

Within the Scope

News from the Division of Gastroenterology, Hepatology and Nutrition

Fall 2019

Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

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Referrals

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Beth Israel Lahey Health

A Message from the Chief



A center for excellence in digestive disease care, the Division of Gastroenterology, Hepatology and Nutrition expanded under Emeritus Chief J. Thomas Lamont, MD, (right) and continues to grow under new Division Chief Nezam Afdhal, MD, (left).

Dear Colleagues and Friends:

I am excited to welcome you all to our first magazine from the Division of Gastroenterology, Hepatology and Nutrition at Beth Israel Deaconess Medical Center. The start of the new academic year can have a re-energizing effect, as we come back together to pursue our common goals towards excellence in gastroenterology care. Our new academic year represents, to me, not only a re-energization but a re-imagination of our Division. In the six months that I have been the Division Chief, it has become clear to me that although we have a vibrant and diversified faculty in both clinical care and research, we are all part of a wider network that includes our referring physicians, prior faculty, and fellows. I feel that we have not been communicating within that network as well as we could be, and I wish to open these lines of communication. This magazine will be a conduit not only to disseminate information about our new programs, new faculty, and to highlight the exciting academic activities of our Division, but also to revitalize our relationships with former colleagues and

trainees. This publication will act as a new social and informational forum for our community.

I am thankful to Tom Lamont and Simon Robson for their past leadership, which has created a GI Division that continues to grow as a center for research and clinical excellence. Innovation and new programs are at the core of our mission for outstanding patient care. In September, we officially launched our new Center for Inflammatory Bowel Disease under the leadership of Adam Cheifetz, with the addition of key clinical support personnel in the specialties of nutrition, psychology, and social work to establish more holistic patient-centered care experiences. We have added three nurse practitioners, three GI clinical nurses, and have welcomed a full-time clinical psychologist, Sarah Ballou. Our Advanced Endoscopy group's work is consistently on the cutting edge. Jonah Cohen has founded a new Bariatric Endoscopy Program which includes multiple non-invasive procedures: the Endoscopic Sleeve Gastroplasty (ESG) as well as the IntraGastric Balloon Weight Loss Pro-

gram designed to help patients reach their weight loss goals. Tyler Berzin has instituted a novel multi-center program for Artificial Intelligence assisted polyp detection and recently co-authored a paper on the subject, which was the first randomized clinical trial in medicine to be conducted utilizing AI. Our biliary group continues to develop novel imaging technologies for pancreatic cancer detection within pancreatic cysts. The Liver Center, under the leadership of Michael Curry, continues to explore novel diagnostic approaches to NASH detection in the community. Our new program for transplantation in alcoholic liver disease has led to a 50% increase in liver transplants, while continuing to see excellent outcomes and low recidivism rates. The heads of our centers have shared updates in this magazine which combined, show the full spectrum and diversity of the programs within our Division.

In March, we came together as part of Beth Israel Lahey Health. With this affiliation comes further exciting opportunities for our Division. The first step is to strengthen ties with our affiliated community hospitals in Milton, Needham, and Plymouth and outpatient centers in Chestnut Hill, Chelsea, and Lexington. We have expanded our clinics within these hospitals to include specialty clinics in motility, liver, and IBD. Our goal is to have full integration of our GI services with the local providers in the community for seamless, efficient patient care.

Our educational mission continues to expand and grow. I consider the legacy of our division to be the hundreds of fellows who made BIDMC their home and the starting point of their lives as Gastroenterologists. In 2019, we have 12 categorical GI fellows and a further 10 sub-specialty fellows, all under the capable watch of Judi Hansjon, our Fellowship Administrator. Ciarán Kelly continues to lead the program as Fellowship Director and Sarah Flier and Michelle Lai now serve as Associate Program Directors alongside him. We are strengthening our mentorship programs for the fellows with a selection of clinical and research mentors geared specifically to aid our fellows in their chosen career paths. For those of us who attend DDW or AASLD Liver meetings, we host a BIDMC event to reconnect, but we want to stay in touch with our graduates and faculty throughout the year. Therefore, our magazine will have a section on 'Gut Gossip' where we hope to hear from you all: academic achievements, life events, and any 'gossip' you want to share with your friends – send it to us. In addition, GI division news, meetings, and events will now be shared via our Twitter handle at @BIDMC_GI if you wish to follow us.

For the last 30 years, basic and clinical research at BIDMC has been at the forefront of many advances in GI, such as celiac disease, IBD, C. difficile, motility, viral hepatitis, and liver fibrosis, due to the work of our many talented

Principal Investigators and their teams. In January, Tom Lamont will discuss that rich history as the Zetzel Lecturer in his presentation at Medical Grand Rounds titled "Major Advances in GI and Hepatology: A Half-century Retrospective." As we think about where we've been and how we move forward into the Roaring Twenties, I anticipate many new advances in our fields of research. However, the complexity of research now requires even more teamwork and collaboration. My vision for GI research is to build upon our strengths as a premiere clinical institution and to focus on translational and clinical research. BIDMC has committed resources for the continued development and recruitment of key personnel for our research enterprise and I look forward to keeping you updated as to our progress. I am also excited to welcome Gyongyi Szabo as the Chief Academic Officer of Beth Israel Lahey Health and to the research team of the Liver Center. Dr. Szabo is a leading researcher in the areas of alcohol and inflammation. She has received uninterrupted grant funding from National Institute of Health (NIH) since 1989 and brings with her multiple funded grants for both basic research and an exciting clinical program in alcoholic hepatitis.

The problems that face us in healthcare will change and we must rise to meet these challenges in turn. Our advances must continue, but simultaneously, resources grow thin and workloads keep increasing. Under the leadership of Myron Falchuk, Sanjiv Chopra, and Johanna Iturrino, we will endeavor to create a curriculum to deal with issues of physician stress, happiness, and burnout.

I hope you enjoy the inaugural issue of our magazine. Please stay in touch and share with us how we can better communicate and serve the past, present, and future BIDMC GI community and remain connected to all our friends, close to home and in the wider world.

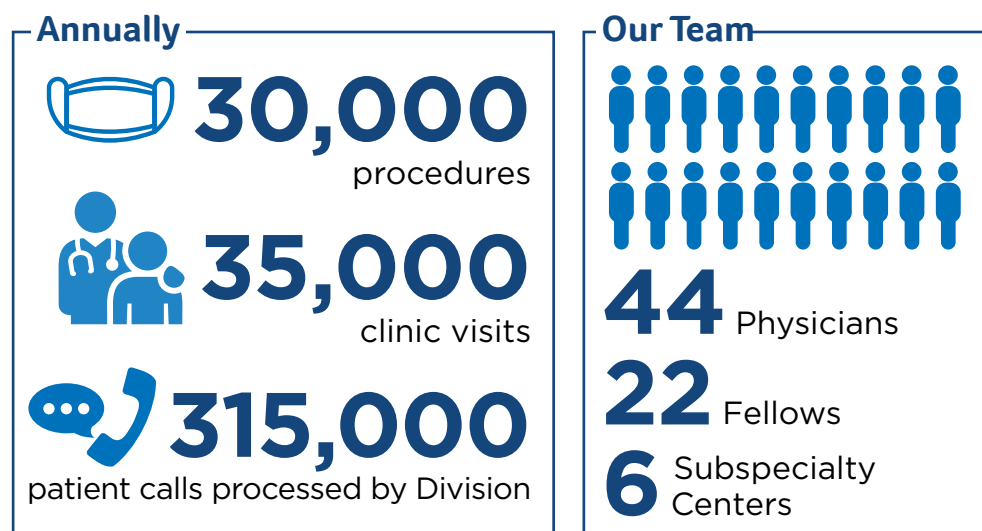
Until Issue 2,

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Nezam Afdhal, MD
Chief of the Division of
Gastroenterology, Hepatology
and Nutrition
The Charlotte & Irving Rabb
Professor of Medicine at
Harvard Medical School

By The Numbers *Division of Gastroenterology, Hepatology and Nutrition*



Gut Gossip

New Gilead Research Scholar



Congratulations to Gordon Jiang, MD, who received the Gilead Liver Research Scholar Award for 2020. This award will further his groundbreaking work on liver toxicity of novel lipid vesicles in alcoholic hepatitis.

Oh Baby!

Our Liver Center members welcomed a whopping four new babies recently! Congratulations to:



Vilas Patwardan, MD, and his wife Michelle on the arrival of Maya Trivedi Patwardhan

Meredith Rourke, RN, and her husband Warren who welcomed Lyla Evelyn Broughton

Brian Malinn, NP, and his wife Annie on their daughter Mary Ann Malinn

Alan Bonder, MD, and his wife Vivian on their newest addition Yael Eliana Bonder

Within the nursing team, congratulations to **Julie Doherty, RN**, and **Samantha Manning, RN**, on their families' new additions. Welcome Joseph and Colin!

Congratulations



Congratulations to Sarah Flier, MD, staff physician in our IBD Center and Associate Fellowship Director, who has been elected Chair of the New

England Chapter Medical Advisory Committee of the Crohn's and Colitis Foundation, beginning in 2020! She was also a Healthcare Honoree for 2019 Crohn's and Colitis Take Steps Walk.

Referrals 617-754-8888

2019 Zetzel Professor



J. Thomas Lamont, MD, Emeritus Chief of the Division of Gastroenterology has been named the 2019 Zetzel Visiting Professor. In December, our

division will host the Zetzel Symposium in his honor with a program entitled *Advances in GI and Liver Diseases at BIDMC 1996-2019: The Lamont Years*. He will also deliver the Department of Medicine's Medical Grand Rounds on January 9, 2020, in conjunction with this honor.

Nursing Notes



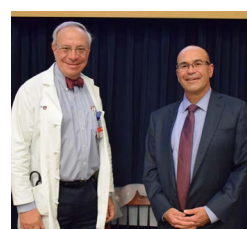
Our nursing team continues their exemplary work in our clinical programs as they regularly incorporate process improvements. Their latest projects include an updated approach to visit ticketing which utilizes a new recall process for patients without pathology as well as improvements on inventory control.

ACG Meeting



Division members attended the American College of Gastroenterology's annual meeting in Austin, Texas. Advanced Endoscopy fellow Mohammad Bilal, MD, received recognition as a Presidential Abstract! In collaborative research with MGH, he enacted a vision for new strategies in resident education and the work has already generated impactful results!

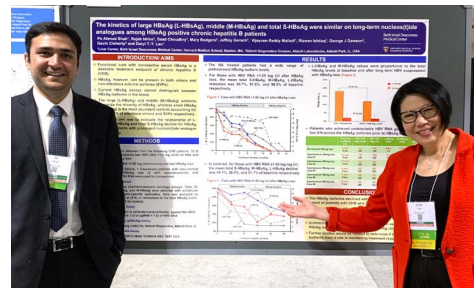
Promotions



Adam Cheifetz, MD, Director of the Center for Inflammatory Bowel Disease and Anthony Lembo, MD, Director of the Motility & Functional Bowel Disorder Center were both promoted to Professor of Medicine at Harvard Medical School this

year. In honor of this accomplishment, the Department of Medicine invited them to deliver Medical Grand Rounds and presented them with the professorship chair. Attendees enjoyed hearing Dr. Lembo's lecture entitled "New Perspectives in Irritable Bowel Syndrome" in October and Dr. Cheifetz's talk "Past, Present and Future Treatment of IBD" in November. Congratulations to them both on their academic achievements!

AASLD Meeting



The American Association for the Study of Liver Disease's annual Liver Meeting took place in Boston in November. Congratulations on excellent work to division physicians, fellows, and researchers who shared 25+ posters, gave oral presentations, and led panel sessions. They enjoyed reconnecting with past colleagues as they engaged in dynamic conference programs!

To our former faculty and fellowship graduates: the Division would love to hear from you! Please reach out with your own "gossip" to GICommunications@bidmc.harvard.edu to be shared in future editions. To keep up with us between issues, follow our Twitter @BIDMC_GI.

bidmc.org/digestive

The Berenson Center for Advanced Endoscopy

The Berenson Center for Advanced Endoscopy is one of the premier endoscopy programs in the United States. Annually, we perform more than 6,500 advanced procedures, while furthering the nearly 30,000 endoscopic procedures performed by the Division's physicians each year. Our advanced procedures include all aspects of interventional biliary and pancreatic endoscopy and endoscopic ultrasonography. Interventional procedures include RFA, cryotherapy, and endoscopic mucosal resections for lesions throughout the GI tract. BIDMC is also the largest center in New England for Barrett's esophagus treatments, as we care for over 1,000 patients with dysplastic Barrett's esophagus. We are proud to be one of the largest referral centers for endoscopic retrograde cholangiopancreatography (ERCP) in the country.

Our Advanced Endoscopy Program has a current and historical commitment to working on the cutting edge. Our program has been integral in introducing many techniques that are now part of standard of care endoscopic procedures. Our endoscopists have been on the forefront of treatment evolution, developing new devices and techniques. We continue to innovate and lead the world in transforming interventional endoscopy and look forward to future success within our center.

Sincerely,

Dr. Douglas Pleskow, Dr. Mandeep Sawhney, Dr. Jonah Cohen, and Dr. Tyler Berzin



Center leadership from left: Jonah Cohen, Mandeep Sawhney, Douglas Pleskow, and Tyler Berzin

Did you know?

In 1990, we introduced Endoscopic Ultrasound to New England. Over the past two decades, this procedure has evolved from a purely diagnostic procedure to a therapeutic procedure.

We also pioneered:

- "Short wire" ERCP in the late 1990's
- Cholangioscopy with original Spyglass system in 2006
- Digital Spyglass cholangioscopy, as the first in the world was performed at BIDMC in 2015

Fellowship Education

Education of future leaders in endoscopy is critical for the continued success of our specialty. We are happy to welcome our three new fellowship candidates Manoj Kumar, MD, Mohammed Bilal, MD, and Corey Miller, MD. In collaboration with our colleagues, we offer the Boston International Live Endoscopy Course. Our next course will be held in the fall of 2020. Additionally, we offer several courses for GI fellows including a yearly hands-on course for fellows in advanced endoscopy.

Research

Beyond statistics are the innovative treatments and programs which comprise the focus and backbone of our center. Multiple new initiatives in research and development are underway in the center, including the first major multi-center clinical study of Artificial Intelligence (AI) in colonic polyp detection, led nationally by Tyler Berzin, MD. Doug Pleskow, MD, and Lev Perlman, PhD, are leading a unique study of spectroscopy for the detection of dysplasia and neoplasia within pancreatic cysts. Dr. Pleskow also coordinates the NECTAR study for reflux esophagitis. Mandeep Sawhney, MD, has been leading a regional evaluation of sterilization procedures and quality initiatives for ERCP and will be running his regional course on these issues in April 2020.



Advanced Endoscopy has a current and historical commitment to working on the cutting edge. They have been integral in introducing many techniques, now part of standard-of-care endoscopic procedures.

Celiac Center

Upon its founding in 2004, the [Celiac Center](#) became the first center in New England to specialize in the care of adults with celiac disease and gluten-related disorders. Since then, we have continued to serve New England as one of the nation's leading providers of medical and nutritional care for patients with celiac disease and gluten-related disorders. Our center is characterized by the utmost commitment to patient-centered care and innovation for patients with celiac disease. I am very proud of our Celiac Center, which is known around the world for excellence in patient care, leading edge research, and generating high quality educational activities and resources for patients and healthcare providers alike. We look forward to remaining at the forefront of developing novel non-dietary treatments and ultimately a cure.

Sincerely,

Dr. Ciarán Kelly



Offering medical and nutritional support, our Celiac Center team continues to provide excellent patient care and generate leading research.

Research

The Celiac Center has been an international leader in research, focused on understanding causes of celiac disease and conducting clinical therapeutic trials.

Our research is furthered by the exemplary work of our clinical fellow, Amelie Therrien, MD, FRCPC, and our research fellow Shakira Yoosuf, MD. Our fellows recently presented their work at the 18th annual International Celiac Disease Symposium in Paris, France. Dr. Therrien presented her work "Use of Enteric-Release Budesonide in Non-Responsive Celiac Disease," which examined the potential use of the steroid Budesonide to induce remission in those with Non-Responsive Celiac Disease (NRCD). Budesonide has been effective in inducing remission for refractory celiac disease and this study showed a marked reduction in symptoms for 60% of NRCD patients, with mucosal healing in 50%

of those who had follow-up biopsies. For many, symptoms returned upon discontinuing steroids and thus, though the study demonstrates promising initial results, further investigation will be required. IBD fellow Richa Chibbar, MD, presented her work, entitled "The Gut Microbiota in Celiac Disease and Probiotics." Her work examines the microbiome with a focus on dysbiosis, the imbalance between protective and harmful bacterial species, which is thought to play a role in celiac disease. A full paper on her work has recently been published in *Nutrients*.

Current studies include evaluating Timp-Glia as a "reverse vaccine" that induces immune tolerance to gluten and reverses the immune attack that characterizes the disease. If successful, this may represent a novel and important step toward a cure. The Celiac Center's research remains on the cutting edge, led by renowned leaders within the field.

WE COORDINATE ALL ASPECTS OF CELIAC CARE AND CLOSELY ASSOCIATE WITH EXPERTS IN

- [Endocrinology](#)
- [Pathology](#)
- [Allergy/Immunology](#)
- [Liver Disease](#)
- [Reproductive Medicine](#)
- [Rheumatology](#)

Did you know?

We host the unique and expansive [CeliacNow website](#), a home for nutritional and medical information for patients with celiac disease and non-celiac gluten sensitivity and for medical professionals seeking scientifically validated information about living with celiac disease. Our platform is currently expanding and now includes a Celiac Center newsletter. Plans to develop further resources are underway for 2020.

Harvard Celiac Research Program

The Celiac Center is proud of the inter-institutional collaboration we have helped facilitate as a major, founding member of the Celiac Research Program (CRP) at Harvard Medical School. This is a shared partnership between our program, the Boston Children's Hospital Celiac Program, and the Center for Celiac Research and Treatment at MGH. The program fosters collaborative research and education on celiac disease and other gluten-related disorders and is recognized by the Society for the Study of Celiac Disease. We are currently engaged in a number of joint research ventures. Together with the National Celiac Association, the CRP at HMS hosts a large conference every two years for patients and providers. This event features presentations, workshops, and a keynote address and is a well-attended forum on celiac disease. Our next event will take place in Fall 2020, with Melinda Dennis, MS, RDN, serving as the BIDMC lead coordinator.

Screening for HCV

New Guidelines and Implementation

In August, the US Preventative Services Task Force (USPSTF) released updated draft recommendations to the guidelines for Hepatitis C virus (HCV) screening procedures that may result in official recommendations to widen the current age range for testing to all adults ages 18 to 79. The prior 2013 USPSTF guidelines suggested a onetime HCV test for “baby boomers” born from 1945-1965, as 75% of patients with chronic HCV in the US were born during this time. BIDMC was one of the first adopters of baby boomer screening, instituting an Online Medical Record (OMR) prompt in April 2013, even prior to Massachusetts passing legislation requiring primary care providers to offer HCV testing for all baby boomers. Internal screening data, as seen in the table to the right, clearly shows our successful adoption of HCV screening protocols. However, when comparing HCV testing in baby boomers versus adults aged 18-47 (non-boomers), we can see the shift in testing between 2013 and 2019. Changing testing patterns reflect the changing demographics of HCV.

“At this point, about two-thirds of HCV tests at BIDMC are being performed in younger patients, and we believe the number of younger people being diagnosed with Hepatitis C is related to the opioid crisis in our state,” said Cami Graham, MD, from the Infectious Diseases division at BIDMC and a leading advocate for HCV screening and care.

National data collected from 2004 to 2014 demonstrates new HCV infections

Date Interval	Category	Anti-HCV test performed	HCV diagnosis (ICD-9 or-10)	% with HCV diagnosis
5/1/2013 - 5/1/2014	Male; age 18 - 47	2,273	83	3.6%
	Female; age 18 - 47	3,376	87	2.6%
	Male; age 48 - 68	5,193	232	4.5%
	Female; age 48 - 68	6,830	115	1.7%
5/1/2018 - 5/1/2019	Male; age 18 - 53	3,267	160	4.9%
	Female; age 18 - 53	6,765	141	2.1%
	Male; age 54 - 74	2,824	172	6.1%
	Female; age 54 - 74	2,971	70	2.4%

increasing from 0.3 per 100,000 to 0.7 per 100,000, representing an overall increase of 133%. When examined by demographic subgroups, the most significant increases are seen within the 18-29 and 30-39 age cohorts. Injection drug use (IDU) was reported as the risk factor in 60% or more of the cases. Between 2011 and 2014, IDU was reported as the risk factor in 75% of cases. Massachusetts has found a similar shift in the age distribution of HCV infection, now reflecting a population predominantly under the age of 40. This concerning increase in prevalence is demonstratively linked to increased IDU, likely fueled by the current opioid epidemic.

“The recent success of antiviral therapy for Hepatitis C infection across all patients has resulted in a significant decline in the number of patients presenting with manifestations of end stage liver disease,” said Michael Curry, MD, Director of Hepatology and the Liver Center at BIDMC. “This has resulted in a reduction in the number of patients needing liver transplantation for HCV across the United States. However, there are still a significant, and unfortunately increasing, number of patients in the community with untreated HCV, many of whom are not aware of their infection. These patients will often remain asymptomatic until the end stages of disease. Identifying

these individuals now and offering them curative treatment will result in a further reduction in disease burden, potential reduction in transmission, and will continue to prevent HCV associated morbidity and mortality.”

While BIDMC providers already test in recognition of shifting demographics, we will need to continue to lead the way in Massachusetts through early adoption of the new HCV testing guidelines once finalized. BIDMC Information Services is working with our General Medicine, Liver, and ID groups to place a new alert in OMR for all adults aged 18-79, prompting our physicians to follow the new screening guidelines which include an HCV antibody test for all patients, regardless of perceived risk factors. The proposed Grade B rating by USPSTF would eliminate cost-sharing for HCV testing by most insurance providers.

“HCV elimination by 2030, with 90% of patients detected and treated, is one of the pivotal goals of the WHO viral hepatitis strategies and active screening and identification of patients is the only way to achieve this goal. I hope BIDMC can continue to be in the forefront of HCV elimination in our community,” said Nezam Afdhal, MD, Chief of Gastroenterology at BIDMC and a leading researcher in HCV treatment.



Our Division Chief, Nezam Afdhal, MD, emphasizes the importance of elastography screenings for HCV.

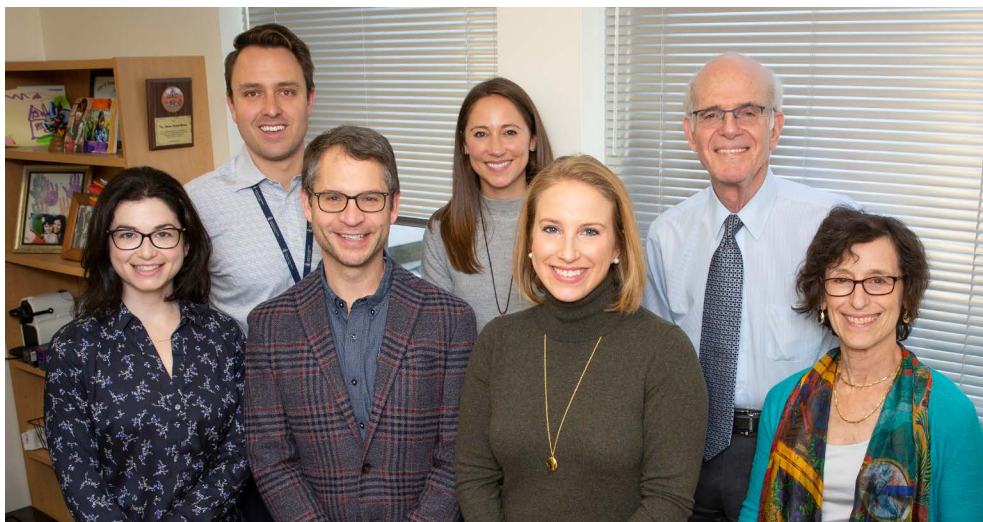
Inflammatory Bowel Disease Center

Our [Inflammatory Bowel Disease \(IBD\) Center](#) is characterized by exceptional patient care as well as pioneering clinical research. Our goal is to provide multidisciplinary and holistic care of patients with IBD. We would be happy to see one-time second opinions for patients with IBD and provide comanagement of these complicated conditions. Our core group of IBD physicians facilitate access to care with more urgent visits in 72 hours and routine visits within two weeks.

It is with great excitement that I can now announce that Beth Israel Deaconess Medical Center has funded our brand new, expanded Center for Inflammatory Bowel Disease. This will be a true multidisciplinary home for IBD care, with our specialists and related disciplines working together to coordinate a full spectrum of care. IBD at BIDMC is entering a new chapter that builds on our strong foundation and history of exemplary clinical care, teamwork, and innovation.

Sincerely,

Dr. Adam Cheifetz



The IBD team shares a focus on innovation and research, as they provide holistic patient care for those with IBD.

Research

We believe innovation is the driving force that elevates quality care to excellence in care. A shared commitment to innovation has made us leaders within our specialty and together we have published a combined total of 400 papers. We have many ongoing investigator-initiated studies in the fields of TDM, optimization of care in IBD, and quality in IBD. Currently, we are enrolling our own prospective study to evaluate whether chromoendoscopy or random biopsies is the best way to detect dysplasia in patients with UC and colonic Crohn's disease. We also have several ongoing clinical trials of novel therapeutic agents in IBD.

Our group was the first to demonstrate that proactive monitoring of infliximab and adalimumab concentrations and dosing to a therapeutic window improves outcomes when compared to standard of care. We showed that proactive TDM, when compared to reactive TDM, was associated with greater persistence on infliximab, fewer IBD-related hospitalizations and surgeries, and fewer anti-drug antibodies and serious infusion reactions. Furthermore, our work proved that, contrary to popular belief, anti-TNF can be safely and effectively used in select Crohn's patients with intra-abdominal phlegmons and abscesses.

CONDITIONS WE TREAT

- **Crohn's Disease**
- **Ulcerative Colitis**
- **Pouchitis**
- **Microscopic (collagenous/lymphocytic) Colitis**
- **Indeterminate Colitis**

Did you know?

Our IBD Center is committed to training future leaders in clinical care. We train future specialists in a fourth year advanced [fellowship in IBD](#) and are currently welcoming applications. Additionally, our center is one of only 13 sites in the country to host the Crohn's and Colitis Foundation Visiting IBD fellowship program.

Welcome Tom Clarke



We are glad to welcome Tom Clarke, MD, a graduate of our Gastroenterology and IBD fellowship program, who has recently joined our IBD center. His arrival furthers our commitment to physician availability and patient access.

Behavioral Health Services



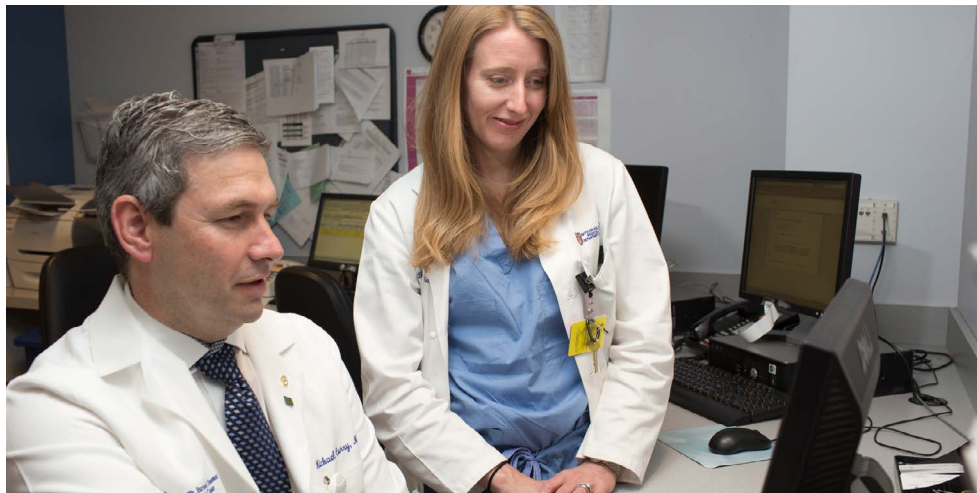
We would like to welcome Clinical Health Psychologist, Sarah Ballou, PhD, as the first new hire of our Center for Inflammatory Bowel Disease. She has been a member our Motility & Functional Bowel Disorders Center for the past three years under a T-32 research fellowship, and will now be leading the expansion of the behavioral health component of our multi-disciplinary IBD center.

The Liver Center

Established in 2001, the [Liver Center](#) operates a high-volume clinical and procedural program with the overarching principle to provide quality care to all patients with liver disease. We do so in both an outpatient setting and in the unique multidisciplinary inpatient-centered Epstein-Trey service, which is dedicated to the care of patients with complex liver conditions. There is a seamless integration between Liver Center physicians led by Alan Bonder, MD, Medical Co-Director of Liver Transplantation, and our surgical colleagues in the Transplant Institute. This year, our multidisciplinary team will perform more than 40 liver transplants at BIDMC, with one of the best graft and survival outcomes in New England. Multidisciplinary collaborative care is provided in our specialty centers, which include the NASH center, Autoimmune clinics, Spanish-speaking clinics, and the Liver Tumor clinic. We are expanding our clinical activities not only in the Liver Center at BIDMC but also within our community hospitals. I am proud of both the consistently high caliber care our team delivers to patients and of their work in research that directly furthers that care.

Sincerely,

Dr. Michael Curry



Center Leader Michael Curry, MD, discussing liver transplant with a surgical colleague. The multidisciplinary BIDMC transplant team performs more than 40 liver transplants annually.

Research

The Liver Center operates an exemplary research team, whose physician researchers are experts in basic, translational, and clinical research with a focus on liver fibrosis, alcoholic liver disease, Viral Hepatitis B and C, NASH, autoimmune diseases, and complications of portal hypertension. Currently there are 47 active [clinical trials](#) in the Liver Center, which can be thoroughly explored on our clinical trials page. We are conducting research across all disease states from NAFLD to hepatorenal syndrome to transplant tolerance. The Liver Center has led multiple global innovative programs and

trials on curative treatments for HCV and HBV and has been instrumental in developing novel technologies, such as shear wave elastography for diagnosing liver fibrosis.

Welcome Zachary Fricker



We are happy to welcome Zachary Fricker, MD, who has joined us from the University of Pennsylvania as the newest member of the Liver Center. He is seeing liver and transplant patients and is continuing his research into prevention and management of infection in patients with cirrhosis.

CONDITIONS WE TREAT

- [Cirrhosis](#)
- [End Stage Liver Disease](#)
- [Viral Hepatitis](#)
- [Metabolic Liver Disease](#)
- [Liver Transplant](#)
- [Non-Alcoholic Fatty Liver Disease/NASH](#)
- [Cholestatic Liver Disease](#)
- [Liver Cancer/Liver Tumors](#)
- [Autoimmune Liver Disease](#)

Open Access Transient Elastography Screenings

A major new initiative is our Open-Access Transient Elastography program, introduced in January 2018. Community and medical center primary care doctors can now refer patients with risk factors, abnormal imaging, or abnormal liver function for elastography to assess liver fibrosis and risk of cirrhosis. Through this program, patients with normal liver function and without fibrosis can continue to be followed in the primary care setting. Those with moderate or severe fibrosis can be referred to the liver center or to community gastroenterologists for assessment and treatment of liver disease. This program has been very well received and widely adopted by multiple primary care practices, resulting in over 1,000 patients evaluated in this initiative.

Our Fellowship in Gastroenterology

*This September, the Division came together for our second annual **Research in GI “Speed Dating”** event. The event was conceptualized as an opportunity to show our fellows the breadth of the Division’s research in an effort to expose them to all potential projects and mentors. In the first year, nine of our faculty members provided five-minute overview presentations on their research projects.*

The inaugural event’s feedback was overwhelmingly positive and included statements on its pacing, diversity of topics, format, and time to speak afterwards. Faculty presenters stayed throughout the entire program and met one-on-one with interested fellows at the end of the evening over

drinks and appetizers. They too were laudatory about the event, having enjoyed the opportunity to hear about their colleagues’ work and to discuss collaborations with one another.

Based on the response to our first event, we extended the invitation this year to all our Division faculty, our categorical and advanced fellows, as well as medicine residents interested in Gastroenterology. During a dynamic and informative evening, fourteen members of the division shared three-minute presentations of their research focuses, with special attention to areas ripe for fellow involvement. To our surprise, almost everyone stayed within the allotted time and shared over 25 different projects in basic, clinical,

and translational research. Multiple participants tweeted their enthusiasm during the evening, and a few visiting trainees asked for pointers to bring the concept to their home institution.

Research is a core value of BIDMC and our [fellowship program](#). This innovative event continues to heighten fellow awareness about research opportunities and spark robust participation. We are looking forward to next year’s event already!

Kind Regards,

Dr. Sarah Flier

Associate Director, Gastroenterology Fellowship Training Program



The Motility & Functional Bowel Disorder Center

In the [Motility & Functional Bowel Disorder Center](#), our clinicians coordinate exemplary care for our patients, who come to us in search of diagnostic answers and treatment solutions. They present with a variety of complex bowel and motility disorders, which often need long-term care and individualized plans for targeted intervention. We confront the challenges of treating chronic conditions that are often caused by a spectrum of biological, lifestyle, and psychological risk factors and are associated with a significant impact on quality of life. Our overarching goal is to provide compassionate, evidence-based, and multidisciplinary care for patients with complex and chronic functional and GI motility, gastrointestinal conditions. To this end, we are also committed to conducting high-quality research with three primary goals: to increase treatment options for our patients, to enhance our understanding of underlying mechanisms that contribute to motility and functional bowel disorders, and to identify and manipulate non-specific factors (e.g. placebo effects) associated with treatment response in this patient population.

Sincerely,

Dr. Anthony Lembo



The center team cares for patients with the full spectrum of motility and functional bowel disorders, bringing a keen awareness of risk factors and their effect on quality of life.

Research

We have a highly productive research group, conducting a number of funded research studies and clinical trials which examine most motility and functional bowel disorders. These clinical trials focus on several areas, including drug treatment trials, mechanistic studies to further evaluate the underlying causes for our patients' conditions, and several studies designed to advance our understanding of the placebo effect in chronic illness. We are particularly committed to developing innovative new treatment options for gastroparesis, for which the current options are limited.

Our current treatment trials include evaluation of a non-absorbed bile acid

sequestrant for refractory GERD, as well as a non-pharmacological vibrating capsule for the treatment of chronic constipation. We are particularly enthusiastic about our ongoing mechanistic clinical trial to examine the role of Immunoglobulin G (IgG) antibodies in food as they contribute to IBS symptoms. We know patients with diagnosed IBS have higher IgG levels, but what does this mean and how does it correlate to their food intake? The findings from this study will have the potential to impact future clinical care. Finally, with funding and support from the NIH, we are conducting a highly novel study to examine the role and mechanisms of open label and double blind placebo treatment in IBS care.

CONDITIONS WE TREAT

- **Irritable Bowel Syndrome (IBS)**
- **Achalasia**
- **Gastroesophageal Reflux Disease (GERD)**
- **Functional Dyspepsia**
- **Chronic Constipation**
- **Pelvic Floor Dysfunction**
- **Fecal Incontinence**
- **Intestinal Pseudo-Obstruction**
- **Gastroparesis**

Did you know?

Our center has an in-house GI laboratory which allows us to perform advanced, highly-specified testing for our patients. Tests include Endoflip, 24-Hour pH Testing, Bravo pH Study, Esophageal and Anorectal Manometry, Pudendal Nerve Latency Testing, Wireless Motility Capsule, Breath Testing, and Anorectal Biofeedback.

Welcome Sara Ballou



Sara Ballou, PhD, who has been with us for past three years in a fellowship capacity, has completed her T-32 research fellowship and is joining our faculty as a full time Health Psychologist.

Harvard Medical School Motility Course

In September, we held our 20th annual Harvard course in Neurogastroenterology and Motility. This conference, which we co-founded with Brigham & Women's Hospital, is always a great opportunity to connect with our network of fellow Harvard Medical Faculty Physicians. The topic this year was "GI Motility and Brain Gut Disorders: Evidence vs Consensus."

Pancreas Center

The [Pancreas Center](#), formed in 1991, benefits from true multidisciplinary team collaboration and the full scope of care resources that a major academic hospital has to offer. We work together with colleagues in the Pancreatic Cancer Program and the Pancreas and Liver Institute to provide expert, patient and family-centered diagnostics and treatment. Our center's priority in care is to close the frustrating, seemingly endless cycle of testing that precedes patient diagnosis. We provide a definitive diagnosis and create a thoughtful treatment plan to restore quality of life. As a result, we can prevent hospitalization in mild pancreatitis and provide early diagnosis of chronic pancreatitis. Our center is one of the first Pancreas programs credentialed by the National Pancreas Foundation as a Center for Excellence for both cancer care and for pancreatitis. For the last seven years, we have offered exemplary pancreatitis care as the only institution with a dedicated inpatient pancreatitis service.

We are both proud of all the work our physicians, fellows, researchers, nurses, and administrators do to enable the success of our center. Pancreas care at BIDMC continues to be a dynamic group and we look forward to sharing further updates in forthcoming publications.

Sincerely,

Dr. Steve Freedman & Dr. Sunil Sheth



Dr. Freedman and Dr. Sheth close what can be a frustrating gap in the diagnosis of pancreatic diseases, while providing excellence in care.

Research

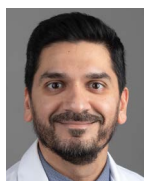
We continue to innovate, facilitating active integration of our research into patient care. Our team has ongoing studies examining sleep and pancreatitis, as well as the long term effect of opioid use in patients hospitalized for acute pancreatitis. Dr. Freedman is leading the way with new therapies to treat cystic fibrosis (CF) gene-related pancreatitis and recently published significant findings which demonstrate newer CFTR modulator drugs can be highly effective in treatment. Dr. Freedman also specializes in the treatment of the resulting exocrine and endocrine insufficiency relating to our management of patients after total Pancreatectomy with or without islet cell transplant.

Referrals 617-754-8888

Did you know?

We are working on the leading edge within personalized medicine and have developed a program under the leadership of Senthil Muthuswamy, PhD, for creation of organoids from a patient's pancreatic cancer to define personalized medicine approaches to chemotherapy. This allows for sensitivity and knowledge of which agents to use should patients have subsequent resistance or recurrence.

Fellowship in Pancreas Care



We are in the second year of offering fellowship education. In 2018, we received funding to establish an embedded Pancreas Fellowship training program through the generous support of Art Hilslinger and Barbara Janson. Our current fellow, Awais Ahmed, MD, joined our center in 2018 and has allowed us to serve a wider patient community with increased access to care while advancing our research into pancreatitis.

CONDITIONS WE TREAT

- **All etiologies and presentations of Acute and Chronic Pancreatitis**
- **Cystic Fibrosis**
- **Pancreatic Neoplasms including Neuroendocrine Tumors**
- **Adenocarcinoma**
- **Pancreatic Cystic Neoplasms including main and side branch IPMN**
- **Exocrine Pancreatic Insufficiency**
- **Type 3c Diabetes Mellitus**
- **Total Pancreatectomy with or without Autoislet Transplantation**
- **Congenital Pancreatic Malformations such as Annular Pancreas**

Intra-Institutional Collaboration

In conjunction with Sarah Jane Schwarzenberg, MD, at University of Minnesota, Dr. Freedman has developed and launched a national initiative to train pediatric and adult gastroenterologists across North America in the diagnosis and treatment of the GI manifestations of CF.

This three-year program called DIGEST (Developing Innovative Gastrointestinal Specialty Training) enrolls junior faculty pediatric and adult gastroenterologists, provides salary support, and consists of monthly webinars and scholarly projects as well as development of best practice guidelines. The faculty are also leading clinical trials through the Therapeutics Development Network (TDN) of the CF Foundation to define outcome measures in the GI aspects of CF (GALAXY Trial) and test effective therapies.

In Our News

Celebrating Z. Myron Falchuk, MD



Dr. Falchuk with Nezam Afdhal, MD, current Division Chief, and J. Thomas Lamont, MD, Emeritus Division Chief.

In November, our division celebrated Myron Falchuk, MD, at an event honoring both his retirement and legacy of excellence at the medical center.

Dr. Falchuk has spent his career embedded in the Boston medical community. He completed additional training at Boston-based hospitals before joining New England Deaconess Hospital in 1982. He was with the organization as we became Beth Israel Deaconess

Medical Center and through our recent merger to become Beth Israel Lahey Health. In 1996, he was appointed Clinical Chief of Gastroenterology, a role which he held for over 20 years, and in which he expanded and defined our clinical care. An Associate Professor of Medicine at Harvard Medical School, Dr. Falchuk is also a widely published academic researcher. As our Division



Dr. Falchuk and members of our nursing team enjoying his last day.

Chief Nezam Afdhal, MD, remarked at the celebration, "We're here to celebrate a long and illustrious career but that doesn't mean Myron is old. It just means he started young." Countless colleagues, friends, and patients joined us to share touching remarks on the impact Dr. Falchuk has made to them personally and on the legacy of our division.

Dr. Falchuk's retirement is not a departure from BIDMC, as he will continue his work in education as a preceptor with a bi-monthly fellowship endoscopy clinic. Additionally, Dr. Falchuk will be working with Sanjiv Chopra, MD, and Johanna Iturrino, MD, to investigate physician wellbeing in an initiative to reduce professional fatigue, a prevalent issue in medicine. We are delighted to have him remaining with us in this capacity and we congratulate Dr. Falchuk on his illustrious career.

Announcing: The Center for Bariatric Endoscopy



The Center for Bariatric Endoscopy offers multiple incision-free, non-invasive procedures.

The Division is proud to announce the addition of the Center for Bariatric Endoscopy, under the thoughtful leadership of Jonah Cohen, MD. Aware of patients' desire for non-surgical but proactive weight management options, Dr. Cohen and the Bariatric Endoscopy team are offering several non-invasive endoscopic procedures which allow patients to leave their incision-free procedures with no scars and a faster recovery time.

We currently offer three endoscopic weight loss procedures in Bariatric Endoscopy. Through our [Intragastric Balloon Procedure](#) (IBP), a deflated intragastric balloon is inserted into the patients' stomach through the mouth and then filled with saline. This balloon keeps the patient feeling full faster and as a result, eating less. The 20-to-30 minute procedure is considered minimally invasive and is performed on an outpatient basis. What is so unique about the program is the 360-degree, longitudinal care, as patients not only benefit from a simple, non-invasive procedure, but also have a registered dietitian and RN Health Coach who work with them to make diet and lifestyle changes, enabling them to achieve long-term success.

In May, BIDMC became the second medical center in all of New England to perform the [Endoscopic Sleeve Gastroplasty](#) (ESG) procedure. Also known as the 'accordion' procedure, ESG reduces the size of the patients' stomach, without need for surgery and incisions, and studies show it can result in a reduction

of 15-20% of average total body weight. The endoscopic placement of sutures changes the structure of stomach, leaving it shaped like a banana or sleeve, thus restricting the amount of food the patient can eat and making them feel full faster. The first patient to undergo ESG has seen great success. The innovation occurring in the Bariatric Endoscopy program takes a focused approach to patient-centered care and improved quality of life through weight management. The Division congratulates Dr. Cohen and the Bariatric Endoscopy team and looks forward to their continued success.



Jonah Cohen, MD, Director of Bariatric Endoscopy and team following their successful Endoscopic Sleeve Gastroplasty procedure.

We hope you enjoyed the inaugural issue of *Within the Scope*.

Please share any feedback or alumni news with GICommunications@bidmc.harvard.edu.

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