Northern California Society for Clinical Gastroenterology

NEWSLETTER

ISSUE NO. 7 | October 2021

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Dear Colleague,

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 at the Intercontinental San Francisco, CA and will also be offered as an interactive virtual platform that is accessible via the conference website on January 29, 2022.

We hope to see you in San Francisco or online!

Sincerely,
The NCSCG Board and Meeting Planners

WOMEN IN GI

At the NCSCG Liver Symposium, Women in GI are invited to attend the GI Janes session, held after the general session and during the career development mixer from 3:15PM-4:15PM on Saturday January 29, 2022.

CALL FOR ABSTRACTS AND CASE VIGNETTES

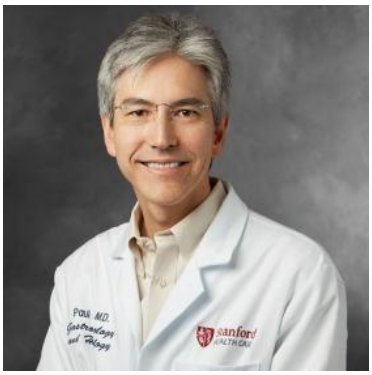
IMPORTANT DATE:
January 3, 2022 – Final deadline for Submissions

ABOUT
The Northern California Society for Clinical Gastroenterology (NCSCG) invites the submission of abstracts and case vignettes describing clinical, basic science, and/or psychosocial research in the fields of endoscopy, gastroenterology, gastrointestinal surgery, and hepatology. Our goal is to promote research among trainees in the field, stimulate collaboration, and foster the development of ideas for future studies. *Authors may submit abstracts and case vignettes of completed work, work in progress, or work presented elsewhere within the past 12 months.* All submissions will be peer reviewed, and all that meet the specifications below will be selected for a virtual poster presentation.

WHO SHOULD SUBMIT?
Postgraduate trainees at all levels – including residents, fellows and advanced fellows, faculty members, practicing physicians and Advanced Practice Providers.
TOP THREE CHOSEN SUBMISSIONS WILL BE AWARDED A GIFT CARD.

FACULTY PREVIEW

Drug-Induced Liver Injury (DILI)
Marina Roytman, MD, FACP
UCSF Fresno



Off the Beaten Track Hepatitides
Paul Kwo, MD
Stanford University

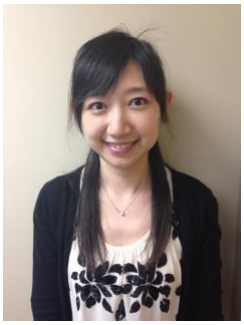
Hepatorenal Syndrome
Todd Frederick, MD
CPMC

Alcohol-Related Liver Disease in the Era of COVID
Robert Wong, MD, MS
Stanford University

Changing Approaches to Hepatocellular Carcinoma (HCC)
Neil Mehta, MD
UCSF Health

Liver Transplant for Alcohol-Related Liver Disease
Allison Kwong, MD
Stanford University

NCSCG BOARD MEMBER CORNER



Christina Chou, MD
GI Faculty- Highland Hospital Alameda Health System
NCSCG Board Member

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

I was born in Taiwan and moved to the United States for college. I received my undergraduate degree from University of California, Davis, and I went to Case Western Reserve University for medical school. I missed sunny California and came back to California for my Internal Medicine residency at California Pacific Medical Center. I went to Palo Alto for a year of Advanced Hepatology fellowship at Stanford University, and I came back to California Pacific Medical Center for a Gastroenterology fellowship. I am currently a full-time GI faculty at Highland Hospital, a part of Alameda Health System.

Clinical and/or research interests

I am a general gastroenterologist with a soft spot for GI motility and hepatology.

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

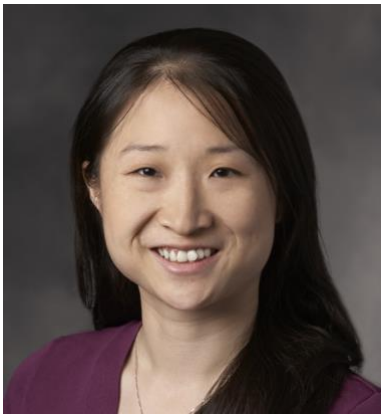
I had known about NCSCG as a GI fellow, and I became involved with NCSCG 6 months ago as a board member. I also participate in the Communications Committee.

What most excites you about GI/hepatology

I am most excited about the pathophysiology of different GI diseases, talking to and caring for patients, and medical education at all levels.

Interesting fact you want to share about yourself

I enjoy spending time with my family and traveling to Taiwan to visit my 96-year-old grandmother. I hope to be able to do that soon!



Jennifer Pan, MD, MS
Staff Physician – VA Palo Alto Health Care System
Clinical Assistant Professor (Affiliated) – Stanford University School of Medicine
NCSCG Education and Trainee Committee Member

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

I was born and raised in Texas. I received my undergraduate from Harvard, then went back to Texas where I attended UT Southwestern Medical School. I then returned to the East coast to complete my residency at Yale, before finally making it across the country to the West/best coast for my fellowship in gastroenterology at Stanford. I am currently a staff gastroenterologist at the VA Palo Alto and continue to work with the Stanford GI fellowship program.

Clinical and/or research interests:

I am a general GI practitioner with clinical and research interests in colorectal cancer prevention.

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

I was first involved in NCSCG as a trainee member. Given my interest in education, I am currently a member of the Education and Trainee, as well as the Communications Committees.

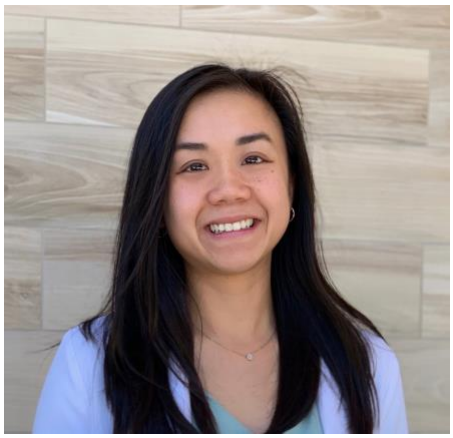
What most excites you about GI/hepatology:

I am most excited about non-invasive testing methods for cancer and pre-cancerous lesion detection. In order to reach our goals of widespread screening and surveillance for effective cancer prevention, we need more tools in our arsenal and options to provide to our patients.

Interesting Facts:

I am from Texas, but I have never ridden a horse before. I enjoy spending free time with my mischievous 2-year-old son as we explore all that the Bay Area has to offer.

FELLOWS CORNER



Stephanie Yan, MD
University of California Davis
Fellow Representative

Any personal background you would like to share

I grew up in San Francisco and lived in northern California until I completed my undergraduate education. I then moved to Washington, DC where I lived for 4 years while I attended medical school at Georgetown University. While I really enjoyed living on the East Coast (and loved experiencing the 4 seasons!), I am very happy to be back in northern California near my family and hope to continue working here after I complete my fellowship training.

Clinical and/or research interests

My current clinical interests encompass general gastroenterology, but I do have a background in nutrition. I have enjoyed working on clinical research projects studying the role for ERCP and cholangioscopy in Primary Sclerosing Cholangitis surveillance and management, but I also have an interest in quality improvement and medical education.

Your involvement with NCSCG and why did you decide to join NCSCG?

I joined the NCSCG Education and Trainee committee approximately one year ago to meet other gastroenterologists and fellows in the Northern California region and work to improve the learning experience for current and future trainees. As the COVID-19 pandemic has made it challenging to network in-person, the NCSCG has provided a great opportunity to get to know other fellows/mentors, re-connect with prior colleagues/friends, and meet other gastroenterologists in the region.

What most excites you about GI/Hepatology in in the next 2-3 years

I am excited to see how therapeutic advanced endoscopy evolves and curious about how AI will be incorporated into GI.

Other interesting facts you would like to share about yourself.

At the start of the pandemic, I picked up tennis and have really enjoyed playing in my spare time. I also enjoy cooking, hiking, exploring new coffee shops, and like many others recently, growing my indoor plant collection.

APP CORNER

Mikhail Alper, NP, PA-C
Madera Community Hospital, CA
NCSCG APP Representative

Background: My name is Mikhail Alper. I graduated from Stanford Primary Care Associate program in 2000. Since January of 2001, I have worked with Dr. Naeem Akhtar, Dr. Ehsaan Akhtar and Dr. Ambreen Khurshid at California Gastroenterology Associates. I work with Stanford, UCSF, CPMC and UCLA Liver transplant programs. I provide GI/Hepatology care at a specialty clinic of Madera Community Hospital on the weekends. I strongly believe in continuing my education on a regular basis and pass my knowledge to other APPs, so we can provide the best up to date medical care to our patients. I educate local NPs and PAs through lectures and seminars. In addition, I am always a phone call away if any of them need expertise. I am a GI faculty member at Fresno Pacific University NP program. Recently, I was awarded with the AF-AASLD designation and serve on the member engagement committee for GHAPP.

Clinical/Research Interests: I provide the underserved population in the San Joaquin Valley of Central California with pre- and post- liver transplant care, as well as treating patients with liver cirrhosis, HCC, HBV, HCV, AIH, PBC, NASH and IBD, IBS, EPI. I have a publication in collaboration with Dr. Sammy Saab from UCLA regarding patients with liver cirrhosis and clostridium difficile colitis.

Involvement with NCSCG: I have been a member of NCSCG for many years, and recently I have joined the APP board. I was also on the planning committee for the 2021 Monterey conference.

Why: I joined NCSCG to be apart of a GI community, that allows me to continue my education on various GI/Hepatology subjects. I take the knowledge that I have gained and apply it to my patients as well as sharing information with other healthcare providers in the Central Valley.

Excites: What excites me most about the future of GI/Hepatology is the advancement in diagnostic techniques and treatment options.

Interesting Facts: I graduated from Moscow medical school in the Soviet Union, and came to the U.S. in 1990. When I'm not working, I enjoy spending time with my wife, two kids, and miniature bernedoodle named Izzy. I also love to read and explore new destinations.

Devon Kiker, NP-C
UCSF – Fresno, CA
NCSCG APP Representative

I am a California native and consider Central California to be my home. I obtained my NP degree from Georgetown University and have been working in the field of gastroenterology ever since. Under the guidance of my exceptional mentor, Dr. Marina Roytman at UCSF Fresno, I recently completed a rigorous NP Hepatology Fellowship with the AASLD. My clinical interests include NAFLD, alcohol-related liver disease, and viral hepatitis. Since joining the NCSCG nearly 2 years ago I have been an active participant in the APP subcommittee. I greatly enjoy the educational resources and collaborative platform that the NCSCG provides.

Images in Clinical GI

Can you solve the case?

Welcome to Images in Clinical GI, where we present images from interesting cases submitted by some of our members! This quarter, we present a case from Dr. Kevin Smith, an internal medicine resident at Highland Hospital.
***Answers and discussion on this case can be found on page 17**. We hope you enjoy!*

Patient is a 35 year old female with a history of fistulizing Crohn's Disease (CD) status post right hemicolectomy and end ileostomy 3 years ago complicated by labial pyoderma gangrenous, rectovaginal fistula, and anal canal stenosis, who presented to the emergency room with abdominal and vaginal pain. She was not on any maintenance medications for her Crohn's disease. She denied increased stool frequency or amount from her ileostomy; she reported non-bloody brown stools.

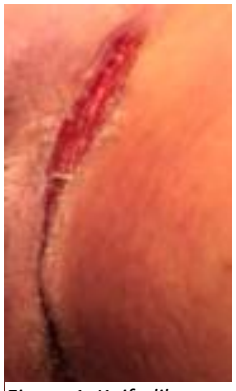


Figure 1. Knife-like ulcerations.

On presentation, her vitals were within normal limits. Additionally, her exam was significant for inguinal knife-like ulcerations (Figure 1). Labs were significant for: Na 135, K 3.4, WBC 10.7, AST < 20, ALT 8, ALP 102. Admission CT revealed peri-colonic stranding, extensive skin thickening and subcutaneous edema within the mons pubis and labia majora extending into the perineum and perirectal fat.

A biopsy of the left inguinal crease revealed the following:

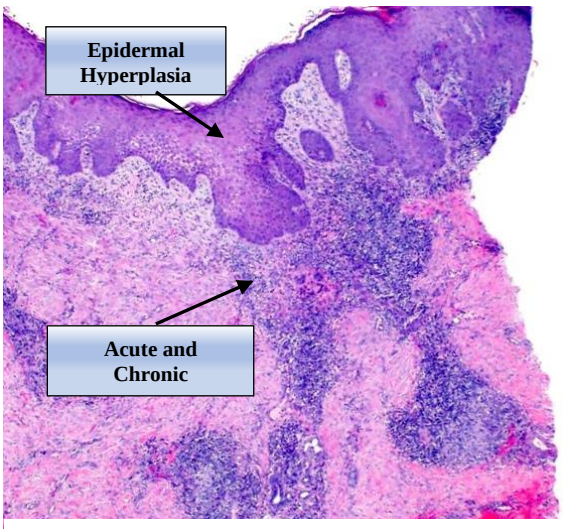


Figure 2. Low magnification demonstrating epidermal hyperplasia and a mixed neutrophilic, histiocyte, and lymphocytic infiltration.

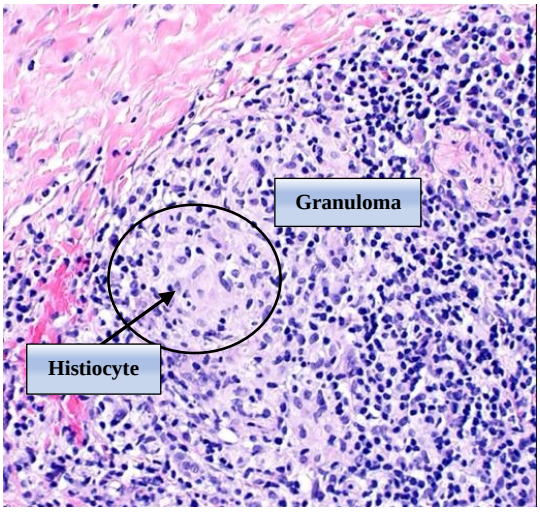


Figure 3. High magnification demonstrating histiocytes and granuloma formation.

Pathology showed epidermal hyperplasia with a mixed infiltrate in the dermis of neutrophils, histiocytes, and some lymphocytes. Upon higher magnification, there were oval, pale shaped histiocytes within the dermis forming granulomas (granulomatous dermatitis).

What is your diagnosis? What management would you consider?

Mona Rezapour, MD, MHS, is an assistant clinical professor at UCLA Health. Her clinical interests include Inflammatory bowel disease (Crohn's disease and ulcerative colitis) and gastrointestinal motility. She is actively involved in gastrointestinal societies with leadership roles in American College of Gastroenterology's education universe editorial board. During her free time, she enjoys hiking, reading fiction and creating medical videos for her social media.

How to approach inflammatory bowel disease in the time of COVID-19 pandemic by Mona Rezapour, MD, MHS

Background

Inflammatory bowel disease (IBD) is a chronic idiopathic relapsing inflammatory disorder of the gastrointestinal tract. It includes Crohn's disease (CD) and ulcerative colitis (UC). There are approximately 3 million individuals in the United States with a diagnosis of IBD. Although the majority of IBD is sporadic, about 20% are hereditary.

IBD diagnosis is made by a combination of clinical, serologic, radiographic, endoscopic and histologic features. Stool studies to exclude enteric infections are an important part of the diagnostic process. Measuring inflammation with a combination of CRP and fecal calprotectin, not only aids in diagnosis but is also a non-invasive means of monitoring disease activity. The CALM study[1] used these measures as a means of treat to target strategy.

Treatment approaches for IBD can be classified into induction and maintenance phases. There are several classes of medications used in the treatment of IBD and the decision to choose a specific therapy is guided by several factors including disease location, extent of disease, and disease severity. I would argue that at this time, with the availability of several biologics with various safety profiles, a patient's age and lifestyle can also play a role in the decision to pick one biologic over another. The shift in the paradigm in IBD treatment to a more aggressive treatment plan is partly based in our understanding of the importance of changing the natural history of IBD and reducing the risk of complications and potential surgical interventions in the future. Based on the American College of Gastroenterology (ACG) guidelines, treatment selection is based on both severity of inflammation and disease prognosis. For moderately to severely active CD and UC, biologic therapy monotherapy or dual therapy along with immunomodulators are recommended.

Immunosuppression and COVID-19

COVID-19 rapidly spread throughout the world and caused a pandemic that vastly changed every aspect of our lives. Since our IBD patients are frequently treated with immunosuppressant therapies such as biologics, their risk of infection is increased. This increased risk of infection raised concern for immunosuppressed patients being at an increased risk of COVID-19 infection and adverse outcomes such as ICU admission, ventilator support and death. The SECURE-IBD[2] registry investigated the impact of different medication classes on COVID-19 in patients with IBD. They observed that patients treated with either corticosteroids or thiopurine monotherapy and combination therapy with anti-TNF are at a higher risk of requiring ICU admission, mechanical ventilation or death. The increased risk associated with combination therapy is driven mainly by thiopurines, as TNF antagonist monotherapy along with other biological therapies such as IL-12/23 and integrin antagonists did not increase the risk of adverse outcomes with COVID-19. Of note, data from SECURE-IBD and other sources suggest that TNF

antagonist therapy may have a protective effect against the development of severe COVID-19 compared to other IBD therapies[3]. This may be due to the fact that higher TNF levels have been associated with an increased risk of adverse outcomes with COVID-19 and therefore, IBD patients on biologic therapy are less likely to undergo a cytokine storm as their immune response is dampened by their therapies. In totality, these data suggest that in older age patients or those with multiple comorbidities in stable remission on TNF antagonist combination therapy, we should consider discontinuation of thiopurines while the COVID-19 pandemic is ongoing. However, biologic therapies can and should be continued, as maintaining remission is crucial in managing our patients with IBD through the pandemic.

Early in the pandemic, the American Gastroenterological Association (AGA) published clinical practice updates on the management of IBD during the pandemic, specifically in patients who contract the virus and develop COVID-19. Their algorithm walks the provider through every alternative scenario. In summary, IBD patients who are symptomatic with COVID-19, regardless of severity of COVID-19 symptoms, corticosteroids should be tapered and immunomodulators and tofacitinib held. 5-ASA, budesonide, rectal therapies and enteral nutrition can be continued. Biologic therapies should be delayed for at least 2 weeks to see if symptoms of COVID-19 resolve. If symptoms of COVID-19 do not resolve, then biologics should continue to be held.

Vaccination

In December 2020, two mRNA vaccines and one inactivated vaccine were authorized in many countries. Prioritization of access to SARS-CoV-2 vaccines was determined based on risk of exposure to SARS-CoV-2 and risk of developing complications. There are numerous studies on the safety and effectiveness of vaccinations in IBD patients with a particular focus on the impact of their immunosuppressive therapies on mounting a serologic response. Inactivated vaccines are deemed to be safe in patients with IBD, although it has been noted that the immune response to vaccine is blunted in an IBD patient on immunosuppressive therapies. In regards to mRNA vaccines in IBD, several studies found that there was no significant difference of the antibody titer in IBD patients versus controls, in patients who receive two doses of the vaccine. Overall, our therapies in patients with IBD do not appear to reduce vaccine immunogenicity. The International Organization for the Study of Inflammatory Bowel Disease (IOIBD) recommends vaccinating all patients with IBD as soon as they are able to receive the vaccine (including all non-live vaccines) regardless of immunosuppressive therapy. IOIBD also noted that vaccination is not associated with the onset or exacerbation of IBD. And although there is no data currently to help guide the exact timing of vaccine delivery with the timing of biologic medication infusions/injections, IBD experts emphasize that biologic therapy dosing should not be delayed in order to administer COVID-19 vaccines.

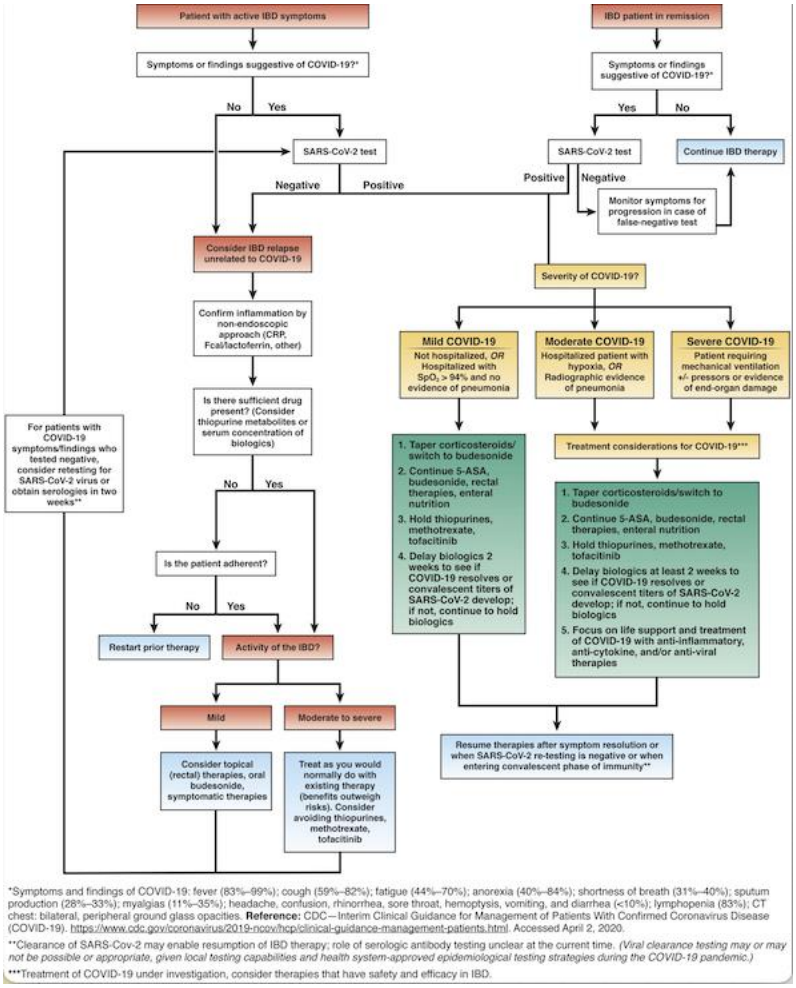
On August 12th, 2021, the Federal Drug Administration (FDA) authorized the use of an additional vaccine dose for certain immunocompromised individuals. The Advisory Committee on Immunization Practices (ACIP) also amended their recommendations on August 13th, 2021 for use of an additional dose of an mRNA vaccine for moderately to severely immunocompromised individuals. These include patients who are being treated with immunosuppressive medications such as cancer chemotherapeutic agents, TNF antagonists and other biologic agents, and those on high dose steroids. As mentioned above, although our therapies do not appear to reduce the antibody response to the mRNA vaccines, CLARITY IBD[4] study showed that patients on infliximab have waning antibodies 20 weeks after their second vaccine dose. With that in mind, patients with IBD on immunosuppressive therapies are eligible to receive a booster dose.

Summary

The landscape of COVID19 and its impact on IBD patients is continuing to evolve as we learn more about COVID-19. IBD patients on biologic therapy are at a lower risk of developing adverse outcomes of COVID-19. IBD patients who are symptomatic with COVID-19 should have their biology therapy held for 2 weeks until their symptoms of COVID-19 resolves. All efforts should be made to taper steroids as they are associated with the highest risk of adverse outcomes of COVID-19 infection. In general, IBD patients receiving mRNA-based 2 dose vaccines have adequate antibody titers, although there are concerns with waning of antibodies. IBD patients on immunosuppressive therapies are now eligible for a booster dose of COVID-19 vaccine. One of the biggest roles we play as providers is to support our patients and provide them with guidance to lessen some of the burden of the challenges they are inevitably facing during the pandemic.

References:

1. Colombel JF, Panaccione R, Bossuyt P, et al. Effect of tight control management on Crohn's disease (CALM): a multicenter, randomized, controlled phase 3 trial. *Lancet* 2017; 390: 2779-2789.
2. Ungaro RC, Brenner EJ, Gearry RB, et al. Effect of IBD medications on COVID-19 outcomes: results from an international registry. *Gut* 2021; 70 (4): 725-732.
3. Brenner EJ, Ungaro RC, Gearry RB, et al. Corticosteroids, but not TNF antagonists, are associated with adverse COVID-19 outcomes in patients with inflammatory bowel diseases: Results from an international registry. *Gastroenterology* 2020; 159 (2): 481-491.
4. Kennedy NA, Lin S, Goodhand JR, et al. Infliximab is associated with attenuated immunogenicity to BNT162b2 and ChAd0x1 nCoV-10 SARS-CoV2 vaccines in patients with IBD. *Gut* 2021; 70: 1884-1893



Click Here To View The AGA Clinical Practice Update on Management of IBD during COVID-19 Alogarithm

NCSCG 2021-2022 WEBINAR SERIES
ADVANCING CAREER DEVELOPMENT IN GI & HEPATOLOGY CLINICAL CARE

Dear Colleague,

The NCSCG Education and Trainee Committee is pleased to announce the CME Accredited NCSCG Education and Trainee Committee 2021-2022 Webinar Series. This year we are excited to collaborate with the Southern California Society of Gastroenterology (SCSG)!

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 or SCSG 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

View Past Recorded Webinars Now!
www/norcalgastro.org/ncscgwebinarseries

NOVEMBER 2021
November 16, 2021 6PM-7PM PT
Management of Complex Inflammatory Bowel Disease
Eric Mao, MD, UC Davis

DECEMBER 2021
6PM-7PM PT
Career Development Webinar

JANUARY 2022
6PM-7PM PT
Artificial Intelligence Innovations in Gastroenterology
Jason Samarasena, MD, UC Irvine

FEBRUARY 2022
February 8, 2021 6PM-7PM PT
Research Seminar #2

MARCH 2022
6PM-7PM PT
Interventional Endoscopy Advancements
Andrew Nett, MD, UCSF

APRIL 2022
6PM-7PM PT
Updates on NASH Therapeutics - Anything on the Horizon?
Bilal Hameed, MD, UCSF

MAY 2022
6PM-7PM PT
Targeting the Microbiome in Gastrointestinal Diseases
Neil Stollman, MD, East Bay Center for Digestive Health

JUNE 9 2022
6PM-7PM PT
Research Seminar #3

TO REGISTER FOR THE ENTIRE SERIES AND FOR MORE INFORMATION, VISIT:
www/norcalgastro.org/ncscgwebinarseries
REGISTRATION FEES
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Hospital Administration

Full Time Gastroenterologist Physicians for Large Public Health and Hospital System in Silicon Valley

Better Health for All
Santa Clara Valley Health & Hospital System (SCVHHS), a large public teaching healthcare system, affiliated with Stanford University School of Medicine, is seeking two full-time BC/BE gastroenterologist physicians, to join our dynamic practice in the Department of Medicine.

We offer the unparalleled opportunity to gain the long-term personal and professional satisfaction of serving our patients and our diverse community, while teaching the next generation of health care providers, in one of the best places to live in the United States.

About the organization
Santa Clara Valley Health and Hospital System (SCVHHS) is the second-largest County-owned health and hospital system in California and is committed to improving the health of the 1.8 million people of Santa Clara County. As of March 2019, SCVHHS is comprised of three hospitals: Santa Clara Valley Medical Center (SCVMC - a 574-bed central hospital), O'Connor Hospital (OCH - 358-bed acute care facility), and Saint Louise Regional Hospital (SLRH); in addition SCVHHS includes a large primary care network comprised of nine health centers throughout the County (including our newest center in downtown San Jose, which opened in 2016), several urgent care clinics, a broad-range of specialty services in our Valley Specialty Center, comprehensive dental services, a large behavioral health department, public health, EMS, and Valley Health Plan.

SCVMC itself hosts five residency training programs and partners with Stanford University Medical Center for the training of residents and fellows in many Stanford-based specialties. SCVMC also features a Level 1 Trauma Center, Burn Center, Primary Stroke Center, and a CARF-accredited Rehabilitation Center. Owing to its geographic location and specialty offerings, SCVMC not only serves the County, but also the larger region.

Providers in our health system also have the unique opportunity to use our integrated electronic health record (Epic), which brings together system-wide patient information. Recently, the Health Information Management Systems Society (HIMSS) recognized SCVMC for achieving its highest level of success (Stage 7), based on our continuous innovation and optimization of our inpatient and outpatient Electronic Health Record.

About the community
SCVHHS is located in San Jose, California in the heart of Silicon Valley, offering a diverse choice of cultural, recreational, and lifestyle opportunities. Our physicians live in a range of communities, including urban (e.g., San Francisco), university (e.g., Palo Alto), high tech (e.g., many cities of Silicon Valley), mountain (e.g., Los Gatos), beach (e.g. Santa Cruz), and rural/agricultural (e.g., Gilroy). Situated in one of the most desirable regions of the country – only 45 minutes from the Monterey Bay and three hours from the Sierra Nevada – our physicians enjoy a very high quality of life.

Santa Clara Valley Medical Center (Hospital and Clinics), O'Connor Hospital and St. Louise Regional Hospital
are owned and operated by the County of Santa Clara
Administration: 751 South Bascom Avenue, San Jose, CA 95128
Tel: 408-885-5111 | Fax: 408-793-5117 | Web: scvmc.org, och@sccgov.org, slrh@sccgov.org

About the Division
The GI Division has nine full-time gastroenterologists and three advanced practice providers with expertise in ERCP, EUS, capsule endoscopy, balloon enteroscopy, hepatology, IBD, pH testing and high-resolution esophageal and anorectal manometry. We have GI fellows from Stanford on-site at SCVMC along with internal medicine residents from SCVMC and occasional medical students. Our endoscopy unit and adjacent clinic were built with efficiency in mind. We hold several educational conferences each week with our colleagues from surgery, interventional radiology, pathology, medical oncology and radiation oncology.

About the Position
We are seeking a board-certified/board-eligible gastroenterologist to join our dynamic, growing Division of Gastroenterology and Hepatology at our O'Connor Hospital. The successful candidate must be passionate about treating the full scope of GI and liver diseases in our diverse patient population. EUS/ERCP ability or Hepatology training is preferred but not required. Teaching opportunities are available for those interested. Strong interpersonal skills and camaraderie are also necessary to maintain the great collegiality we enjoy within our division.

About compensation and benefits
We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population.

If you are interested in joining a practice with unparalleled personal and professional advantages, then please submit your letter of interest and CV to Roya Rousta at MD.Recruitment@hhs.sccgov.org.

The San Francisco Bay Area is well known for its rich diversity of cultures. Santa Clara Valley Health and Hospital System seeks candidates whose experiences have prepared them to contribute to our commitment to diversity and excellence. The County of Santa Clara is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religious belief, ancestry, national origin, gender, sexual orientation, gender identity or preference, pregnancy, marital status, disability, medical condition, political belief, veterans status, organizational affiliation or association with any individual in any of these groups. Santa Clara Valley Health and Hospital System is committed to inclusion for all of its patients, employees, and community.

https://www.scvmc.org/Pages/home.aspx

https://www.scvmc.org/health-care-services/gastroenterology

ALAMEDA HEALTH SYSTEM

ADULT GASTROENTEROLOGIST PHYSICIAN: Oakland, California

The East Bay Medical Group (EBMG) is currently seeking a 6th full-time BC/BE adult Gastroenterologist to join the Division of Gastroenterology and Hepatology at Alameda Health System. This 1.0 FTE position is charged with serving the clinical and academic mission of the Division, the Department of Medicine, and Alameda Health System.

Alameda Health System (AHS) is a major public health system and medical training institution based in Oakland, CA (Alameda County). The system encompasses 3 hospitals – Highland Hospital (Level 1 Trauma Center), Alameda Hospital (Community Hospital), and San Leandro Hospital (Community Hospital) – and includes residency training programs in Surgery, Emergency Medicine, and Internal Medicine. East Bay Medical Group (EBMG) is a subsidiary of Alameda Health System and is the primary contracting entity for physicians.

The primary role of this position is to provide high-quality GI/Liver care to the underserved patients of Alameda County in both the hospital and ambulatory setting. Academic responsibilities are embedded within this role and include active participation in all teaching programs related to the Division and the Department. Teaching responsibilities include oversight of medical students, Highland Hospital Internal Medicine residents, and GI fellows who rotate from California Pacific Medical Center.

We are seeking candidates who:

- Are committed to AHS' safety-net mission of providing high quality care to the underserved.
- Are interested in being on a team that prioritizes a culture of continuous improvement, collegiality, respect, and support for one another.
- Are capable managing full spectrum GI and liver cases in both the ambulatory and hospital setting.
- Are proficient in both acute and outpatient endoscopy.
- Are capable and interested clinical educators and role models for trainees.

The ideal candidate would have proficiency in ERCP and EUS.

Compensation and benefits package is competitive for the San Francisco Bay Area.

For more information about the Division of Gastroenterology and Hepatology at Alameda Health System, please visit the Division website at: https://sites.google.com/view/highlandgi/about-us

If you are interested, please submit your CV and statement of interest to Dr. Taft Bhuket, Division Chief of Gastroenterology & Hepatology. tbhuket@alamedahealthsystem.org

Private Practice Opportunity in Burlingame

If you are interested in working at a top flight community hospital (Mills Peninsula) in the heart of the San Francisco Peninsula, look no further. You will have an opportunity to own a share of a beautiful and spacious endoscopy center (Mid Peninsula Endoscopy Center) in your office building. Call responsibility is 1/6 weekends and 3 weekdays per month. Being your own boss, you can design your practice as you wish. Ancillary services provided in our office include infusion services and FibroScan. Our location in Burlingame allows for clinical teaching locally for those who wish to continue their academic ties. The salary and benefits package will be competitive as well. Feel free to contact me directly to discuss.

Ernest F. Ribera, M.D.
1720 El Camino Real, Suite 155
Burlingame, CA 94010
650-342-6506

Images in Clinical GI

(Solution and Discussion)

Solution

Metastatic Crohn's Disease (MCD)

Discussion

MCD was first described in 1965, and to date, there are as few as 100 reported cases in the literature[1]. MCD predominantly occurs in non-genital locations (skin and plantar surfaces, legs, and face) and in the genital region about 33% of the time. In both settings, nodules, ulcerations, erythematous purple plaques, and abscesses are the typical features. The most frequent presenting symptoms of genital MCD include swelling (67%), ulcerations (40%), and pain (34%)[2]. A biopsy is essential for diagnosis with histologic evidence of non-caseating granulomas. Currently, there are no randomized controlled trials providing treatment guidelines for MCD, though case reports and case series demonstrate that combinations of metronidazole, corticosteroids, and TNF-alpha inhibitors can suppress symptoms[3].
Maintenance therapy with infliximab and azathioprine can reduce MCD symptoms refractory to other medical therapies[4].

Our patient was treated with IV methylprednisolone and 0.05% fluocinonide ointment to her inguinal folds with mild improvement in her ulcerations. Additionally, she was discharged home on an oral steroid taper with a plan to start infliximab and azathioprine in the outpatient setting for treatment of luminal and cutaneous Crohn's disease. Overall, this case contributes to the limited data describing MCD and the importance of a multidisciplinary approach for accurate diagnosis of cutaneous symptoms with biopsies in CD patients to prevent misdiagnosis.

Did you guess right?

If you have any interesting cases you would like to share or suggestions for this section, please contact us at: NCSCG@pacemedcom.com

[1] Bender-Heine, Adam, et al. Metastatic Crohn Disease: A Review of Dermatologic Manifestations and Treatment. June 2017, pubmed.ncbi.nlm.nih.gov/28686769/. Accessed 5 Sept. 2021.
[2] Barret, Maximilien, et al. "Crohn's Disease of the Vulva." Journal of Crohn's and Colitis, vol. 8, no. 7, July 2014, pp. 563–570, 10.1016/j.crohns.2013.10.009. Accessed 21 Aug. 2021.
[3] Wells, Leah Ellis, and David Cohen. "Delayed Diagnosis of Vulvar Crohn's Disease in a Patient with No Gastrointestinal Symptoms." Case Reports in Dermatology, vol. 10, no. 3, 28 Nov. 2018, pp. 263–267, 10.1159/000495000. Accessed 7 Nov. 2020.
[4] Makhija, Sapna, et al. "Refractory Crohn's Disease of the Vulva Treated with Infliximab: A Case Report." Canadian Journal of Gastroenterology, vol. 21, no. 12, 2007, pp. 835–837, 10.1155/2007/737640. Accessed 5 Sept. 2021

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.

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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.

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