Management of Pancreatic Cystic Lesions
Attwell, Augustin MD

Speaker Name: Attwell, Augustin MD
Key Points:
The vast majority of neoplastic pancreatic cysts can be correctly diagnosed with a combination of cross-sectional imaging, EUS, and fluid analysis. Given the small but real risk of pancreatic cancer within mucinous cysts, those with worrisome features based on updated European, American, and Asian guidelines should be referred for surgical management of cyst ablation.

References:

Treatment Challenges in Eosinophilic Esophagitis
Deely, Kelli MD

Speaker Name: Deely, Kelli MD
Key Points:
Understand the role of gastroenterologist in recognizing symptoms, associated conditions, and how to proceed with diagnosis.
-Understand the recommended treatment options for EoE, the management including reassessment and surveillance of -Appreciate endpoints of adequate treatment combining histologic, symptomatic, and endoscopic findings

References:

Colorectal Cancer Screening and Surveillance: When Are We Doing Too Much?
Edmundowicz, Steven MD

Speaker Name: Edmundowicz, Steven MD
Key Points:
Understand the role of gastroenterologist in recognizing symptoms, associated conditions, and how to proceed with diagnosis.
-Understand the recommended treatment options for EoE, the management including reassessment and surveillance of -Appreciate endpoints of adequate treatment combining histologic, symptomatic, and endoscopic findings

References:

Viral Hepatitis: Potpourri and Pearls
Forman, Lisa MD

Speaker Name: Forman, Lisa MD
Key Points:
When Are We Doing Too Much?

References:
https://jnccn.org/view/journals/jnccn/18/10/article-p1312.xml

Practical Approach to Harnessing the Brain-Gutaxis: Gumiodyla, Amitha PhD

Speaker Name: Gumiodyla, Amitha PhD
Key Points:
Gut-brain psychotherapies, such as gastrointestinal-specific cognitive behavioral therapy, are effective at treating gut-brain dysregulation, including IBS.

References:

Endoscopic Management of Large Complex Colorectal Polyps
Hammad, Hazem MD

Speaker Name: Hammad, Hazem MD
Key Points:
Lesions without characteristics of deep submucosal invasion should not be referred for surgery without consultation with an expert endoscopist for evaluation for endoscopic resection. Large polyps (even ones with superficially invasive cancers) can be cured by endoscopic resection as the risk of lymph node metastasis is < 1% when complete removal is achieved.

References:

Transplant Updates: When to Refer for Liver Transplantation
Jackson, Whitney MD

Speaker Name: Jackson, Whitney MD
Key Points:
Review the indications for liver transplantation
Understand liver allocation using MELD score
Reevaluate our approach to alcohol-related liver disease
Consider the role of living donor liver transplantation

References:

Keeping Our Chronic Liver Disease Patients Safe and Healthy in the COVID-19 Era
Kris, Michael MD

Speaker Name: Kris, Michael MD
Key Points:
Patients with chronic liver disease have unique susceptibilities to other chronic diseases including COVID-19 and vaccine immunogenicity that warrant consideration in management

References:
https://www.aasl.org/about-aasl/covid-19-and-liver
Be comfortable identifying and managing the high-risk population with non-alcoholic fatty liver disease.


Updates on Age to Start Colorectal Cancer Screening: Are we doing enough?

Patel, Swati MD

The incidence and mortality associated with colorectal cancer in individuals under age 50 is increasing in the United States. All individuals, regardless of age, should review their family history of colorectal cancer/precancerous polyps and any gastrointestinal symptoms (bleeding, abdominal pain, changes in bowel patterns) with their medical providers to determine if they need colorectal evaluation. For individuals at average-risk for colorectal cancer (no family history of advanced precancerous polyps or colorectal cancer, no gastrointestinal symptoms), current guidelines recommend starting colorectal cancer screening at age 45.


Challenging Cases of Dysphagia: A Tough Pill to Swallow

When treatment for structural causes of esophageal dysphagia fail to resolve symptoms, consider disorders of motility.

High-resolution manometry and interpretation using Chicago classification 4.0 should be considered as the next step in patient evaluation.


Emerging Therapeutics in Inflammatory Bowel Disease: What is Ready for Prime Time?

Scott, Frank MD

Adopting recent recommendations regarding the use of treat-to-target assessment algorithms allows us to maximize the probability that patients with inflammatory bowel disease will respond to existing medical therapies. The recent approval of JAK inhibitors and S1P receptor modulators provides two new mechanisms of action for treating our patients. However, each new class of medications also comes with new side effect profiles, pre-treatment evaluation recommendations, and follow-up testing requirements.


Endoscopic Treatment of Obesity

Sullivan, Shelby MD

Obesity rates are increasing globally. Multiple endoscopic bariatric procedures are available currently with well-established safety and efficacy profiles.


Updates in screening and treatment of Barrett’s esophagus

Wani, Sachin MD

Esophageal adenocarcinoma is one of the fastest increasing cancers in the West and is associated with a dismal 5-year survival rate.

Endoscopic treatment for Barrett’s esophagus is effective and should be considered in patients with high-grade dysplasia, intramucosal carcinoma, and some cases with low-grade dysplasia.
