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GI Disease: Practical Solutions for Improving Care

### PRACTICAL SOLUTION FOR THE PRACTICING GASTROENTEROLOGIST

You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to GI Insights where we cover the latest clinical issues, trends and technologies in gastroenterological practice. GI insights is brought to you by AGA Institute and sponsored by Takeda Pharmaceuticals North America. Your host for GI Insight is Professor Of Medicine and Director of the Digestive Disease Center at the Medical University of South Carolina, Dr. Mark DeLegge. The management of gastrointestinal diseases has rapidly developed over the last 10 years, how to stay up on the latest is a challenge. Joining us to discuss practical solutions for the practicing gastroenterologist is Dr. William Chey, Professor of Medicine in the Division of Gastroenterology at the University of Michigan, School of Medicine and Director of the GI Physiology Laboratory and Dr. Nicholas Shaheen, Associate Professor of Medicine and Epidemiology Director, Center for Esophageal Diseases and Swallowing, University of North Carolina School of Medicine.

#### DR. MARK DELEGGE:

Welcome Dr. Chey and Dr. Shaheen.

#### DR. WILLIAM CHEY:

Thanks for having us Mark.

#### DR. NICHOLAS SHAHEEN:

Thanks Mark.

#### DR. MARK DELEGGE:

Well gastrointestinal disease, in general, is a significant cause of issues of morbidity, mortality in the United States. I have read that there is over 35 million physician visits for GI disease, over 2 million hospitalizations, and even over 200,000 deaths annually. So my question is (01:30) have we done a good job really getting that message across to the public about the frequency and severity of GI diseases?

**DR. WILLIAM CHEY:**

I think there is emerging evidence to help support the statement that you just made, specifically that a number of different GI diseases are very important causes of morbidity and mortality in the United States. I think the most visible disease state that has gotten a lot of attention recently has been colon cancer. I think most people have heard about the importance of screening for colorectal cancer and the GI societies and I think us as individual gastroenterologists are thrilled about the fact that Medicare and Medicaid as well as most insurance companies now cover colorectal cancer screening and I think it is also very exciting the thought that we are getting a number of new tools available to us to screen patients for colorectal cancer.

**DR. MARK DELEGGE:**

Hey Nick, I have a question for you with regards to that. When my patients have cardiac disease, they are at their physician in a "likedisplit" we will say. Typically when you talk about gastroenterology, people think about diarrhea or nausea or some benign disease. Do you think we are getting the message across well to the people that when they have a GI disease, they need to take it seriously and get to their physician.

**DR. NICHOLAS SHAHEEN:**

Well you know Mark, I hate to disagree a little bit with that though, but I have to say that as a profession we are doing about C+, B-. The reason I say that is that patients view many of these problems as inconveniences or perhaps don't (03:00) consider the ramifications of some of these problems because they have been hardwired for certain disease states such as cardiac disease, the pain in your chest, the breast cancer folks have done a great job with you know women that detects the lump in her breast and perhaps you know some of these issues, someone who sees some blood in their stool or someone who has had 10 years of severe reflux and yet blows it off and keeps taking rolls and rolls of Roloids or Tums, you know may be we aren't doing quite as well as we should. You know Bono runs around and does a super job of publicizing AIDS awareness and certainly the breast cancer advocates do great job with pink ribbons and all that, but perhaps you know we haven't been as vocal as we should be in the kind of the general media. Certainly, I agree with Dr. William that our colleagues are starting to get the message about colorectal cancer awareness, but you know you really can't name that many celebs that are out there stumping for colorectal cancer awareness. So I would have to say that we are making inroads, but we still have a long way to go.

**DR. MARK DELEGGE:**

Hey Dr. William, I read recently that for colon cancer, in fact, after someone has been diagnosed that the actual followup for colonoscopy is below 50%, meaning people showing up or perhaps being referred for followup colonoscopy. Do you think that is kind of a telltale sign of kind of the laissez-faire attitude people have to GI diseases.

**DR. WILLIAM CHEY:**

Well I think it is not only that Dr. Mark. I think it also reflects the fact that (04:30) many of the individuals that are caring for patients with these disorders unfortunately aren't up-to-date on the most appropriate way to manage these disorders. It is, of course, more complicated than just that. I guess what I am suggesting is that, that is a component. For example, if you look at recent surveys that have been done evaluating whether or not clinicians are up-to-date on the most recent colorectal cancer screening guidelines and the issue that you raised with regard to surveillance, there still remains a fair amount of confusion about that, so while I think we have made significant inroads with regard to publicizing the need for colorectal cancer screening, the actual implementation of those screening and surveillance practices leaves something to be desired. I think again, we are making very good starts, but there is no question that we

need more education, we need to make sure that people know what to do and we have effective ways by which to actually make those recommendations happen in clinical practice.

**DR. MARK DELEGGE:**

Nick, the management of GI disease has certainly become a lot more complicated over the last 10 years to the point that I am not sure I can keep up with everything, such as the new treatments for hepatitis B and C, and the treatment for inflammatory bowel disease, they seem very complicated. How does a practicing physician keep up with this and still continue to run their practice?

**DR. NICHOLAS SHAHEEN:**

That is a great question Mark. I think it is becoming increasingly challenging for people in practice to be able to stay on the cutting edge (06:00) at the same time that they are seeing heavy patient loads. Certainly, the old tried and true of reading journals and going to DDW and the like are good resources, but I totally agree with your point. I think that now that we have highly active, but also potentially very toxic therapies for things like IBB and viral hepatitis, the stakes in the game have gotten a little bit higher and the chance of making a mistake may also go up a bit as well. In addition to the more conventional resources that we have to stay up, I think that it is important for people to take advantage of electronic resources. There is no reason that somebody needs to be in the same room with somebody else to learn about what is going on. I think it is important to take advantage of some of the GI web sites like gastro.org for instance to get the latest and greatest of what is going on there.

**DR. MARK DELEGGE:**

Bill, I am going to pick it back up with you. There is a lot of things happening now, big strides taking part with regard to treatment of Barrett esophagus or functional bowel disease and some of these are new drugs, some of these are new devices for endoscopy, and I guess my question to you is should we rely upon the pharmaceutical industry and the device manufacturer to keep us up-to-date on what is happening?

**DR. WILLIAM CHEY:**

The obvious answer to that is it is always better to have a firewall between the education that comes directly from a company versus really independently developed continuing medical education and I think all (07:30) of the major societies now offer well-vetted comprehensive CME that is developed independent of industry influence, so it is not to say that there isn't a place for education provided by industry. It is only to say that I certainly wouldn't rely up on that as my main source of continuing medical education.

**DR. MARK DELEGGE:**

Bill and Nick, I want to ask you a question here to both of you. Nick, we can start with you first. I owe the gastro.org to kind of look for updates or some of my information to keep me in the loop, am I doing the right thing?

**DR. NICHOLAS SHAHEEN:**

Well you know, I think that that is a great clearing house in resource for a lot of the stuff that we have available to us as

gastroenterologists, not only will it keep you abreast of upcoming CME events and other educational opportunities, but obviously can serve as a portal to 2 of the leading journals in our field, Gastroenterology, the leading journal in our field, as well as Clinical Gastroenterology and Hepatology, which really have very slick interfaces now and you can go there and literally in the space of a few minutes you can see what was in this month, if you missed last month what was in the last month, and really get a pretty good grasp in a pretty quick way of kind of what is going on out there, so I think that you can't do better as the first place to go on the internet for information for the practicing gastroenterologist.

**DR. MARK DELEGGE:**

Bill, I keep hearing about the congress. Can you tell me about that and what it does for me to help me keep up-to-date?

**DR. WILLIAM CHEY:**

The congress is a direct response to some of the issues about physicians feeling overwhelmed with all of the new information (09:00) rapidly coming out in a wide variety of disease categories. The intent behind the congress was to develop a meeting that was entirely clinical relevant, designed specifically for the practicing gastroenterologist. All the topics had been carefully chosen to address areas that we commonly take care of in gastroenterology and hepatology practice. The speakers and the content had been again carefully chosen to try to address the needs of the practicing clinician. We also have a variety of breakout sessions that are available that will cover in a slightly different way, more of a group interactive kind of way than the didactic sessions that will occur in the mornings on each of the days of the congress.

**DR. MARK DELEGGE:**

Nick, where would I go to get some information about this congress?

**DR. NICHOLAS SHAHEEN:**

Well there are few places that you can look. Certainly, on gastro.org, there is not only our program, but there is also registration materials and that is a great resource. Additionally, if you are an AGA member, you probably got something in the mail as well. If you are a trainee, your program director has something and parenthetically, I will mention Mark that if you are a trainee and you are one of the first 30 folks to sign up, we are going to let you in for free as well. The program is 3 days of essentially a greatest hits album. You are going to hear some of the best folks in the field tell you how do you deal with the new esophageal testing, how do you deal with new biological agents (10:30) in IBD, what is new and coming up in IBS, and do we need to know anything probiotics and immunomodulators in that area, just you name it, we were able to pick some of the best folks and I totally echo Bill's sentiment. I am just looking forward to sitting and taking it all in. If I hadn't helped put it together, I still would be heading out just to see the show.

**DR. MARK DELEGGE:**

I would like to thank my guest from the University of Michigan, School of Medicine, Dr. William Chey and Dr. Nicholas Shaheen from the University of North Carolina School of Medicine. Dr. Chey and Dr. Shaheen thank you very much for being our guests this week on GI Insights.

**DR. WILLIAM CHEY:**

Thanks for having us Mark.

**DR. NICHOLAS SHAHEEN:**

Thanks mark.

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