

APIE 2021- Key Points and Bibliographic Reference

Talk Title	Speaker Name	Key Points	Bibliographic Information
New kids on the block: FTRD, Endorotor, Speedboat and Tractmotion	Aihara, Hiroyuki MD, PhD	In my lecture, I will review the overview and the clinical data of four novel technologies (FTRD system, EndoRotor, Speedboat, and Tractmotion). The attendees will learn about these devices' indications and expected clinical outcomes in facilitating endoscopic tissue resection.	Ichkhanian Y, Vosoughi K, Diehl DL, et al. A large multicenter cohort on the use of full-thickness resection device for difficult colonic lesions. <i>Surg Endosc.</i> 2021 Mar;35(3):1296-1306. McCarty TR, Aihara H. Endoscopic submucosal tunneling dissection: use of a novel bipolar radiofrequency and microwave-powered device for colorectal endoscopic submucosal dissection. <i>VideoGIE.</i> 2020 May 14;5(8):335-338.
Traction devices for ESD - what's new?	Bhatt, Amit MD	Retraction methods/device can make ESD easier and more efficient to perform.	Yoshida M, Takizawa K, Nonaka S, Shichijo S, Suzuki S, Sato C, et al. Conventional versus traction-assisted endoscopic submucosal dissection for large esophageal cancers: a multicenter, randomized controlled trial (with video). <i>Gastrointest Endosc.</i> 2020;91(1):55-65.e2. Bhatt A, Mehta NA, Abe S, Saito Y. A novel curved wire retraction device for endoscopic submucosal dissection. <i>VideoGIE : an official video journal of the American Society for Gastrointestinal Endoscopy.</i> 2021;6(8):342-3. Bhatt A, Hwang JH, Sharma NR, Waxman I. Traction wire endoscopic submucosal dissection: tips and techniques from 4 institutions. <i>VideoGIE : an official video journal of the American Society for Gastrointestinal Endoscopy.</i> Article in Press
Endoluminal fundoplication - here to stay?	Chang, Kenneth MD	In assessing the appropriate anti-reflux procedure/surgery, the physician needs to understand and assess the 3 main components of the anti-reflux barrier anatomy: 1) Presence of Hiatal hernia 2) Integrity of the Diaphragm crus around the GEJ 3) Integrity of the GE flap valve (including LES and gastric sling fibers). Endoscopic Fundoplication using the Esophyx TIF (Trans-oral incisionless fundoplication) can re-create a GE flap valve that optimally restores function and results in durable satisfactory outcomes.	Nguyen NT, Chinn J, Chang K. Collaboration between GI surgery & Gastroenterology improves understanding of the optimal antireflux valve-the omega flap valve. <i>Surg Endosc</i> 2021. Chang KJ, Bell R. Transoral Incisionless Fundoplication. <i>Gastrointest Endosc Clin N Am</i> 2020;30:267-289.
Z-POEM for Zenker's diverticulum: Is it worth it?	Kahaleh, Michel MD, AGAF, FACG, FASGE	Zenker diverticulum should be offered endoscopic treatment Septotomy and ZPOEM techniques are both effective options ZPOEM might be safer than septotomy	Peroral endoscopic myotomy as treatment for Zenker's diverticulum (Z-POEM): a multi-center international study. Elkholy S, El-Sherbiny M, Delano-Alonso R, Herrera-Esquivel JJ, Valenzuela-Salazar C, Rodriguez-Parra A, Del Rio-Suarez I, Vargas-Madrigal J, Akar T, Günay S, Houmani Z, Abayli B, Elkady MA, Alzamzamy A, Wahba M, Madkour A, Mahdy RE, Essam K, Khashab MA. <i>Esophagus.</i> 2021 Jul;18(3):693-699. doi: 10.1007/s10388-020-00809-7. Epub 2021 Jan 2. PMID: 33387150 Impact of prior treatment on feasibility and outcomes of Zenker's peroral endoscopic myotomy (Z-POEM). Sanaei O, Ichkhanian Y, Mondragón OVH, Nieto J, Krishnan A, Tantau M, Tantau A, Desai PN, Ginsberg GG, Saumoy M, Deshmukh A, Attaar M, Farha J, Jovani M, Al-Ghamdi SS, Ujiki M, Khashab MA. <i>Endoscopy.</i> 2021 Jul;53(7):722-726. doi: 10.1055/a-1276-0219. Epub 2020 Oct 23. PMID: 33096576 Endoscopic mucosal incision and muscle interruption (MIM) for the treatment of Zenker's diverticulum. Klingler MJ, Landreneau JP, Strong AT, Barajas-Gamboa JS, Tat C, Tu C, Fathalizadeh A, Kroh M, Rodriguez J, Sanaka MR, Ponsky J. <i>Surg Endosc.</i> 2021 Jul;35(7):3896-3904. doi: 10.1007/s00464-020-07861-5. Epub 2020 Aug 6. PMID: 32748264 Per Oral Endoscopic Myotomy for Zenker's Diverticulum: A Novel and Superior Technique Compared With Septotomy? Kahaleh M, Mahpour NY, Tyberg A, Bareket R, Shahid HM, Sarkar A,
Lunch and a lecture: EndoFLIP and EsoFLIP for the interventional endoscopist	Menard-Katcher, Paul MD	Currently FLIP has the greatest value in the assessment of patients with dysphagia, the diagnosis of atypical achalasia or outflow obstruction at the esophagogastric junction and in predicting response to achalasia treatments. Other applications including esophageal panometry, use in GERD or in the pylorus needs further study. Dilation with EsoFLIP is promising, but needs further study as well. D19	Ahuja N, Clarke JO. The Role of Impedance Planimetry in the Evaluation of Esophageal Disorders. <i>Curr Gastroenterol Rep</i> 2017 Desprez C, Roman S, Leroi AM, Gourcerol G. The use of impedance planimetry (Endoscopic Functional Lumen Imaging Probe, EndoFLIP) in the gastrointestinal tract: A systematic review. <i>Neurogastroenterology and Motility</i> 2020. Savarino E et al. Use of the Functional Lumen Imaging Probe in Clinical Esophagology. <i>American Journal of Gastroenterology</i> 2020.
ESD techniques: traditional, hybrid, pocket creation or tunneling?	Othman, Mohamed MD	Techniques of ESD are evolving. Conventional ESD involves circumferential incision followed by dissection. Although conventional ESD is very useful during gastric ESD, it may not be suitable for ESD in other locations. Tunneling and pocket methods are evolving as an alternative for conventional method particularly for colonic ESD. Gravity assisted ESD and Traction assisted ESD are other alternative techniques to expedite dissection during ESD.	Draganov PV, Aihara H, Karasik MS, Ngamruengphong S, Aadam AA, Othman MO, et al. Endoscopic Submucosal Dissection in North America: A Large Prospective Multicenter Study. <i>Gastroenterology.</i> 2021;160(7):2317-27 e2. Ismail MS, Bahdi F, Mercado MO, Habazi R, Alexander A, Prabhu S, et al. ESD with double-balloon endoluminal intervention platform versus standard ESD for management of colon polyps. <i>Endosc Int Open.</i> 2020;8(10):E1273-E9.
EndoHepatology: EUS guided liver biopsy and PPG measurement	Ryou, Marvin MD	EUS-guided liver biopsy and portal pressure gradient measurements are part of an endoscopic "one-stop shop" for the evaluation and management of patients with suspected or chronic liver disease.	Hashimoto R, Chang K. Endoscopic ultrasound guided hepatic interventions. <i>Dig Endosc</i> 2021;33:54-65.
Intra-gastric balloons and Aspiration Therapy: An update	Schulman, Allison MD, MPH	There are currently three FDA-approved intra-gastric balloons for patients with BMI of 30-40 kg/m ² , but contraindications to balloon placement need to be reviewed carefully before proceeding. Aspiration therapy is approved for patients with BMI of 35-55 kg/m ² , and it is important to understand how this therapy will fit into a given individual's lifestyle before considering.	Dolan RD, Schulman AR. Endoscopic Approaches to Obesity Management. <i>Annu Rev Med.</i> 2021 Sep 23. doi: 10.1146/annurev-med-042320-125832. Online ahead of print. Kumar N, Sullivan S, Thompson CC. The role of endoscopic therapy in obesity management: intra-gastric balloons and aspiration therapy. <i>Diabetes Metab Syndr Obes.</i> 2017 Jul 6;10:311-316. doi: 10.2147/DMSO.S95118.

POEM and ESD training in the US: Don't just do it	Stavropoulos, Stavros MD	<p>Compared to Asia, the ESD learning curve in the US may be longer since learning is mostly achieved through an untutored, prevalence-based approach. This approach, due to the paucity of suitable, easier, gastric and mid-esophageal foregut lesions in the West, requires tackling more challenging lesions such as colonic and previously manipulated lesions earlier during a Western operator's experience.</p> <p>Traction techniques are key in facilitating and accelerating ESD during training but also as the operator's experience matures.</p> <p>POEM may entice 3rd space novices since it appears technically easier than ESD. However, POEM, as a thoracic transmural NOTES procedure, has higher potential for catastrophic adverse events such as tension pneumothorax, pericardial tamponade and severe suppurative complications (e.g. mediastinitis, fistulization into bronchial, pleural or pericardial spaces). A cautious approach is required. Third space novices should not pursue POEM as their initial foray into the 3rd space.</p>	<p>Zhang X, Ly EK, Nithyanand S, Modayil RJ, Khodoriskiy DO, Neppala S, Bhumi S, DeMaria M, Widmer JL, Friedell DM, Grendell JH, Stavropoulos SN. Learning Curve for Endoscopic Submucosal Dissection With an Untutored, Prevalence-Based Approach in the United States. <i>Clin Gastroenterol Hepatol.</i> 2020 Mar;18(3):580-588.e1. doi: 10.1016/j.cgh.2019.06.008. Epub 2019 Jun 18. PMID: 31220645.78.</p> <p>Dacha S, Aihara H, Anand GS, Byrne KR, Chahal P, James T, Kowalski TE, Qayed E, Repaka A, Saadi M, Sheth SG, Taylor JR, Walsh CM, Williams RL, Wagh MS. Core curriculum for peroral endoscopic myotomy (POEM). <i>Gastrointest Endosc.</i> 2021 Mar;93(3):539-543. doi: 10.1016/j.gie.2020.10.026. Epub 2021 Jan 7. PMID: 33422284.</p> <p>Modayil R, Stavropoulos SN. How Many Peroral Endoscopic Myotomy Procedures Are Necessary for Proficiency? <i>Clin Gastroenterol Hepatol.</i> 2018 Sep;16(9):1393-1397. doi: 10.1016/j.cgh.2018.05.041. Epub 2018 May 31. PubMed PMID: 29859981.</p>
Endoscopic Sleeve Gastroplasty: How I do it	Sullivan, Shelby MD	<p>Endoscopic sleeve gastroplasty is a safe and effective therapy for the treatment of obesity</p> <p>Obesity is multifactorial, so optimal care of ESG patients includes continued follow-up for behavioral coaching and assessment of factors that may lead to inadequate weight loss</p>	<p>Kumar N. <i>Surgical Endoscopy.</i> 2018;32:2159-2164</p> <p>Sharaiha RZ. <i>Clinical Gastroenterology and Hepatology.</i> 2021 May;19(5):1051-1057</p> <p>Hedjoudje A. <i>Clinical Gastroenterology and Hepatology.</i> 2020;18(5):1043-1053</p>
Endoscopic transoral outlet reduction: techniques and outcomes	Thompson, Christopher MD	<p>Transoral outlet reduction is a preferred alternative for the treatment of weight regain following gastric bypass with good long term data.</p> <p>Purse-string suturing delivers greater and more durable weight loss than interrupted sutures.</p> <p>Combining TORe with a modified ESD technique delivers greater weight loss than the traditional technique.</p>	<p>Jirapinyo P, Kumar N, AlSamman MA, Thompson CC. Five-year outcomes of transoral outlet reduction for the treatment of weight regain after Roux-en-Y gastric bypass. <i>Gastrointest Endosc.</i> 2020 May;91(5):1067-1073. doi: 10.1016/j.gie.2019.11.044. Epub 2019 Dec 7. PMID: 31816315; PMCID: PMC7183415.</p> <p>Dolan RD, Jirapinyo P, Thompson CC. Endoscopic versus surgical gastrojejunal revision for weight regain in Roux-en-Y gastric bypass patients: 5-year safety and efficacy comparison. <i>Gastrointest Endosc.</i> 2021 Nov;94(5):945-950. doi: 10.1016/j.gie.2021.06.009. Epub 2021 Jun 12. PMID: 34126065.</p> <p>Thompson CC, Chand B, Chen YK, Demarco DC, Miller L, Schweitzer M, Rothstein RI, Lautz DB, Slattery J, Ryan MB, Brethauer S, Schauer P, Mitchell MC, Starpoli A, Haber GB, Catalano MF, Edmundowicz S, Fagnant AM, Kaplan LM, Roslin MS. Endoscopic Suturing for Transoral Outlet Reduction Increases Weight Loss Following Roux-en-Y Gastric Bypass Surgery. <i>Gastroenterology.</i> 2013 Jul;145(1):129-137.e3. PubMed PMID: 23567348.</p>
Interventional EUS: Tips and tricks for gallbladder drainage, gastro-jejunostomy and EDGE	Varadarajulu, Shyam MD	<p>EUS-guided drainage obviates the need for percutaneous drain placement in patients with acute cholecystitis who are high-risk surgical candidates. EUS-guided drainage can be adopted as permanent rescue therapy or as bridge-to-surgery.</p> <p>EDGE and EUS-guided gastrojejunostomy are cutting-edge endoscopic techniques that obviate the need for surgery in patients requiring bile duct interventions but with altered surgical anatomy and patients with malignant gastric outlet obstruction who are poor surgical candidates, respectively.</p> <p>However, high-quality data is lacking to support these treatment options in the routine clinical setting.</p>	<p>Teoh EYB, Kitano M, Itoi T et al. Endosonography-guided gallbladder drainage versus percutaneous cholecystostomy in very high-risk surgical patients with acute cholecystitis: an international randomised multicentre controlled superiority trial (DRAC 1). <i>Gut.</i> 2020 Jun;69(6):1085-1091.</p> <p>Amin S, Sethi A. Endoscopic Ultrasound-Guided Gastrojejunostomy. <i>Gastrointest Endosc Clin N Am.</i> 2017 Oct;27(4):707-713.</p>
G-POEM outcomes: Real or fantasy?	Wagh, Mihir MD	<p>GPOEM is a safe and effective endoscopic option for select patients with refractory gastroparesis.</p> <p>Careful patient selection is essential for ensuring clinical success and reducing risk of adverse events after GPOEM.</p>	<p>Mekaroonkamol P, Dacha S, Wang L, et al. Gastric Peroral Endoscopic Pyloromyotomy Reduces Symptoms, Increases Quality of Life, and Reduces Health Care Use For Patients With Gastroparesis. <i>Clin Gastroenterol Hepatol</i> 2019;17:82-89.</p> <p>Rodriguez J, Strong AT, Haskins IN, et al. Per-oral Pyloromyotomy (POP) for Medically Refractory Gastroparesis: Short Term Results From the First 100 Patients at a High Volume Center. <i>Ann Surg</i> 2018;268:421-430.</p> <p>Dacha S, Mekaroonkamol P, Li L, et al. Outcomes and quality-of-life assessment after gastric per-oral endoscopic pyloromyotomy (with video). <i>Gastrointest Endosc</i> 2017;86:282-289.</p> <p>Mekaroonkamol P, Patel V, Shah R, et al. Association between duration or etiology of gastroparesis and clinical response after gastric per-oral endoscopic pyloromyotomy. <i>Gastrointest Endosc</i> 2019;89:969-976.</p> <p>Abdelfatah MM, Noll A, Kapil N, et al. Long-term outcome of Gastric Per Oral Endoscopic Pyloromyotomy in treatment of Gastroparesis. <i>Clin Gastroenterol Hepatol</i> 2021;19(4):816-824.</p> <p>Gregor L, Wo J, DeWitt J, et al. Gastric peroral endoscopic myotomy for the treatment of refractory gastroparesis: a prospective single-center experience with mid-term follow-up (with video). <i>Gastrointest Endosc</i> 2021;94(1):35-44.</p>