year-

round recreation, even in the face of COVID-19. A diverse and innovative business community keeps Dayton and its surrounding communities thriving.

We offer a competitive compensation and benefits package. Candidates must have an MD, DO, or MBBS degree, have completed an approved pediatric gastroenterology fellowship, be board eligible/certified in pediatric gastroenterology, and be able to obtain an unrestricted medical license in Ohio.

If you are interested, please contact me with your letter of interest and curriculum vitae.

Michael Bates, MD, PhD, CPE
Professor and Chief, Gastroenterology and Nutrition
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Dayton Children's Hospital
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