Saturday, June 25, 2016

SESSION 1: ENDOSCOPY
Moderator: Vanessa M. Shami, MD, FACG

Update on the Management of Anticoagulants and Endoscopy
Vivek Kaul, MD, FACG
Assess the risk of bleeding in patients on anticoagulants and antiplatelet agents prior to endoscopic procedures and discuss the cardiovascular implications of modifying therapy during the peri-endoscopic setting.

New Approaches in the Management of Non-Variceal Upper Gastrointestinal Bleeding
Bryan G. Sauer, MD, MSc
Describe the different endoscopic tools available for hemostasis, including over-the-scope clipping, radiofrequency ablation for GAVE, and EUS-guided hemostasis.

Management of Recurrent and Refractory Esophageal Strictures
Vanessa M. Shami, MD, FACG
Define "recurrent" vs. "refractory" esophageal strictures and evaluate the different modalities available to manage these strictures with steroid injection, needle knife, and stenting.

SESSION 2: COLON
Moderator: Sergey V. Kantsevoy, MD, PhD

Navigating Through Difficult Colons
Firas H. Al-Kawas, MD, FACG
Recognize the common complications associated with the difficult colonoscopy and learn how to avoid these complications.

Tips to Improve Adenoma Detection Rates During Colonoscopy
Aasma Shaukat, MD, MPH, FACG
Identify the quality standards for colonoscopy and discuss strategies and emerging technologies to improve adenoma detection rates.

Handling Large Sessile or Flat Polyps
Sergey V. Kantsevoy, MD, PhD
Describe optimal techniques to remove large sessile or flat polyps, manage potential complications, and review surveillance protocols after removal of large polyps.

SESSION 3: ESOPHAGUS
Moderator: Fouad J. Moawad, MD, FACG

Eosinophilic Esophagitis – What to Do When Topical Steroids Fail?
Fouad J. Moawad, MD, FACG
Summarize the alternative treatment options in steroid refractory EoE patients including specialized diets and esophageal dilation for fibrostenotic strictures; and describe the role of emerging therapies, including biologic and interleukin agents.

GERD – What Is the Next Step After Incomplete Response to PPI?
Michael F. Vaezi, MD, PhD, MSc(Epi), FACG
Define refractory GERD and identify the expected response, escalating therapy, and treatment options in a patient with suboptimal response to PPI.

Barrett’s Esophagus – Who Should Undergo Surveillance and What Techniques Can Improve Detection of Dysplasia?
Prateek Sharma, MD, FACG
Explain current recommendations for surveillance intervals depending on Barrett’s length and identify evidence-based methods which may improve detection of dysplasia.
SESSION 4: IBD
Moderator: Matilda N. Hagan, MD

Systemic Complications in IBD Patients
Raymond K. Cross, Jr., MD, MS
Recognize the potential systemic complications and the role of multi-disciplinary management in IBD.

Biologics in 2016: How Do We Select the Most Appropriate Agent?
Gary R. Lichtenstein, MD, FACG
Identify new biologic agents used in IBD, their mechanism of action, and describe their treatment-related complications.

Utility of Biomarkers in IBD
Matilda N. Hagan, MD
Discuss the role for various fecal and serological biomarkers in the diagnosis of IBD and recognize the utility of biomarker assays (drug metabolites or antibodies against the drugs) in IBD treatment.

Hepatitis C: Drugs of Choice for G1-6
Bruce A. Luxon, MD, PhD, FACG
Explain new developments in HCV management with interferon free regimens and the potential side effects and drug resistant mutations.

Is it Celiac Disease or Gluten Sensitivity?
Mark T. DeMeo, MD, FACG
Outline the pathogenesis and the best current testing methods to diagnose celiac disease and gluten sensitivity.

The Difficult ERCP: Tips to Succeed
Andrew Y. Wang, MD, FACG
Define conditions which are predictors for difficult cannulation such as altered anatomy, diverticula, and ampulary stenosis; and describe techniques which would facilitate cannulation when traditional methods are unsuccessful.

Sunday, June 26, 2016

SESSION 5: FUNCTIONAL AND LUMINAL BOWEL DISORDERS
Moderator: Brooks D. Cash, MD, FACG

Management of Dyspepsia
John K. DiBaise, MD, FACG
Define dyspepsia, recognize alarm features which would prompt further evaluation, and compare evidence-based treatment for the dyspeptic patient.

Treatment of IBS – Diet or Drugs?
Brooks D. Cash, MD, FACG
Identify treatment options and compare clinical response in the IBS patient to include specialized diets, tricyclic antidepressants, and antispasmodics.

H. pylori – How to Handle It if Refractory to the Initial Treatment Course?
David A. Peura, MD, MACG
Recognize the epidemiology of refractory H. pylori and describe current management options in patients who are refractory to an initial course of treatment.

Clostridium difficile – When to Use FMT?
Lawrence J. Brandt, MD, MACG
Evaluate the role of FMT in C. difficile via upper versus lower GI tract and compare response of FMT in refractory versus recurrent C. difficile.
Incidental Pancreatic Cysts: When to Survey, Sample, Resect, or Ablate?
Anne Marie Lennon, MD
Describe the most common incidentally found pancreatic cystic lesions (including imaging characteristics) and discuss the factors (size, CEA, cytology, imaging criteria) that would prompt sampling resection, or ablation.

Recurrent Acute Pancreatitis: Work-up and Management
Gregory A. Coté, MD, MS
Diagnose and determine the causative factors of acute pancreatitis, discuss the best modalities for estimating the severity of pancreatitis, and identify patients who require endoscopic and/or surgical care.

Evaluation and Management of Refractory Biliary Stricture
J. David Horwhat, MD, FACG
Describe refractory biliary strictures, discuss the imaging and procedural work-up, and summarize the management of refractory biliary strictures including stenting.

NASH: Progress in the Last Decade
Mitchell L. Shiffman, MD, FACG
Explain the prevalence, natural history, and pathogenesis of NASH, and discuss the treatment options and research in progress.

Alcoholic Hepatitis
Paul J. Thuluvath, MD, FACG
Identify current prognostic models, treatment options, and the role of liver transplantation in alcoholic hepatitis.

What Is Acute-on-Chronic Liver Failure?
David E. Bernstein, MD, FACG
Define acute-on-chronic liver failure, summarize prognostic variables, treatment strategies, and ongoing research.