

Digestive Digest

Summer 2020
Issue 4

Emory University
Division of Digestive Diseases



Department of Medicine



Shanthi Srinivasan, MD
Division Director

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*Special thanks to Drs. He, Jain, Mulki,
Patnana, Raja, and Willingham*

*Compiled and edited by Carla Fairclough
and Dr. Shanthi Srinivasan*

Message from the Division Director

In this time of the COVID-19 pandemic, I want to take a moment to thank each and every one of you for your contributions. Each of you has stepped up to help our division in so many ways. I am proud to be part of our enthusiastic and highly motivated team. As we get through this difficult period, I am hoping for the safety of you and your families. I am optimistic we will get through this together. There is a light at the end of this tunnel and we will get there...together. The difficulties we are facing have brought us together and helped us support each other. Although we are physically separated, I feel we are even more connected as our GI family. We are learning creative ways to communicate and stay in touch. We have new and innovative ways for fellow teaching. Research partnership amongst all our sites is evolving rapidly. This newsletter is a collection of all the wonderful activities all of you have been part of and is a celebration of your achievements. Thank you to Ms. Carla Fairclough for helping to put this newsletter together. - *Shanthi Srinivasan, MD*

Welcome To New Division Administrator



Alicia Chatman, DHA, MHA, joined the division on January 14, 2020. She has more than fifteen years of experience as a senior business manager and director of clinical operations. She is responsible for clinical operations, development, and administration of TEC and university budgets and financial analysis. Alicia obtained her doctorate in healthcare administration from Capella University, a master's degree in healthcare administration from South University in Savannah, GA, and a bachelor's degree in biology from Florida A& university. Alicia enjoys reading, spending time with family, and traveling. She is engaged and has a four year old son. Alicia has a passion for healthcare and science, and also enjoys engaging in community activities like tutoring and working with the less fortunate. Alicia has said on many occasions that she is glad to have joined such a great team here at Emory!

New Division Leadership Roles



Jennifer Christie, MD

Professor of Medicine

Executive Associate Division Director



Field Willingham, MD

Associate Professor of Medicine

Associate Division Director for Academic Affairs



Saurabh Chawla, MD

Associate Professor of Medicine

Director of High Risk Pancreatic Cancer/Pancreatitis Clinic, The Emory Clinic



Steve Keilin, MD

Associate Professor of Medicine

Program Director for Advanced Endoscopy



Vaishali Patel, MD

Assistant Professor of Medicine

Director of Bariatric Endoscopy Clinic, The Emory Clinic



Nikrad Shahnava, MD

Assistant Professor of Medicine

Director of Motility, Emory St. Joseph's Hospital

Faculty Research Highlights

IRONing Out Diseases - Peijian He, PhD



Dr. Peijian He's research is focused on determining the role and underlying mechanisms of deregulated iron metabolism in the pathogenesis and progression of inflammatory bowel diseases (IBD) and metabolic disorders. Iron is indispensable for basic metabolism and homeostasis of cells, while iron in excess is a strong risk factor for many diseases. A significant number of IBD patients with iron-deficient anemia develop intolerance to oral iron therapy and even aggravated symptoms, but the exact underlying mechanisms are unclear. Dr. He's team attempts to delineate the pathologic role and the mechanisms of excessive luminal iron in the pathogenesis and course of IBD, hoping to identify potential novel strategies in IBD treatment. So far, they have identified that iron importer divalent metal transporter 1 (DMT1) is markedly elevated in intestinal epithelial cells in inflamed states through post-transcriptional and post-translational mechanisms, resulting in intracellular iron overload and the induction of ferroptotic cell death of IECs that contributes to exacerbated inflammatory responses. In another project, Dr. He's research is to understand the regulation of dietary iron absorption in diabetes as well as how the over-accumulation of iron impacts on diabetes-associated liver injury. His group has identified a feedforward pattern of regulation between diabetes and intestinal iron absorption. The hyperglycemia-PKC axis in diabetes promotes iron influx and efflux of the enterocytes by up-regulating DMT1 and iron exporter ferroportin, respectively, causing systemic iron loading including the liver. As a consequence, hepatic iron overload potentiates hepatocyte ferroptosis and aggravated liver injury in the context of deficiency in glutathione synthesis and autophagy due to hyperglycemia. Dr. He's group is currently investing strong efforts to elucidate the precise molecular mechanisms that underlie iron toxicity in the progression of IBD and metabolic diseases, with the long-term goal of identifying novel molecules for the development of alternative therapeutics.

Pathophysiology of Fecal Incontinence (FI) - Shreya Raj, MD



Dr. Shreya Raja is an assistant professor of medicine in the Division of Digestive Diseases, based at the Atlanta VA Medical Center. She specializes in the care and diagnostic testing of gastrointestinal motility disorders, and has built the motility laboratory and the fecal transplantation program at the Atlanta VA. In 2019, she was awarded a two-year VA Research Development Award to study the pathophysiology of fecal incontinence (FI) in the Veteran population under the mentorship of Dr. Shanthi Srinivasan and Dr. Camille Vaughan (Geriatrics). The prevalence of FI in veterans is estimated at 36%, and veterans have significant risk factors for FI including obesity, diabetes and diarrhea which have been linked to Agent Orange and Gulf War exposures. These conditions are also associated with altered gut microbiota; therefore, the pathophysiology of FI in veterans may be related to changes in microbiota and associated metabolites such as short-chain fatty acids (SCFA), such as butyrate, which may modulate enteric nervous system (ENS) function and anorectal physiology. Preliminary in vitro data has shown that primary enteric neurons cultured in butyrate have increased expression of cholinergic neurons compared to culture with vehicle highlighting the potential role of SCFA in modulating ENS function. Dr. Raja has collected promising preliminary data which shows decreased alpha diversity and a reduction in several butyrate-producing taxa in stool samples from Veterans with FI compared to controls. Further, with assistance from the Emory Core, she has quantified fecal SCFA levels from these patients, and is correlating fecal SCFA levels with anorectal manometry parameters to identify physiologic trends. Dr. Raja hopes that her research will elucidate a novel mechanism involving fecal microbiota and their SCFA metabolites which can lead to the creation of targeted therapies for FI.

Faculty Research Highlights

Esophageal Motility Disorder - Anand Jain, MD



Esophageal motility disorders represent a complex and heterogenous group. Patients often suffer from symptoms for years prior to being accurately diagnosed and adequately treated. My research interest is in improving detection and characterization of esophageal motility disorders using both currently available and new and upcoming diagnostic techniques. Our clinical esophageal research team consists of 2 medical students, 4 internal medicine residents, and 2 gastroenterology fellows whom are part of Emory University School of Medicine. Twelve faculty members from the Division of Digestive Diseases and Division of Gastrointestinal Surgery contribute to ongoing research projects. Our team's work in the past 18 months has shown that a new diagnostic modality, the functional lumen imaging probe (FLIP), can detect a disorder of the lower esophageal sphincter (termed esophagogastric junction outflow obstruction) in nearly 25% of patients with otherwise unexplained esophageal symptoms. Our work has also shown that dysphagia responsive to esophageal dilation in the setting of a fundoplication can be accurately diagnosed on FLIP, and that upper esophageal sphincter dysfunction is abnormal on FLIP in patients with cough and other laryngeal symptoms. Four abstracts from our esophageal research team were accepted for presentation at Digestive Diseases Week 2020.

Hepatology Updates

NASH Clinic, Preeti Reshamwala, MD



We are pleased to announce that under Dr. Preeti Reshamwala's leadership, Emory has launched a Fatty Liver Clinic, where she will also serve as Director. Dr. Reshamwala will use her background in obesity medicine to manage the metabolic needs of NASH patients, as well as manage liver related complications when liver disease is more advanced. The clinic will consult with other experts within Emory Healthcare, including partners in endocrinology, bariatrics, and cardiology to provide comprehensive care for patients. The goal of this clinic is to improve the metabolic health of patients with fatty liver disease, and offer advanced liver care, therapeutics, and clinic trials to those who need it. In addition, fibroscan testing will be offered at the time of the visit to allow for seamless diagnosis and management. In an effort to identify patients at risk for fatty liver disease, the Clinic will be spearheading the use of a novel software technology to link patients to care. This SMART on FHIR application is the first platform to be implemented to help referring providers determine if patients are at risk for NASH/fatty liver. This novel technology will first be offered to primary care physicians and gastroenterologists within Emory Healthcare, with the intention to offer it to community providers in the future. In an effort to identify patients at risk for fatty liver disease, the Clinic will be spearheading the use of a novel software technology to link patients to care. This SMART on FHIR application is the first platform to be implemented to help referring providers determine if patients are at risk for NASH/fatty liver. This novel technology will first be offered to primary care physicians and gastroenterologists within Emory Healthcare, with the intention to offer it to community providers in the future.

Living Liver Donor Program Update

The Emory Liver Transplant program has been a national leader for living donor liver transplants for pediatric recipients for many years. However, with a changing landscape in organ allocation and a rising median MELD at transplant for adult patients on the liver transplant waitlist, the time was right to revitalize adult to adult live donor transplant program. For selected patients with symptoms of end-stage liver disease out of proportion to their MELD score, a living donor transplant can be life altering. On November 8, 2019, we performed our first adult to adult living donor transplant in over 15 years. The recipient was a patient in their 60s who received a right lobe from her son. She is now 5 month post-transplant and doing well. Since, we performed a second transplant with a brother and sister pair and a third "altruistic" donor who donated her right lobe to an adolescent recipient at CHOA. The program is led by our medical director of living donor liver transplant, Giorgio Roccaro, and our surgical director, Dr. Joseph Magliocca. An informational program sponsored by the American Liver Foundation on living donor liver transplant will be co-hosted by Emory and moderated by Dr. Roccaro in the fall.

Hepatology Scholarly Activity

Over the last year, we have been contributing to the Hepatology Highlights section in the monthly production of the Hepatology Journal. Our fellows have had the opportunity to review accepted original manuscripts and publish their interpretation and why it furthers the field. To date, under the mentorship of Drs. Mark Czaja, Giorgio Roccaro, Ravi Vora, and Joel Wedd, our fellows have published in 10 issues of Hepatology. We are excited to continue this endeavor in the coming academic year and are looking forward to working with our GI fellows who are interested in contributing to this project.

Focused Clinical Topic Updates

H. Pylori - Dr. Sri Patnana



Helicobacter pylori (*H. pylori*) is one of the most common bacterial infections in the world involving approximately half of the world's population and is considered a WHO type I carcinogen accounting for 90% of gastric cancers worldwide. (1,2) It is also the leading cause of peptic ulcer disease (PUD).(1) The most common indications for testing are in patients with dyspepsia, PUD, early gastric cancer (EGC), gastric marginal zone B cell lymphoma and diffuse large B cell lymphoma (MALT and DLBCL), iron deficiency anemia (after negative endoscopic procedures), adults with idiopathic thrombocytopenic purpura.

Individuals who are on long term aspirin as well as those starting long term non-steroidal antiinflammatory drugs (NSAIDs) may also benefit from testing to decrease the risk of PUD and bleeding from such ulcers.(3)

H. pylori is diagnosed with urea breath test, monoclonal stool antigen test, and endoscopy (rapid urease test/histology/culture).(3) An important consideration prior to testing is to make sure that the individual is off proton pump inhibitors (PPIs) for at least 2 weeks, bismuth salts and antibiotics for at least 4 weeks.(4) This will avoid false negative results by allowing *H. pylori* organisms to overcome the inhibitory effects of the above and recolonize the gastric mucosa. If endoscopy is being performed, at least five gastric biopsies should be taken following updated Sydney protocol (two biopsies from antrum, one from incisura, and two from mid gastric body along greater and lesser curvatures) to optimize diagnostic yield.(5,6) Although serology testing (IgG and IgA *H. pylori* antibodies) can be used in situations where pretest likelihood of infection is high (PUD, EGC, and MALT lymphoma), it should not be used in other indications as its positive predictive value is approximately 50% because of low incidence of *H. pylori* infection in the US.(7) Cultures have the added advantage of providing antibiotic susceptibility results but are rarely performed because of availability, cost, and low sensitivity. Molecular testing (gastric mucosa and/or stool) is becoming increasingly available offering information on whether there is *H. pylori* infection as well as providing antibiotic susceptibility data.(8)

The principles of treatment include 1) extending treatment duration to 14 days, 2) using at least two antibiotics to which *H. pylori* is susceptible to, and 3) using high dose or double dose PPI (**see Table 2**). (9) Additionally, it is important to counsel patients as these regimens are complex and frequently associated with side effects. This will ensure compliance which in turn improves treatment success.(10) Currently, as discussed earlier, we do not have antibiotic susceptibility data for *H. pylori* unlike other infectious diseases either locally or nationally. Therefore, we have to take into consideration an individual's prior antibiotic use as well as effectiveness of a particular regimen locally to select the appropriate antibiotic combination (3,4,11) Both are surrogates of antibiotic resistance; the former at patient level and the latter in the local community. One of the most successful treatment regimens is bismuth quadruple therapy (**see Table 1**). (4,12) Unfortunately, replacing tetracycline with doxycycline leads to low success rates and therefore should not be done.(13) Clarithromycin, levofloxacin, and metronidazole based triple therapies are associated with poor treatment outcomes and are therefore best avoided unless local treatment response is >85% or susceptibility data is available (**see Table 1 and Figure 1**). (3,4,11) Concomitant therapy is also highly effective(1) unless dual antibiotic resistance (for both clarithromycin, and metronidazole) is suspected (**see Table 1**). (4) But patients are exposed to one unnecessary antibiotic in this regimen which is against the principles of antibiotic stewardship.(9) Recently, Food and Drug Administration (FDA) approved amoxicillin (+) rifabutin (+) omeprazole triple therapy for treatment for *H. pylori* infection and this regimen is unaffected by clarithromycin and metronidazole resistance (**see Table 1**). (14)

Focused Clinical Topic Updates

H. Pylori - Dr. Sri Patnana

Please refer to **Figure 1** for *H. pylori* treatment algorithm taking all this into consideration. For treatment failures, following the aforementioned principles, avoiding the use of same antibiotics in a regimen including high dose PPI for a 14 day duration offers the best chance of cure. Another strategy in this population is to tailor treatment regimen to antibiotic susceptibility results from culture or molecular testing results. This is recommended after two treatment failures.(4)

Confirming *H. pylori* eradication after treatment is essential.(3,4,11) It not only provides information on cure of infection for the patient but also helps the prescribing provider know the most effective regimens locally. In the absence of antibiotic susceptibility data, this information is crucial in the successful treatment of *H. pylori*.

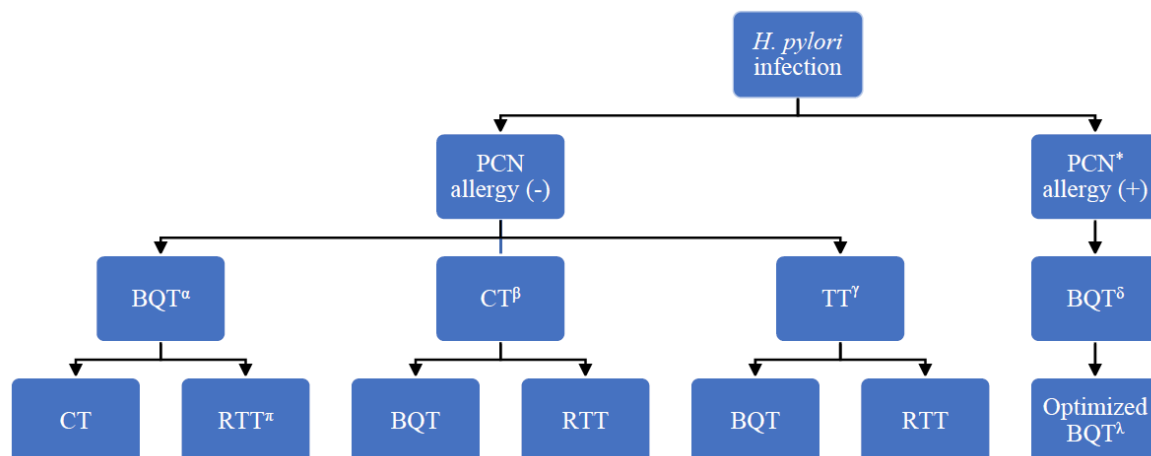


Figure 1: *H. pylori* treatment algorithm

*PCN: Penicillin

αBQT: Bismuth quadruple therapy (two of the four antibiotics can be used: amoxicillin, metronidazole, tetracycline, levofloxacin {less preferred})

βCT: Concomitant therapy

γTT: Triple therapy (use clarithromycin only if local treatment success is >85% and the patient denies previous macrolide exposure; avoid use of metronidazole or levofloxacin triple therapies)

δBQT: Bismuth quadruple therapy (without amoxicillin)

πRTT: Rifabutin triple therapy

λOptimized BQT: Optimized bismuth quadruple therapy (different combination of antibiotics at the correct dose and use of high dose proton pump inhibitor)

Focused Clinical Topic Updates

H. Pylori - Dr. Sri Patnana

Regimen	Drugs		Dose	Frequency	Duration
PPI triple therapy	Two of the four antibiotics	Amoxicillin	1000 mg	Twice daily	14 days
		Clarithromycin	500 mg		
		Metronidazole	500 mg	Once daily	
		Levofloxacin	500 mg		
	PPI		DD/HD*	Twice daily	
Concomitant therapy	Amoxicillin		1000 mg	Twice daily	14 days
	Clarithromycin		500 mg		
	Metronidazole		500 mg		
	PPI		DD/HD		
Bismuth quadruple therapy	Two of the four antibiotics	Amoxicillin	1000 mg	Thrice daily	14 days
		Tetracycline	500 mg		
		Metronidazole	500 mg	Once daily	
		Levofloxacin	500 mg		
	PPI		DD/HD	Twice daily	
	Bismuth salts		Varies	2-4 times daily	
Rifabutin triple therapy (Talcia™)	Amoxicillin		1000 mg	Thrice daily	14 days
	Rifabutin		50 mg		
	Omeprazole		40 mg		

Table 1: *H. pylori* regimens

*See Table 2 for PPI doses (DD: Double dose; HD: High dose)

PPI	Dose (DD/HD*)
Omeprazole	40 mg/60 mg
Esomeprazole	20 mg/40 mg
Lansoprazole	45 mg/60 mg
Rabeprazole	20 mg/40 mg
Pantoprazole	Avoid

Table 2: PPI dose

*DD: Double dose; HD: High dose

Focused Clinical Topic Updates

H. Pylori - Dr. Sri Patnana

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Focused Clinical Topic Updates

Advanced Endoscopy - Dr. Field Willingham



The Advanced Endoscopy program at Emory has seen tremendous growth over the past decade and ranks among the top programs in the country. There are currently 10 faculty members who perform advanced endoscopic procedures on five campuses. The division is one of a few programs nationally to offer Per-Oral Endoscopic Myotomy (POEM) for achalasia and spastic disorders of the esophagus and G-POEM for gastroparesis. The program has become one of the highest volume centers for balloon enteroscopy. The division is home to 4 prospective multicentric endoscopy focused NIH studies and multiple prospective clinical trials. What was originally a small focus on therapeutic endoscopy services for children is now a full-fledged nationally prominent program, one of the highest volume in the country and one of the few programs nationally providing therapeutic endoscopy services in a Children's hospital setting. The program now offers endoscopic suturing, weight reduction services, and a growing focus on endoscopic treatments for obesity. The program accepts one PGY-7 fellow per year for a highly competitive sub-specialty fellowship position in Advanced and Therapeutic Endoscopy. Following 2 years of development, 2019 saw the opening of the High Risk Clinic, which brings patients with complex genetic mutations into one setting, leveraging expertise across disciplines for screening, surveillance, counselling, and treatment. Please contact us if we can provide further information about our clinical services, fellowship training, and original research.

Faculty Achievements and Awards



Tanvi Dhere, MD

Associate Professor of Medicine

Received the Distinguished Educator Award at division retreat
Received the Premier Physician Award at 2020 Torch Gala



David Eskreis, MD

Assistant Professor of Medicine

Delivered a luncheon lecture on "Crohns disease update"
A patient-centered IBD support group was started at EJCH



Stephan Goebel, MD

Assistant Professor of Medicine

Recognized by the Emory School of Medicine Recognitions Committee for great patient care and outstanding mentorship



Heba Iskandar, MD

Assistant Professor of Medicine

Recognized as "2020 Castle Connolly Top Doctor"



Anand Patel, MD

Assistant Professor of Medicine

Recognized by the Emory School of Medicine Recognitions Committee for great patient care and outstanding mentorship



Meena Prasad, MD

Assistant Professor of Medicine

Recognized by the Emory School of Medicine Recognitions Committee for great patient care and outstanding mentorship

Faculty Achievements and Awards



Emad Qayed, MD

Associate Professor of Medicine

Inducted as Fellow of the American Gastroenterology Association (AGAF)



Shreya Raja, MD

Assistant Professor of Medicine

Received the Outstanding Gastroenterology Research Award at division retreat



Giorgio Roccaro, MD

Assistant Professor of Medicine

Accepted to the 2020 Junior Faculty Development Course



Nikrad Shahnavaaz, MD

Assistant Professor of Medicine

Received the Clinical Excellence Award in Gastroenterology at division retreat



Ram Subramanian, MD

Professor of Medicine

Recognized as "2020 Castle Connolly Top Doctor"
Received the GI Faculty Award at Division Retreat



Field Willingham, MD

Associate Professor of Medicine

Recognized as "2020 Castle Connolly Top Doctor"
Received GI Mentor of the Year Award at division retreat

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CCFA Highlights



GI Division Retreat Highlights

The division held an inaugural retreat at Callaway Gardens to celebrate another successful year of exceptional clinical, academic, and research-related accomplishments. The retreat included presentations covering topics such as data analytics and biostatistics; a keynote by Maureen Haldeman, MBA/MHA, Chief Operating Officer of Emory Physician Group; divisional awards and faculty trivia!

The following awards were presented:

- Outstanding Gastroenterology Research Award:** Dr. Shreya Raja
- GI Mentor of the Year Award:** Dr. Field Willingham
- Clinical Excellence in Gastroenterology:** Dr. Nikrad Shahnava
- Digestive Diseases Distinguished Educator Award:** Dr. Tanvi Dhere
- Faculty Award in Digestive Diseases:** Dr. Ram Subramanian

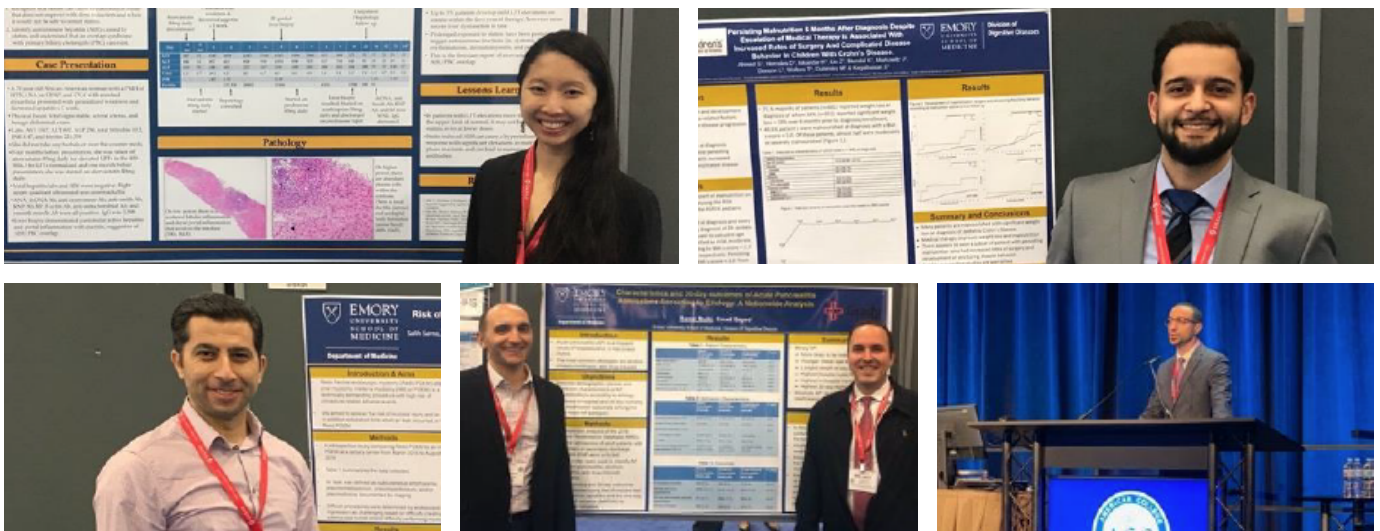
To view more photos, visit <https://bit.ly/2019GIRetreat>.



Fellows Corner

ACG 2019 Annual Meeting

The American College of Gastroenterology 2019 Annual Meeting was a very productive one for the fellows. Dr. Ahmed Messallam presented on oral presentation on the utility of hydrogen peroxide in the management of walled of pancreatic necrosis. In addition, a total of ten posters with original research and case reports were presented by Drs. Tina Hang, Cesar Taborda, Raj Dalsania, Shahzad Ahmed, Ramzi Mulki, and Salih Samo.



GI Fellowship Wellness Initiative

The GI Fellowship program leadership, in collaboration with the Accreditation Council for Graduate Medical Education (ACGME), is committed to promoting physician wellness in the clinical learning environment for GI fellows. The leadership team is consistently looking for new ways to address burnout and educate fellows on the importance of self-care. Residency and fellowship can be stressful, so it is important that trainees remain physically, emotionally, and mentally healthy while completing their training. One of the ways that the GI fellowship promotes wellness is through the implementation of quarterly activities. For the second consecutive year, Emory GI fellows gathered at The Painted Pin, where they enjoyed bowling and quality time with each other.



Fellows Corner

Graduating Fellow Placements



Ramzi Mulki, MD

Chief Fellow (2019-2020)
Advanced Endoscopy Fellowship
University of Alabama
Birmingham, AL



Ahmed Messallam, MD

Chief Fellow (2019-2020)
Advanced Endoscopy Fellowship
Emory University, Atlanta, GA



Cameron Body, MD

Wellstar, LaGrange, GA



Salih Samo, MD

University of Kansas
Kansas City, KS



Rehan Naseemuddin,

Putnam Medical Center
Jacksonville, FL



Shahzad Ahmed, MD

Piedmont
Conyers, GA

Second-Year Fellows



Dharma Sunjaya, MD



Sobia Mujtaba, MD



Rosemary Nustas, MD



Raj Dalsania, MD



Daniele Shelnut, MD



Cesar Taborda, MD

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Fellows Corner

First-Year Fellows



Tina Hang, MD



Chaitanya Allemneni, MD



Amneet Hans, MD

Transplant Hepatology



Angel Morales-Santiago, MD



Amir Muhammad, MD

Advanced Endoscopy



Rushikesh Shah, MD

Fellows Corner

Incoming First-Year Fellows



Chuma Obineme, MD

Emory University School of Medicine



Cynthia Tran, MD

Baylor College of Medicine



Cicily Vachaparambil, MD

Emory University School of Medicine



Chengchen Ye, MD

Emory University School of Medicine



Michael Yu, MD

Emory University School of Medicine