Northern California Society for Clinical Gastroenterology

NEWSLETTER

ISSUE NO. 6. | July 2021

The NCSCG GI Symposium was held this past weekend, June 26-27, 2021, in Monterey, CA. In case you missed our hybrid event, here are some highlights:

See how we have grown!

Number of Registered Attendees in 2021: 173
2020: 150
2019: 139

- **85** In-person attendees
- **47** Virtual registrations
  - 30 AHCP
  - 69 MD/DO/PhD
  - 25 Fellows

Faculty Representation

Sutter Health CPMC

Stanford University

UC DAVIS UNIVERSITY OF CALIFORNIA

KAISER PERMANENTE®

UCLA University of California, Los Angeles

UCSF University of California San Francisco

Highlighting the NCSCG GI Symposium Keynote Speaker

Folasade May, MD, PhD, MPhil, our keynote speaker, presented "Promoting Health Equity in Gastroenterology and Beyond" on Saturday, June 26, 2021.

Dr. May is an Assistant Professor of Medicine at the University of California Los Angeles (UCLA), Director of Quality Improvement in Gastroenterology at UCLA Health, Director of the May Health Services Research Laboratory, and researcher in the UCLA Kaiser Permanente Center for Health Equity. She received a B.A. in Molecular Cellular and Developmental Biology from Yale University, a Masters of Epidemiology at the University of Cambridge (UK), a medical degree at Harvard University, and a PhD in Health Policy and Management from the UCLA Fielding School of Public Health.

NCSCG Abstract and Case Vignette Awardees

First Place
Research Category

Mike Wei, MD
Stanford University

Evaluation of Local Recurrence in Endoscopic Submucosal Dissection and Endoscopic Mucosal Resection: a Western Perspective

First Place
Research Category

John Gubatan, MD
Stanford University

Rates and Predictors of Long-term Clinical Outcomes in Patients with Perianal Crohn's Disease on Biologic Therapy

First Place
Case-Vignette

Sameeha Khalid, DO
UCSF Fresno

An Unexpected Case of Undifferentiated Embryonal Sarcoma in a Pregnant Adult

FELLOWS CORNER

Nghiem Ha, MD
University of California, San Francisco
Fellow Representative

I was born in Vietnam and immigrated to Orange County as a child and later settled in the Bay Area in San Jose, California. I attended medical school at UC Davis, followed by residency and fellowship in gastroenterology at UC San Francisco as part of the ABIM short track/research pathway, with plan of subsequently completing a transplant/advanced hepatology fellowship. My primary research areas of interest include visceral adipose tissue inflammation and the harmful effects of visceral obesity in patients with cirrhosis, especially in concurrence with sarcopenia termed sarcopenic visceral obesity. My favorite activities outside of medicine is spending time with my wife and kids and exploring new places to eat. My favorite food is ice cream and would try to eat at least eat one scoop a day.

I learned about NCSCG through the monthly webinars/lecture series during my first year of fellowship, and through my co-fellows and attendings including Drs. Rubin and Hameed. I feel that NCSCG serves as a great resource for all trainees of all levels that provides great educational resources and invaluable exposure to other providers in different practice settings who can serve as potential mentors.

Ann Robinson, MD
California Pacific Medical Center
Fellow Representative

I am originally from Illinois but now consider the Bay Area home. I completed my residency at Highland and I am now a first year gastroenterology fellow at CPMC. I have been involved in NCSCG since 2018 and have found the meetings and lecture series incredibly helpful! I love the wide range of topics covered and variety of speakers. Currently, my research interests are the effects of the pandemic on those with chronic liver disease, specifically alcohol-related liver disease. When I'm not being a fellow, I enjoy going to the beach, hiking in Joaquin Miller and other local parks, and traveling.

APP CORNER

Maria Josephina Gomez
Family Nurse Practitioner
University of California
San Francisco

I became a Registered Nurse in 1985 and a Nurse Practitioner in 2001. Nursing has been very kind to me and enabled me to participate in numerous specialties and engage with patient populations that have allowed me to live a fuller life.

As a NP I have enjoyed working in Homeless Health Care, Primary Care, Wound Care, Plastic Surgery. I entered the world of GI in 2012 and have felt at home since. I was recruited into the NCSCG APP subcommittee almost a year ago and have since written articles for the APP portion of the newsletter as well as spoken at our last conference. I am most excited by the continued dialogue between APPs and our physician colleagues, improvements in technology to provide better outcomes, and how to enjoy my work and the fruits of my labor in my older years.

Advanced practice providers (APP) are an investment with never diminishing returns.

Historically we have been known or labeled as Physician Extenders or Mid-Level Practitioners, which are descriptors that cannot contain the breadth and depth of APP involvement in patient care. In recent years, many practices have embraced, and made room for, the APP as a constant team member and one who allows for seamless care. Take, for example, the APP on an inpatient medical or surgical service who does not rotate monthly, rather stays in place to teach and ensure quality care when physicians and medical students are ever-changing. Thus, the knowledge base of the APP should be robust and up to date.

The orientation of the APP can be as short as an introduction to the staff, or 6 months of proctoring with physician and APP colleagues; there is no template. Large academic centers have developed on-boarding programs led by APP leadership; however, this is not likely the norm. In Dr. Uma Mahadevan's article, how to get an Education in Inflammatory Bowel Disease during Fellowship: Expectations and Realities[1], she outlines the scope of the problem, lists expectations and how fellows learn, and offers solutions. I believe this is an elegant and fruitful way to allow all practitioners who represent any GI practice to give safe and uniform care.

Don't get me wrong: I am not advocating for putting APPs through the rigors of fellowship, nor taking a year to get us up and running, but rather share a model for learning, teaching, and ensuring safe and effective practice from a transgenerational view. Those who will underscore the financial effect of taking time out for these activities would want to know that recruitment and training of APPs can cost $250,000-$300,000, and does not include lost revenue (https://www.melnic.com/how-much-advanced-practice-provider-turnover-cost/). Physicians "grow" physicians and APPs "grow" APPs; somewhere in there is room for crossover and collegiality that can lead to safe practice, contentment and joy in one's practice, and a feeling of inclusivity that allows for long term retention and maturation of teams. I would advocate for physician colleagues to actively engage in, and seek, APP input and feedback during hiring and on-boarding. A condensed model can be used by private practices to avoid or mitigate revenue loss during this time. Our mutual goal should include "growing" safe and happy (yes, happy) practitioners who love what they do and where they do it.

Maria Josephina (Josie) T. Gomez is a Family Nurse Practitioner at the UCSF Gastroenterology Faculty practice. Her current areas of specialization include General GI, IBD, and lower GI motility. When she is not at work, she spends time with family and friends, traveling, and learning new recipes to enjoy.

Images in Clinical GI

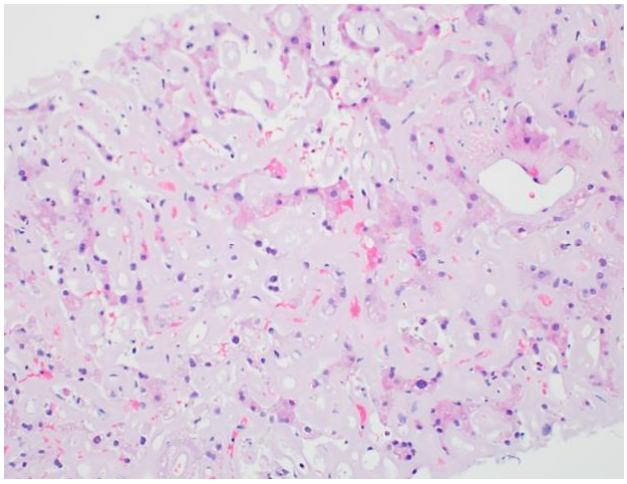
Can you solve the case?

Welcome to a new series for our newsletter where we present images from interesting cases submitted by some of our members! For our inaugural entry, we have a case from Dr. Mike Wei, a GI fellow at Stanford, who is also a trainee board member of the NCSCG. ***Answers and discussion on this case can be found on page 8.*** *We hope you enjoy!*

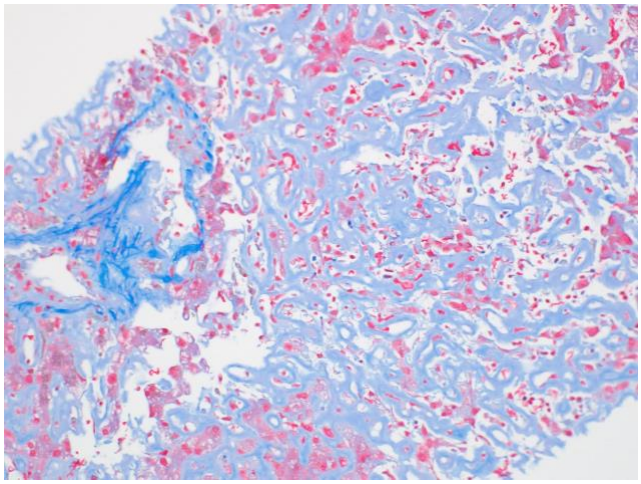
Patient is a 71 year old female who presented to the hospital with 2 months of ascites, 40 pound weight gain, and bilateral lower extremity edema. Her labs on presentation were significant for: Na 130, K 7.7, BUN 37, Creatinine 1.45; AST 104, ALT 37, TB 3.5, ALP 1,217, GGT 384, albumin 2.1, despite normal blood work 1 month prior.

Hepatitis A, B, and C, as well as EBV, HSV, VZV PCR were negative. CMV was detected but with viral load <135. ANA, AMA, ASMA, anti-dsDNA were all negative. SPEP and UPEP were normal. Kappa (5.8) and lambda (21.8) were elevated, but with unremarkable kappa/lambda LC ratio (0.3).

MRI/MRCP revealed a 2.6cm focus of progressive enhancement in the right dome of the liver consistent with focal nodular hyperplasia or hypervascular metastasis. TTE was also normal except for mild left ventricular hypertrophy. She then underwent IR-guided transjugular liver biopsy which showed:



H&E: Amorphous eosinophilic proteinaceous material diffusely expanding the sinusoids with marked atrophy of the hepatic plates



Trichrome: Pale gray-blue color compared to bright blue of perivascular collagen fibers

What's the diagnosis? What additional work-up would you request?
Hint: consider additional stains

Stanford HEALTH CARE

THE BENIGN PANCREAS PROGRAM

The Benign Pancreas Program at Stanford Health Care was launched in 2009 to provide comprehensive care to patients with four specific pancreatic conditions: 1) acute pancreatitis, 2) chronic pancreatitis, 3) pancreatic cysts, and 4) screening of high risk individuals for pancreatic cancer. In providing state-of-the-art treatment options, the program incorporates multi-disciplinary expertise from medical pancreatology, advanced endoscopists, surgical pancreatology, GI radiology, GI pathology, clinical nutrition, and pain management. An Advanced Practice Provider who specializes in pancreatic disorders is also on board to help provide continuity, navigation, and access to the program.

Stanford is consistently among the top five medical centers in California with respect to the volume of pancreas operations performed annually. More than 300 cases of acute pancreatitis, 100 cases of chronic pancreatitis, 500 cases of pancreatic cysts, and 500 high-risk individuals for pancreatic cancer are seen by the program's physicians each year.

The program is also supported by NIH funding to run several clinical studies and trials. The program is part of the NIH Consortium for the Study of Chronic Pancreatitis, Diabetes, and Pancreatic Cancer, the NIH Pancreatic Cancer Detection Consortium, the NIH Type 1 Diabetes in Acute Pancreatitis Consortium, and several studies within the NIH Early Detection Research Network focused on pancreatic cancer. In addition, the program collaborates with several industry partners for clinical trials in chronic pancreatitis.

For additional information, please contact:

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NCSCG 2021-2022 WEBINAR SERIES
ADVANCING CAREER DEVELOPMENT IN GI & HEPATOLOGY CLINICAL CARE

Dear Colleague,

The NCSCG Education and Trainee Committee is pleased to announce the CME Accredited NCSCG Education and Trainee Committee 2021-2022 Webinar Series.

About the NCSCG Webinar Series

The NCSCG Education and Trainee Committee Webinar Series aims to provide an education and career development focused resource for our GI community. Our series has been developed with gastroenterology and hepatology fellows from training programs in Northern California and incorporates sessions specifically focused on important aspects of career development and the job search process. In addition, our series will also include high yield and hot topics in clinical gastroenterology and hepatology. We offer these sessions as a free resource to anyone interested in participating.

To replicate a meal we would have together, the NCSCG would like to offer all NCSCG fellows who attend the webinars a meal up to the value of $30 to be eaten at the time of the webinar.

To receive your free meal during the webinar follow these easy steps:

1. Register for the event

2. Ensure that you are an NCSCG fellow. You may register as a member or renew your membership by clicking here

3. Attend the webinar (attendance is monitored)

4. Order your meal for the time of the webinar up to the value of $30 and save the receipt!

5. Please turn on your webcam so that we can connect as we dine, converse, collaborate and learn together during this program

6. Fill in an expense reimbursement form sent after each webinar and submit this, along with your receipt to Dani Smith: dsmith@pacemedcom.com

7. Receive a check for the value of your meal, up to $30, mailed to you shortly after the event.

Sincerely,
The NCSCG Education and Trainee Committee

TO REGISTER FOR THE ENTIRE SERIES AND FOR MORE INFORMATION, VISIT:
www/norcalgastro.org/ncscgwebinarseries
REGISTRATION FEES
Complimentary

View Past Recorded Webinars Now!
www/norcalgastro.org/ncscgwebinarseries

JULY 2021
July 27, 2021 6PM-7PM PT
Updates and Controversies in Colon Cancer Screening and Surveillance
Tonya Kaltenbach, MD, UCSF

AUGUST 2021
August 24, 2021 6PM-7PM PT
Emerging Therapies for HBV and HDV
Robert Gish, MD, Robert G Gish Consultants LLC

SEPTEMBER 2021
September 23, 2021 6PM-7PM PT
Updates in Management of Complex Irritable Bowel Syndrome
Ana Waechter, MD, UC Davis

OCTOBER 2021
October 6, 2021 6PM-7PM PT
Research Seminar #1

NOVEMBER 2021
November 16, 2021 6PM-7PM PT
Management of Complex Inflammatory Bowel Disease
Eric Mao, MD, UC Davis

DECEMBER 2021
6PM-7PM PT
Career Development Webinar

JANUARY 2022
6PM-7PM PT
Artificial Intelligence Innovations in Gastroenterology
Jason Samarasena, MD, UC Irvine

FEBRUARY 2022
February 8, 2021 6PM-7PM PT
Research Seminar #2

MARCH 2022
6PM-7PM PT
Interventional Endoscopy Advancements
Andrew Nett, MD, UCSF

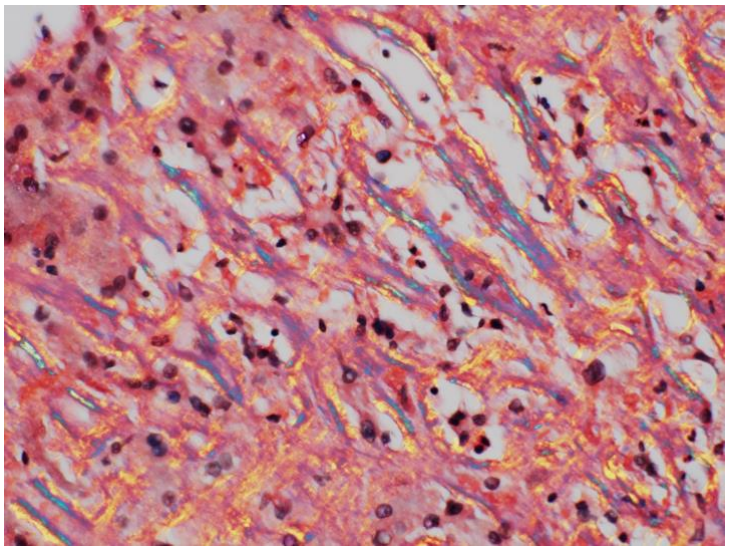
APRIL 2022
6PM-7PM PT
Updates on NASH Therapeutics - Anything on the Horizon?
Bilal Hameed, MD, UCSF

MAY 2022
6PM-7PM PT
Targeting the Microbiome in Gastrointestinal Diseases
Neil Stollman, MD, East Bay Center for Digestive Health

JUNE 9 2022
6PM-7PM PT
Research Seminar #3

Solution

Here is the Congo red stain under polarized light:



Areas of apple green birefringence were found, concerning for hepatic amyloidosis. On further review by mass spectrometry, the amyloid was consistent with AL lambda-type.

Unfortunately, the patient quickly deteriorated over the course of her hospitalization, requiring hemodialysis, developing supraventricular tachycardia, with worsening hypotension, and ICU transfer. Due to the worsening clinical status, patient was transitioned to comfort care and passed away on day 16 of admission.

Discussion

Amyloidosis is characterized by deposition of insoluble amyloid fibrils. The organization of the amyloid fibrils leads to the characteristic pattern of appearing red microscopically under normal light but 'apple green' under polarized light. There are over 30 proteins known to form amyloid, with the most common types being AL amyloid (precursor: monoclonal immunoglobulin light chain), AA amyloid (precursor: serum amyloid A), and amyloid transthyretin (ATTR) amyloid (precursor: either wild-type or abnormal transthyretin). Amyloidosis is difficult to diagnose as presentation can mimic many common disorders, and there is no simple imaging or laboratory test that is diagnostic of the disease; definitive diagnosis is through tissue biopsy. The varied presentation is due to the ability of amyloid to deposit in any organ system, and cardiac involvement is the highest cause of morbidity and mortality.

In the case of difficult to explain LFT abnormalities, we recommend consideration of hepatic amyloidosis. Clues to this may include unexplained elevated alkaline phosphatase, concurrent worsening of kidney and/or cardiac function. Unfortunately, there is currently no clear management for AL amyloidosis, but may include high-dose melphalan and autologous stem cell transplant, chemotherapy (such as melphalan/dexamethasone), or novel agents such as thalidomide. Unfortunately, in this case, the patient experienced rapid progression of disease precluding consideration of therapies beyond supportive care.

Did you guess right?

If you have any interesting cases you would like to share or suggestions for this section, please contact us at:NCSCG@pacemedcom.com

Northern California Society for Clinical Gastroenterology

About the NCSCG

The Northern California Society for Clinical Gastroenterology ("NCSCG") is a 501(c)(3) non-profit organization devoted to the pursuit of clinical excellence in Gastroenterology and Hepatology, primarily through continuing medical education. By providing a forum for the exchange of ideas, the NCSCG aims to encourage professional growth, stimulate intellectual curiosity, and further patient outcomes by expanding access to up-to-date information of interest to practitioners.

Click Here To Find Out More

Membership

The NCSCG is comprised of gastroenterologists and hepatologists from private practices and academic institutions throughout Northern California. Members of NCSCG are offered complimentary registration to our spring and winter educational dinner meetings and discounted registration fees at the GI and Liver symposia. Complimentary membership is offered for fellows.

Click Here To Find Out More

Contact Us

For questions, comments or suggestions about this newsletter or becoming an NCSCG member please email ncscg@pacemedcom.com

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