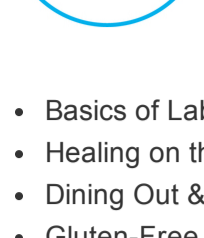


Your Guide to a Healthy Gut

News from the Celiac Center

Spring 2023

Upcoming Events



Virtual Gluten-Free Education Group Classes - Online!

Our Celiac Center offers virtual group classes, led by celiac dietitian **Melinda Dennis, MS, RD, LDN**, which include PowerPoint presentations and group discussion on nutrition-related topics. We hope you will join us for one or more of the classes listed below offered monthly to registered patients of the Celiac Center at BIDMC!

- Basics of Labeling Laws/Cross Contact
- Healing on the Gluten-Free Diet: Gut Health and Nutrients
- Dining Out & Traveling: Reliable Resources for Shopping/Living
- Gluten-Free Labeling Deeper Dive: Advanced Labeling/Cross Contact

[Read the flyer here](#) to learn more and check upcoming dates in June!

If you're interested in attending the classes but Tuesday from 5:30-6:30pm or Fridays from 12:30-1:30pm are not convenient for you, please email mdennis@bidmc.harvard.edu with suggestions for other dates/times.

Please send Melinda your ideas for new topics you'd like to discuss.

Ask the Experts – All Things Celiac Webinars

We hope you've been enjoying the Ask the Experts – All Things Celiac webinars hosted by the Harvard Medical School Celiac Research Program and the National Celiac Association over the past few years. Continuing education credits are available for dietitians, nurses, social workers and physicians who watch the live presentation. If you missed any of the webinars, please visit <https://nationalceliac.org/from-the-experts-all-things-celiac/> to view the recordings. Stay tuned for the Fall 2023 Series (topics and dates to be decided).

Celiac Center News

BIDMC Celiac Center Stance on Gluten-Free Oats - May 2023

Oats are a nutritious, naturally gluten-free grain that offer many health benefits. However, long-standing controversy exists surrounding their safety and use in the gluten-free diet. Patients who have added oats may complain of symptoms related to several factors, including an intolerance to the increase in fiber, food intolerances to the fermentable carbohydrates (FODMAPs) that are often found in products containing oats (such as energy bars or baked goods), or contamination with gluten. Additionally, while there is a group of individuals who react to the protein avenin present in oats, it represents a very small portion of individuals with celiac disease. Currently, for individuals with celiac disease, there is no consensus on the standard recommendation for the type or portion of gluten-free oats, and when, or if, to introduce them at all to their gluten-free diet.

Given the current (as of May 2023) and complicated circumstances regarding gluten-free oat processing and the ever-changing oat supply chain, it is important to understand the source of the gluten-free labeled oats prior to consumption. At this time, BIDMC Celiac Center clinicians cannot offer a standard recommendation for any particular brand of gluten-free oats, regardless of its purity protocol or mechanically/optically sorted status, or its certification status.

If a patient chooses to include labeled gluten-free oats in the diet, our recommendations are individualized to that patient based on symptoms, celiac antibodies, pre-existing health conditions, and current diet and preferences. Factors and recommendations also include frequency and amount of gluten-free oats eaten, including single ingredient oat products versus multiple ingredient oat products.

As always, we recommend that patients diversify gluten-free grains in the diet by including other healthy, high-fiber labeled gluten-free grains, such as buckwheat, millet, amaranth, teff, quinoa, and sorghum.

If you are interested in including gluten-free oats in your diet, speak to your celiac specialist dietitian or gastroenterologist about your individual health circumstances and follow up regularly. To read more on one perspective regarding gluten-free oats and the current supply concerns, please visit: <https://www.glutenfreewatchdog.org/news/more-on-oats-from-gluten-free-watchdog-retrospective-database-analysis-2011-2023/>.

This statement represents the expert opinion of the clinicians of the Celiac Center at Beth Israel Deaconess Medical Center as of May 2023. We will continue to monitor the situation closely and adjust our position as needed at any time.

References:

1. Evolving consensus of dietitians specializing in celiac disease
2. [GlutenFreeWatchdog.com](https://www.glutenfreewatchdog.com)
3. NASSCD Summary Statement on Oats – April 2016
[https://www.theliacociety.org/files/Oats-Statement-NASSCD-April-2016\(1\).pdf](https://www.theliacociety.org/files/Oats-Statement-NASSCD-April-2016(1).pdf)

Highlights from Digestive Disease Week 2023

The annual Digestive Disease Week draws thousands of clinicians and researchers together for four days of clinical and research presentations, poster sessions, and educational trainings. David Flores-Marin, MD, a postdoctoral research fellow in celiac disease, presented his work on HLA-DQ7, showing recent evidence that HLA-DQ7 might also trigger an immune response to gluten in a small proportion of subjects, presenting clinically as celiac disease. Check out this write up of his work:

HLA-DQ7 HAPLOTYPE AMONG INDIVIDUALS WITH SUSPECTED CELIAC DISEASE Presented at Digestive Disease Week, May 2023

Authors: Flores-Marin, David Leonardo; Banegas, Marcela; Linden, Justin; Pena, Ryan; Silvester, Jocelyn Anne; Therrien, Amelie

Celiac disease is an immune-mediated enteropathy triggered by gluten ingestion that affects around 1% of the world population. The diagnosis of celiac disease is classically made with celiac-specific serologies (anti-TTG IgA, anti-DGP IgA/IgG) and intestinal biopsies. **Traditionally, celiac disease has been exclusively associated with Human Leukocyte Antigens (HLA) 2 and 8. However, recent evidence has suggested that HLA-DQ7 might also trigger an immune response to gluten in a small proportion of subjects, presenting clinically as celiac disease** (Tinto et al, Plos One 2015, Martínez-Ojinaga et al REV ESP ENFERM DIG 2018, Araya et al Nutrients 2015).

To investigate whether HLA-DQ7 could be permissive of celiac disease in the absence of HLA-DQ2 and HLA-DQ8, we conducted a retrospective chart review of all HLA typing records performed at BIDMC from January 2016 to June 2022. We included patients who exclusively carried HLA-DQ7:B1*0301/0304 and compared them to those non-HLA-DQ2,8,7. We looked for cases of possible celiac disease, defined as those individuals with elevated serologies and/or biopsies showing increased intraepithelial lymphocytes along with villous atrophy.

We employed descriptive statistics to describe our findings and compared the two subgroups with Fisher's exact test for categorical data.

We identified 1113 individuals with HLA typing performed during the predefined time period, 216 DQ7+ and 214 non-DQ7; 8% (n=17) of patients within the DQ7+ subgroup had villous atrophy and/or positive serologies not better explained by other causes, compared to 7% (n=14) of DQ7- subjects. No significant difference was seen with regard to celiac serologies, with 2% (n=3) of DQ7+ individuals and 5% (n=8) of DQ7- patients reporting elevated TTG; 7% (n=7) of DQ7+ and 9% (n=6) of DQ7- individuals had elevated DGP. All serological values were within 5 times the upper limit of normal. Of the 103 DQ7+ patients who had upper endoscopies performed, 7% (n=9) were found to have villous atrophy on biopsy, compared to 1% (n=1) of the 108 DQ7- individuals who had upper endoscopy performed (p<0.01). Furthermore, 1% (n=1) of the 96 DQ7+ subjects who had both serology and biopsy performed had elevated serology and villous atrophy, compared to no patients within the DQ7- subgroup. Of note, all patients with villous atrophy were HLA-DQ7.5 (DQA1*05xx).

Additionally, **DQ7+ positive patients reported more symptoms than DQ7- patients, especially bloating, diarrhea, abdominal pain, flatulence, and constipation (p<0.05). A similar scenario was observed with fatigue and joint pain (p<0.01).**

In conclusion, our findings suggest that DQ7, especially DQ7.5, may be permissive for celiac disease. Further multicenter studies with large sample sizes must be conducted to explore the possible association between HLA-DQ7 and celiac disease. A rigorous trial of a gluten-free diet followed by re-biopsy could be considered in subjects with DQ7+ enteropathy to confirm or rule out a gluten-related disorder.

Traveling with Celiac Disease or a Gluten-Related Disorder

Hi. I'm Emma, Research Coordinator for the Celiac Center at BIDMC. After college, I packed a 45-pound backpack and set off to visit 16 European countries in 88 days. I was diagnosed with celiac disease in 2004 and, since then, I've been lucky enough to travel to 22 countries and 28 states, anywhere from remote areas, to national parks, to large cities. While some places are more difficult to find safe gluten-free food than others, if you plan ahead and are ready to switch gears when necessary, you will always have something you can eat - even if it is peanut butter and gluten-free crackers from a grocery store. In Spain, when the restaurant I planned to visit could not accommodate my gluten-free diet, we ended up wandering into a small family-owned business that changed their menu for me. I would have never found that special restaurant or met those wonderful people otherwise.

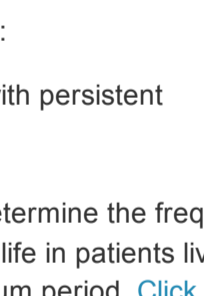
I often hear from people who have celiac disease who are terrified of traveling or dining out, but I am here to tell you that you can do anything that anyone who doesn't have celiac disease can do. All it takes is some extra planning. Part one of this two-part article will dive into how to get started and general tips for traveling. Part Two, in the next newsletter, will cover traveling to a place with a different language, what to do when you arrive, and where to stay.

[Click here to read more](#)

Research Corner

Interested in Research?

You can help move knowledge about celiac disease forward by participating in research studies. Your physician can help you determine whether participating in a clinical trial is appropriate for you. If you are interested in research taking place at the Celiac Center, please email us at celiac@bidmc.harvard.edu or call **617-667-3419**.

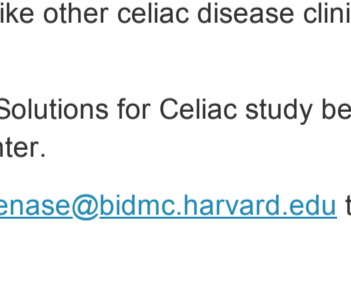


Some of our **current enrolling clinical research studies** include:

1. **Solutions for Celiac Study:** A [research study](#) for people with persistent symptoms despite following a gluten-free diet. See below.
2. **CD-PREG:** The CD-PREG study aims to understand and determine the frequency of celiac-related symptoms and the impact on the quality of life in patients living with celiac disease during their pregnancy and the postpartum period. [Click here to learn more.](#)
3. **The Milk Study:** Researchers at BIDMC are conducting a research study to learn about ways to prevent the absorption of gluten in the digestive tract. This study may be a good fit for you if you are healthy, following a gluten-free diet for at least 3 months, and agree to have 1g of a gluten powder twice during the study, with either bovine (cow) colostrum or a placebo (milk powder). Email us at celiac@bidmc.harvard.edu for more information.

Phase 2 Celiac Disease Clinical Trial Seeking Volunteers

The Solutions for Celiac Study is recruiting participants to help test a drink-based study medication designed to reduce symptoms of accidental gluten exposure in celiac disease patients adhering to a gluten-free diet.



Previous clinical trials involving this investigational treatment showed reduced damage to the intestine and reduced symptoms after a gluten challenge compared to placebo. It is unlike other celiac disease clinical trials that involve uncomfortable biopsies or frequent injections.

Celiac specialist, Dr. Amelie Therrien, is the study doctor for the Solutions for Celiac study being conducted at Beth Israel Deaconess Medical Center's Celiac Center.

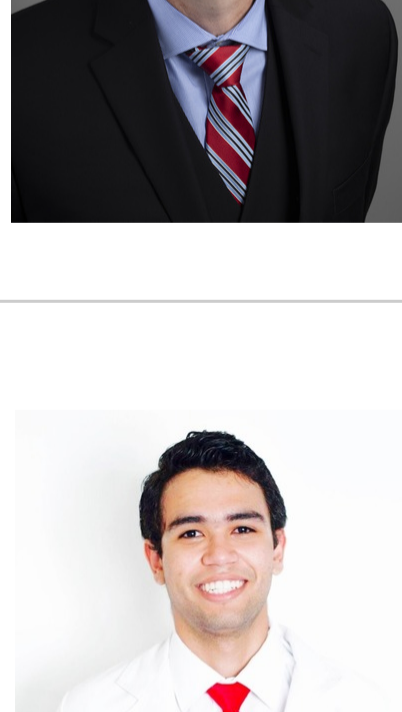
Sign up for the Solutions for Celiac Study or contact us at latiglutenase@bidmc.harvard.edu to learn more.

Team Spotlights

Brian J. Stout, MD, MHA

Staff Rheumatologist at BIDMC and Instructor of Medicine at Harvard Medical School

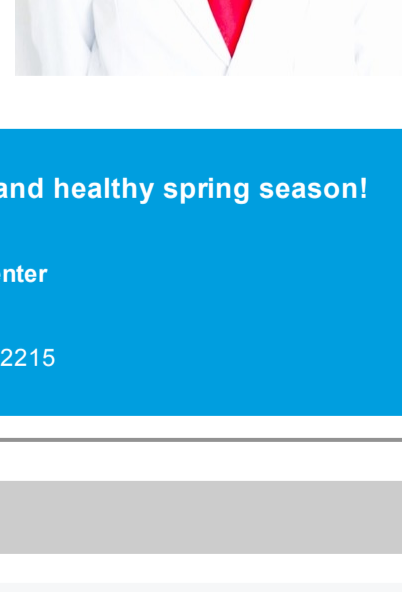
We graciously welcome BIDMC's Staff Rheumatologist and Instructor of Medicine, Harvard Medical School, Brian J. Stout, MD, MHA, to our Celiac Center team. Dr. Stout provides expert treatment and care for patients with systemic autoimmune conditions and arthritis. He has a particular interest in enteropathic arthropathy (gastroenterologic disease causing joint inflammation) in celiac disease and other inflammatory bowel disease states. He sees patients exclusively at the BIDMC main campus location.



David Flores-Marin, MD

Research Fellow, Celiac Center

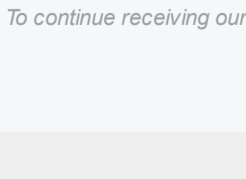
Dr. Flores-Marin obtained his medical degree from Tecnologico de Monterrey in Mexico in 2019 and then joined BIDMC as part of the International Research Initiative as a postdoctoral research fellow in 2022. He is currently working under the mentorship of Dr. Jocelyn Silvester and Dr. Amelie Therrien, seeking to advance our understanding of celiac disease and provide affected patients with a better quality of life.



The Clinicians of the Celiac Center wish you a safe and healthy spring season!

Beth Israel Deaconess Medical Center
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