

Northern California Society for Clinical Gastroenterology

NEWSLETTER

ISSUE NO. 5 | April 2021



The Northern California Society of Clinical Gastroenterology (NCSCG) Board and Meeting Planning Committee are pleased to announce that this year's hybrid meeting will be held live, in-person as a two-day event at the Intercontinental The Clement Monterey, CA and will also be offered as an interactive virtual platform that is accessible via the conference website and a mobile app on June 26-27, 2021.

The symposium will provide a unique opportunity to receive a comprehensive update on gastrointestinal diseases from nationally renowned faculty. You will also have ample opportunity to interact with your colleagues, our expert faculty members, and industry representatives, as well as time to partake in the many attractions and recreational activities that Monterey has to offer.

Conference and registration information will be available in the next two weeks. Please feel free to contact the NCSCG with any questions or comments by sending an email to ncscg@pacemedcom.com.

Saturday June 26, 2021

7:00 - 8:00 AM	Registration/ Breakfast/ Product Theater
8:00 - 8:10 AM	Welcome / Introduction <i>NCSCG GI Symposium Chairs</i>
8:10 - 8:40 AM	The Microbiome of the Gut <i>Najwa El-Nachef, MD</i> <i>University of California San Francisco</i> 20 minute talk / 10 minute Q&A
8:40- 9:25 AM	Keynote Address: Promoting Health Equity in Gastroenterology and Beyond <i>Folasade May, MD, PhD, MPhil</i> <i>University of California Los Angeles</i> 35 minute talk/10 minute Q&A
9:25 - 10:25 AM	Debate Style Session Colon Cancer Screening Guidelines <i>Uri Ladabaum, MD, MS</i> <i>Stanford University School of Medicine</i> <i>Jeff Lee, MD</i> 50 minute talk/10 minute Q&A
10:25 - 11:00 PM	35 minute Break/Exhibit Hall/Poster review
11:00 - 11:30 PM	Updates in Eosinophilic Esophagitis <i>Nielsen Fernandez-Becker, MD, PhD</i> <i>Stanford University School of Medicine</i> 20 minute talk/10 minute Q&A
11:30 - 12:00 PM	Advanced Endoscopy showcase (GI) <i>Chris Hammerski, MD</i> <i>California Pacific Medical Center</i> 20 minute talk/10 minute Q&A
12:00 - 12:30 PM	Premalignant Lesions of the Upper GI Tract <i>Robert Huang, MD</i> <i>Stanford University School of Medicine</i> 20 minute talk/10 minute Q&A
12:30 - 1:00 PM	Case Review and Panel Discussion Session: IBD and Surgery <i>Ryan McConnell, MD</i> <i>Palo Alto Foundation Medical Group</i> <i>Stanford University School of Medicine</i> <i>Elizabeth Raskin, BA, MD</i> <i>UC Davis</i> 20 minute talk/10 minute Q&A

Sunday June 27, 2021

7:30 - 8:30 AM	Registration/ Breakfast/ Product Theater
8:30 - 8:40 AM	Welcome / Introduction <i>NCSCG GI Symposium Chairs</i>
8:40 - 10:10 AM	Updates from DDW:
8:40 - 8:55 AM	Updates in IBD <i>Sara Lewin, MD</i> <i>University of California San Francisco</i> 15 minute Talk
8:55 – 9:10 AM	Chronic Pancreatitis and Exocrine Pancreatic Insufficiency <i>Walter Park, MD</i> <i>Stanford University Medical Center</i> 15 minute Talk
9:10 – 9:25 AM	Updates on IBS and Motility <i>Asha Kogdil, MD</i> <i>UC Davis</i> 15 minute Talk
9:25 – 9:40 AM	What's New in Liver Disease <i>Kidist Yimam, MD</i> <i>California Pacific Medical Center</i> 15 minute Talk
9:40 – 10:10 AM	Q&A Panel 30 minutes
10:10- 10:40 AM	Break/Exhibit Hall/Poster review
10:40 - 11:10 AM	Ergonomics in Endoscopy <i>Amandeep Shergill, MD</i> <i>University of California San Francisco</i> 20 minute talk/10 minute Q&A
11:10 - 11:40 AM	Pancreatic Cysts <i>Mustafa Arain, MD</i> <i>University of California San Francisco</i> 20 minute talk/10 minute Q&A
11:40 - 12:10 PM	Heartburn and Chronic Use of PPI's <i>Shelly Orloff, M.S, PA-C</i> <i>Stanford Healthcare</i> 20 minute talk/10 minute Q&A

The CLDF would like to invite NCSCG Members to attend the first **HYBRID** CLDF Liver Connect Conference being held on April 16-17th in Scottsdale, AZ. The conference invitation is attached and includes the agenda and renowned faculty presenters that will be participating. The accredited conference offers **up to 8.5 credit hours, the opportunity to interact safely with colleagues, and witness a Noble prize winner keynote address!**

Liver Connect will be held outdoors, under a large tent to accommodate social distancing and added comfortability of an open-air atmosphere. COVID-19 state rules and regulations will be followed. You are also able to attend the meeting **VIRTUALLY**.

All NCSCG members will receive complimentary registration using the promo code "liverconnect". To register, please click "register now" in the invitation below or visit www.liverconnect.org.

Join us for the first LIVE CLDF liver conference of 2021!

INAUGURAL LIVER CONNECT

Connecting **EVIDENCE** from
SCIENTIFIC DISCOVERY to
CLINICAL PRACTICE in **HEPATOLOGY!**

Earn up to **8.5** CME credits!

April 16-17, 2021
THE PHOENICIAN
SCOTTSDALE, ARIZONA

About

The Chronic Liver Disease Foundation (CLDF) is pleased to present the Inaugural Liver Connect Conference taking place on Friday, April 16 – Saturday, April 17, 2021 at the Phoenician Resort in Scottsdale, Arizona.

Liver Connect will be held LIVE, outdoors, under a large tent to accommodate social distancing and added comfortability of an open-air atmosphere. COVID-19 state rules and regulations will be followed. Liver Connect will feature liver disease experts from across the country, delivering state-of-the-art educational presentations in an engaging and interactive format. Renowned hepatologists have led the development of the educational content and will serve as faculty. The conference will feature presentations on the most dynamic and clinically relevant chronic liver disease topics, delivering emerging clinical developments and incorporating expert opinions on best practices for the diagnosis and management of patients with chronic liver disease. Additionally, presentations will include emerging data from recent publications and congress abstracts and their impact on current diagnostic and management approaches.

For additional conference information, please email:
info@chronicliverdisease.org

Register Now!

For a list of our onsite COVID-19 safety precautions, please visit:
www.liverconnect.org

Keynote Speaker

Dr. Harvey J. Alter is a joint recipient of the 2020 Nobel Prize in Physiology or Medicine!



Harvey J. Alter, MD, MACP
National Institutes of Health
Bethesda, MD

[Learn More](#)

Steering Committee

Zobair Younossi, MD, MPH
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Englewood, CO

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David Geffen School of Medicine at UCLA
Los Angeles, CA

NCSCG BOARD MEMBERSHIP SPOTLIGHT



Allison Kwong, MD

Transplant Hepatologist
Stanford University

Where are you originally from or any personal background you want to share:

I was born and raised in the Bay Area and then went to medical school at Mount Sinai in New York City. I returned to the Bay Area for internal medicine residency (UCSF) and stayed for GI fellowship (Stanford) and transplant hepatology fellowship (UCSF). I am now a hepatologist at Stanford University and see patients with liver disease in our clinics in Palo Alto, Redwood City, Pleasanton, and Turlock.

Clinical and/or research interests:

My clinical and research interests include advanced liver disease (complications of cirrhosis, portal hypertension) and outcomes before and liver transplantation.

Your involvement with NCSCG (e.g. how long, what activities, etc.):

I have been a member of NCSCG in 2016 when I was a gastroenterology fellow at Stanford and have attended the symposia regularly since then. (Membership is free for fellows! Plus, I won a generous prize from one of the abstract competitions.) I joined the board this year to help with future programming and educational initiatives. I joined in order to attend the biannual meetings, which are a great forum to learn about updates in the field and get to know the local community of gastroenterologists and hepatologists.

What most excites you about GI/hepatology in 2020/2021:

Liver dialysis! Although this will likely take longer than 2-3 years...

Where are you originally from or any personal background you want to share:

I am an immigrant who is born and raised in Karachi, Pakistan. I went to medical school at Dow Medical University in Karachi. I did my internal medicine residency and GI fellowship at University of Minnesota. I finished my transplant hepatology fellowship at UCSF. I was lucky to be part of UCSF Hepatology division for the past 10 years. I currently serve as the Clinic Chief for Hepatology and was also the program director of the Transplant Hepatology fellowship program for five years.

Clinical and/or research interests:

My clinical and research interests include nonalcoholic steatohepatitis, PSC, acute liver failure and portal hypertension. I am the site-PI for the NIH funded nonalcoholic fatty liver disease (NASH-CRN) and PI for the acute liver study group (ALFSG).

Your involvement with NCSCG (e.g. how long, what activities, etc.):

I joined the board as I feel that this provides an excellent forum for medical education, exchange of ideas, professional growth and networking. I was able to connect with GI and Hepatology colleagues all across Northern California. I am impressed by the diversity of the members and the board of the organization.

What most excites you about GI/hepatology in 2020/2021:

I am hopeful we can address disparities in GI/liver care in our community with the help of NCSCG. I am also looking forward to NASH and PSC FDA approved medications.

Interesting fact you want to share about yourself:

I have 3 young kids and love spending time with them. I am huge cricket fan and loves to travel to watch live cricket games.



Bilal Hameed, MD

Associate Professor
of Medicine
Clinic Chief, Hepatology
University of California
San Francisco



Farrah Kassamali, MD

California Pacific Medical Center
Fellow Representative

I am originally from Pakistan and lived there till elementary school age. I feel fortunate that my family chose to move to the Bay Area because I love it here! Many of my interests include outdoor activities, the most recent of which is surfing.

I found out about NCSCG from Dr. Roytman and was able to present a poster last year, which is when I joined. I think it serves as a great networking and educational resource for physicians in the area and especially for trainees such as myself.

I'm currently interested in GI in underserved communities along with how to create environmentally friendly and sustainable GI practices. I'm looking forward to the development in technology for therapeutic procedures. I think it would also be exciting to see different versions of endoscopes in the future for those with smaller hands



Connie Wang, MD

University of California San Francisco
Fellow Representative

I am second year gastroenterology fellow at UCSF. I was born and raised in San Jose, CA but spent 6 years living in Hong Kong during elementary school. I was fortunate to return to the Bay Area and remained here for my medical training. My favorite activities outside of work include hiking, running, cooking and traveling.

My clinical interests are in transplant hepatology, and recent research interests include pregnancy outcomes in patients with autoimmune hepatitis and exploring barriers to advanced care planning among patients with cirrhosis. I am excited to see palliative care become further integrated into the management of patients with advanced liver disease.

I learned about NCSCG from my co-fellow, Dr. Jessica Rubin, and joined after attending several of the educational seminars. I think NCSCG is an invaluable networking resource and look forward to connecting with others in the area and learning more about different practice structures.

How to Approach Gastroparesis

Mimi S. Lin, MD

Medical Director, Center for Neurogastroenterology & Motility
California Pacific Medical Center

Gastroparesis is a syndrome of nausea, vomiting, early satiety, bloating, and upper abdominal pain, with objective evidence of delayed gastric emptying of solid in the absence of a mechanical obstruction. Therefore, excluding mechanical obstruction is the first step in evaluation, which can be achieved with upper endoscopic evaluation or imaging tests such as CT enterography, MR enterography, or barium follow-through study.

To make a definitive diagnosis of gastroparesis, scintigraphic gastric emptying study is considered the gold standard. A consensus standard for performing and reporting gastric emptying has been published and available. Optimizing blood glucose (< 180 mg/dL), avoidance of opioids, cannabis, anticholinergic agents, or prokinetics such as metoclopramide, domperidone, and macrolide antibiotics, 3 days before the test, will improve the accuracy of results. Wireless motility capsule (SmartPill) is an alternative to gastric emptying study, with a sensitivity of 59-86%, and specificity of 64 to 81% compared to scintigraphy. 13C-spiraling breath test was approved by FDA in April 2015. Similar to wireless motility capsule, it has the advantage of avoiding radiation in patients. However, it is not widely available and more studies are needed to validate results.

Once the diagnosis of gastroparesis is established, it is important to determine the underlying etiology. We look at laboratory studies such as HgbA1c, fasting plasma glucose, TSH, ANA, serum total protein, albumin. Those with suspected paraneoplastic syndromes should get tested for ANNA-1. However, it is important to remember that not all vomiting in a diabetic patient is due

to gastroparesis. Hyperglycemia with glucose > 200 mg/dl can delay gastric emptying, leading to nausea and vomiting. Impaired gastric accommodation can present with nausea, vomiting, and early satiety, which can be indistinguishable from gastroparesis, but often times, the gastric emptying is not delayed. Chronic cannabis use has risk for cannabis hyperemesis syndrome and cyclic vomiting syndrome. Fundoplication, bariatric surgeries, or surgeries that involve vagotomy are recognized post-surgical cause for gastroparesis.

We next try to evaluate for pylorospasm or reduced pyloric distensibility using pyloric manometry and pyloric EndoFLIP. If pyloric dysfunction is found, intrapyloric Botox injection can be considered. A gastric emptying study is also checked 2-4 weeks after botox to assess for any objective improvement. We refer patients with pyloric dysfunction who respond to Botox injection to be considered for gastric per-oral myotomy (G-POEM) or laparoscopic pyloroplasty.

Dietary modification is always recommended as first line treatment in patients with gastroparesis. However, it often only produces modest improvement. Low fat and low non-digestible fiber diets are recommended. Liquid or homogenized meals should be considered when patients cannot tolerate solids during a flare up. Hydration and vitamin supplementation is recommended to all gastroparesis patients. We ask patients to avoid nicotine and cannabis as both can delay gastric emptying. Optimizing glycemic control is particularly important in diabetics.

Prokinetics such as metoclopramide, domperidone, erythromycin, and cisapride each have their own risks and benefits. Metoclopramide has an FDA black box warning. Domperidone does not cross the blood brain barrier, but it is not readily available in United States and may increase risk of cardiac arrhythmias. Tachyphylaxis to erythromycin and side effects of ototoxicity and QT prolongation limit its use in long term management. Cisapride has potential for cardiac arrhythmias and sudden cardiac death, and it can only be filled through an investigational limited access program in United States.

Nausea can be severe and debilitating in gastroparesis. Antiemetic use remains empiric based on how patients respond to different treatments. Options include diphenhydramine, ondansetron, granisetron, dolasetron, and prochlorperazine. Antihistamines and phenothiazines can also be administered rectally which can be helpful in patients unable to tolerate POs. Scopolamine and granisetron patches can be considered in managing nausea via transdermal route, but no peer-reviewed publications support its use in gastroparesis. Aprepitant, the neurokinin receptor-1 antagonist has been shown to be effective in treatment of nausea and vomiting.

The management of abdominal pain remains a challenge. Narcotics should be stopped if possible as these agents worsen gastric emptying, resulting in nausea and worsening abdominal pain. Open-label studies of low dose tricyclic antidepressants (TCAs) seem to help with nausea and vomiting. Some TCAs such as amitriptyline have greater anticholinergic effect which can

delay gastric emptying and increase constipation, whereas nortriptyline has lower incidence of anticholinergic side effects. SNRI such as duloxetine, gabapentin, or pregabalin may be alternative treatments for pain. Cognitive behavior therapy, hypnotherapy, and virtual reality may provide additional options to manage pain.

Any constipation should be treated aggressively. Therapy can include over the counter or prescription medications. Docusate or polyethylene glycol can be considered initially. Other treatment options include linaclotide or prucalopride with the ease of once a day dosing. Lubiprostone has higher incidence of nausea if not taken with a meal, therefore we use it less in gastroparesis patients unless otherwise indicated.

In patients with refractory symptoms of gastroparesis, we try to gather additional information to further define their underlying physiology. Antroduodenal (gastrojejunal) manometry can evaluate small bowel motility and help differentiate a myopathic process from a neuropathic process. A gastric barostat study can provide information about gastric compliance and accommodation. Cutaneous electrogastrogram may detect dysrhythmias in gastric electrical activities.

Gastric electrical stimulator is an FDA approved humanitarian

exemption device for diabetic and idiopathic gastroparesis. Current published data demonstrate greater efficacy in symptom improvement for diabetic gastroparesis than for non-diabetic gastroparesis. This device delivers high frequency, low energy electrical stimulation to the stomach. It improves frequency and severity of nausea and vomiting. It does not “pace” the stomach as some may think of a cardiac pacemaker. Improvement in gastric emptying and abdominal pain has been variable. Temporary gastric stimulation can be achieved by endoscopic placement of a temporary lead implanted in the stomach attached to a temporary device. Effects of gastric electrical stimulation on GI symptoms occurs in as little as 72 hours of stimulation. The temporary gastric stimulation may predict response to permanent devices; however, further studies are needed to support routine use. Our current temporary gastric stimulation is under an IRB protocol.

When a patient is unable to maintain nutrition with oral intake, enteral nutrition is initiated. Usually a feeding jejunostomy tube can improve symptoms and reduce hospitalization. A gastrojejunostomy can also be considered and has the advantage of venting gastric contents to decrease persistent vomiting. Surgery is rarely indicated in gastroparesis except for surgical placement of a gastric stimulator, a feeding tube, or surgical pyloroplasty.

Given gastroparesis often is a chronic illness with debilitating symptoms and variable treatment efficacy, anxiety and depression are common in this population. Our program incorporates health psychologists and conducts monthly multidisciplinary rounds. All our gastric stimulator patients undergo psychological evaluation to address mental health need and provide additional resource. We found that by addressing the associated psychological conditions, there is an improved overall health outcome and patient satisfaction.

Mimi S. Lin, MD is the Medical Director of Center for Neurogastroenterology & Motility at California Pacific Medical Center. Her professional interests include gastroparesis, gastric electrophysiology, and esophageal dysmotility. She is committed to better understanding gastroparesis and other motility disorders in hopes that it will lead to improved treatment options for patients. She is passionate about patient education and health care advocacy and has traveled to Capitol Hill to advocate for congressional support of the Colorectal Cancer Early Detection, Prevention and Treatment Act. She enjoys reading, drawing, playing video games with her kids, and cooking with her husband.



The NCSCG is proudly in partnership with HepFree Hawaii

UCSF Fresno Annual Liver Expo Is Your Liver Well?

Marina Roytman

UCSF Fresno Liver Program Director

When I first moved to the Central Valley 4 years ago, I found the number of cases of advanced liver disease striking. Patients with unrecognized metabolic associated liver disease (MAFLD, formerly known as NAFLD) and patients with undiagnosed and/or untreated chronic hepatitis C particularly stood out for me. There are a number of explanations for it including chronic shortage of physicians, pervasive poverty, food deserts, genetic predisposition to liver disease etc. While I was not able to fix societal reasons for liver disease, I felt that I could make a difference in educating the community about it. This is how the Annual UCSF Fresno Liver Expo was born.

The first event was held in March of 2019 and proved to be so popular that we repeated it October of 2019 in honor of the national liver disease awareness month. The

Expo is an all-day even that included lectures on liver health, exercise boot camp, heathy cooking (and eating) demonstration as well as free FibroScan testing and free point of care testing for hepatitis C. GI fellows, internal medicine residents and advanced care providers are on hand to counsel the patients on the results of the tests. Research coordinators are present as well to provide information about clinical trials for liver disease available at UCSF Fresno.

The Expo continues to be very popular with the public despite turning to virtual format in 2020. Attendees love the opportunity to learn about the health of liver, interact informally with the physicians and other providers and get free testing. The residents and fellows feel that they were making a real difference in the health of their community. The event

continued to grow every year attracting several hundred participants and many sponsors. There has been a number of patients that have been diagnosed with fatty liver disease and have made lifestyle changes to reverse it. The popularity of the event continues to grow by word of mouth. We are looking forward to returning to in person format in 2021.



Interventional Endoscopy Services at California Pacific Medical Center

Interventional Endoscopy Services (IES), located at the Paul May and Frank Stein Interventional Endoscopy Center at California Pacific Medical Center (CPMC), was founded by Dr. Kenneth Binmoeller in 2001. Since then, IES has offered a range and depth of state-of-the-art endoscopic expertise available at only a few select centers in the world. Over time, the program has grown to include Drs. Chris Hamerski, Rabindra Watson, and Andrew Nett, together offering a gamut of complex endoscopic interventions for the management of a multitude of gastrointestinal disease processes.

At IES, our mission is to develop, implement, and promote surgery-sparing endoscopic devices, methods, and procedures to achieve improved patient outcomes. As the birthplace of techniques such as underwater EMR, underwater POEM, and EUS-guided glue-coil embolization, and of devices such as the AXIOS lumen apposing metal stent, we have participated in, catalyzed, and have been invigorated by the fundamental changes in clinical practice achieved by interventional endoscopy over the years. We are dedicated to employing innovative, pioneering, and impactful techniques at the forefront of interventional endoscopy. As these techniques disseminate to surrounding academic institutions and to community practice, we serve as a center of unparalleled endoscopic experience within the Northern California medical community, acting as a supporting quaternary referral center to manage endoscopic complications or failures. As the highest volume interventional center in Northern California, we also are committed to providing the most highly skilled, highly conscientious, and rigorous standards of practice in areas of conventional interventional endoscopic management.

As part of our passion to expand what is endoscopically possible, while ensuring it is also what is medically best, IES physicians have published over 300 research papers and delivered more than 500 presentations at national and international meetings. Our group continuously participates in numerous outcome studies comparing new techniques with standard surgical or endoscopic technologies. Subjects of recent publications include the role of EUS-guided glue-coil embolization as primary prophylaxis against

gastric variceal bleeding, comparison of EUS-guided gastrojejunostomy versus surgical gastrojejunostomy, endoscopic therapy of surgical anastomotic leaks, full thickness resection at the appendiceal orifice, and outcomes of EUS-guided choledochoduodenostomy for malignant distal biliary obstruction. An international multi-center RCT showing improved outcomes for underwater EMR compared to conventional technique for complex colorectal polyps is currently pending publication. A sample of current on-going studies includes examination of underwater POEM and GIST resection, comparison of underwater EMR versus surgery for T1a colorectal cancer, comparison of transoral incisionless fundoplication (TIF) versus c-TIF (endoscopic versus combined surgical and endoscopic intervention), comparison of long limb ERCP versus EUS-guided intervention versus endoscopic ultrasound directed transgastric ERCP (EDGE) in cases of altered anatomy, and trial comparison of endoscopic morcellation versus conventional endoscopic necrosectomy in the management of walled off necrosis (WON). Extending our academic mission, we also regularly host an endoscopic course with a local, national, and international audience – *New Frontiers in Live Endoscopy*.

Beyond our physicians, we take great pride in and strength from our personnel. The entire staff at IES, from our schedulers and office staff, to our nurses and technicians, are solely dedicated to delivering care exclusively in the field of interventional endoscopy. This singular focus ensures that everyone your patient encounters has developed concentrated skill and expertise in their respective roles within interventional endoscopy, providing the highest-quality care for your patients.

Procedures available at IES include underwater and conventional EMR, ESD, submucosal tumor resection, full thickness resection, appendiceal orifice and IC valve resections, morcellation after failed prior resections, endoscopic fundoplication and other anti-reflux interventions, enteroscopy-mediated hemostasis, resections and pancreatobiliary interventions, complex ERCP, biliary RFA, EUS-guided RFA, EUS-guided antegrade biliopancreatic interventions, altered anatomy interventions including EDGE, EUS-

guided drainage of gallbladders for cholecystitis and symptomatic cholelithiasis, fistula and leak closure, Zenker's septotomy and Z-POEM, endoscopic diverticulotomy, E-POEM, pneumatic dilation, esophagoplasty for megaesophagus, Z-POEM, EUS-guided drainage and debridement of pancreatic fluid collections including conventional necrosectomy and endoscopic morcellation, stricturoplasty, EUS-guided transmural abscess

drainage, EUS-guided bypass with gastroenterostomy and enteroenterostomy, EUS-guided angiotherapy including glue-coil embolization, EUS-guided liver biopsy, EUS-guided portal pressure measurement, and portal venous sampling, and bariatric interventions including endoscopic sleeve gastropasty, post-surgical sleeve revisions, and gastric outlet reductions.

Please contact us without hesitation for questions about our practice, services necessary for your patients, or interests in research collaboration.

Scheduling and referrals: PH 415-600-1151, FAX 415-375-4861

Kenneth Binmoeller, Founder and Medical Director, BinmoeK@sutterhealth.org

Chris Hamerski, Director of Luminal Oncology, HamersC@sutterhealth.org

Rabindra Watson, Director of Bariatric Endoscopy, WatsonRR@sutterhealth.org

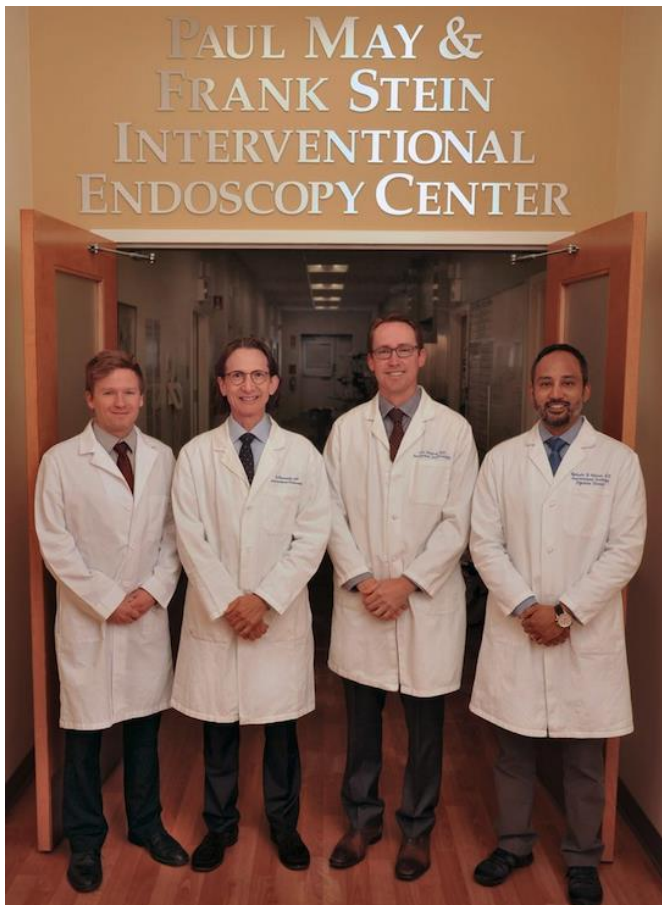
Andrew Nett, Director of Advanced Foregut Endoscopy, NettAS@sutterhealth.org

The following websites are available for information for your patients:

<https://iesmedgroup.com>

<https://endacidreflux.com>

<https://sanfranciscoweightloss.com>



NCSCG 2020-2021 WEBINAR SERIES
ADVANCING CAREER DEVELOPMENT IN GI & HEPATOLOGY CLINICAL CARE

Dear Colleague,

The NCSCG Board and Education and Trainee Committee are pleased to announce the CME Accredited NCSCG Education and Trainee Committee 2020-2021 Webinar Series.

[About the NCSCG Webinar Series](#)

The NCSCG Education and Trainee Committee Webinar Series aims to provide an education and career development focused resource for our GI community. Our series has been developed with gastroenterology and hepatology fellows from training programs in Northern California and incorporates sessions specifically focused on important aspects of career development and the job search process. In addition, our series will also include high-yield and hot topics in clinical gastroenterology and hepatology. We offer these sessions as a free resource to anyone interested in participating.

To replicate a meal we would have together, the NCSCG would like to offer all NCSCG fellows who attend the webinars a meal up to the value of \$30 to be eaten at the time of the webinar.

To receive your free meal during the webinar, follow these easy steps:

1. Register for the event
2. Ensure that you are an NCSCG fellow. You may register as a member or renew your membership by [clicking here](#)
3. Attend the webinar (attendance is monitored)
4. Order your meal for the time of the webinar up to the value of \$30 and save the receipt!
5. Please turn on your webcam so that we can connect as we dine, converse, collaborate and learn together during this program
6. Fill in an expense reimbursement form sent after each webinar and submit this, along with your receipt to Dani Smith: dsmith@pacemedcom.com
7. Receive a check for the value of your meal, up to \$30, mailed to you shortly after the event.

Sincerely,
The NCSCG Education and Trainee Committee

APRIL 20, 2021
6PM-7PM PDT
VIRTUAL EVENT

Complex Cases/Hot Topics in Motility Disorders
Linda Nguyen, MD, Gastroenterologist,
Stanford Medical Center

Upcoming Tentative Agenda

MAY 2021

May 11, 2021 6PM-7PM PT

Updates and Approach to Diagnosis and Management of Pancreatic Lesions

Walter Park, MD, Stanford University Medical Center

JUNE 2021

June 22, 2021 6PM-7PM PT

Vascular Diseases of the Liver

Chanda Ho, MD, MPH, California Pacific Medical Center

View Past Recorded Webinars Now!

www.norcalgastro.org/ncscgwebinarseries

TO REGISTER FOR THE ENTIRE SERIES,
AND FOR MORE INFORMATION, VISIT:

www.norcalgastro.org/ncscgwebinarseries

REGISTRATION FEES

Complimentary

Northern California Society for Clinical Gastroenterology

About the NCSCG

The Northern California Society for Clinical Gastroenterology ("NCSCG") is a 501(c)(3) non-profit organization devoted to the pursuit of clinical excellence in

Gastroenterology and Hepatology, primarily through continuing medical education. By providing a forum for the exchange of ideas, the NCSCG aims to encourage professional growth, stimulate intellectual curiosity, and further patient outcomes by expanding access to up-to-date information of interest to practitioners.

[Click Here To Find Out More](#)

Membership

The NCSCG is comprised of gastroenterologists and hepatologists from private practices and academic institutions throughout Northern California. Members of NCSCG are offered complimentary registration to our spring and winter educational dinner meetings and discounted registration fees at the GI and Liver symposia. Complimentary membership is offered for fellows.

[Click Here To Find Out More](#)

Contact Us

For questions, comments or suggestions about this newsletter or becoming an NCSCG member please email ncscg@pacemedcom.com

Connect with us on Social Media

