



# The RECORDER

## *The American Motility Society Newsletter-Summer 2002*

**Please Vote!** See ballot for bylaws change & AMS officers.

### **12<sup>th</sup> Biennial AMS Scientific Meeting September 19-22, 2002. Galveston, Texas**

This meeting will bring together basic scientists and clinical investigators to discuss the newest developments in the fields of gastrointestinal motility, neurogastroenterology and functional bowel disorders. The meeting will consist of educational symposia that will present a balanced view of basic and clinical research in the form of oral/poster presentations and in-depth scientific workshops.

There were 110 abstracts submitted to our AMS meeting. The abstracts are being scored by reviewers and selected abstracts will be presented as oral presentations or poster presentations. There are numerous exciting symposia planned, each with invited outside guest lecturers. These symposia include:

#### Gastrointestinal Motility:

- Shaping the Future for Training and Funding
- Functional Genomics: Development and Decay
- The Pathological Basis of Acquired Dysmotility
- Clinical Challenges and Controversies
- New Molecular Approaches for Basic Science Research
- Treatment of Motility Disorders:
  - Towards a Rational Pharmacological Approach
  - Non-pharmacological Approaches to Therapy
- Nerves, Muscle, Inflammation
- New molecules, New Receptors, New Roles
- Visceral Pain and Sensitization

The meeting will be held in Galveston, Texas - located on the upper Texas coast of the Gulf of Mexico, 50 miles southeast of Houston. The meeting location is the Moody Gardens Hotel and Convention Center. Hosts for the meeting are Jiande Chen, PhD and Jay Pasricha, MD. For information on registration and hotel accommodations, visit <http://www2.utmb.edu/gipacing/AMS2002> or email [jiande.chen@utmb.edu](mailto:jiande.chen@utmb.edu) or FAX at 409-747-3084 or telephone 409-747-3071.

### **Message from our AMS President: Chung Owyang, MD**

As I reflect on my first year of service as president of the American Motility Society, there are several achievements that stand out, but a lot that remains to be done. I would like to provide you with a report on our accomplishments as well as our future goals.

In the educational arena, the AMS put on a very successful postgraduate course in Charleston, SC this past January. More than 300 attendees took part in the 2-day course, including 95 GI fellows who attended at no cost. One of the highlights of the meeting was a special symposium for patients with motility disorders and their support groups. This event embodied what I believe to be one of the most critical missions of our society by

reaching out to our patients and allowing them to connect with top experts in the field. The feedback from the attendees was overwhelmingly positive. In the long run, the grass roots support generated by these events will be crucial for AMS to achieve its goals. I would like to express my deepest gratitude to the course directors, Drs. McCallum, Parkman, and Rao for their tremendous efforts. The success of this and other post graduate courses organized by AMS has led the council to decide to make it a regularly scheduled biennial event.

I would also like to announce that the program has been finalized for the 12<sup>th</sup> biennial AMS scientific meeting to be held Sept 19-22, 2002 in Galveston, Texas. The content of the program looks fabulous. Exciting new developments in the fields of gastrointestinal motility, neural gastroenterology, and functional bowel disease will be presented. I can promise you that this will be a most rewarding meeting, and I strongly urge you to attend.

The AMS' enthusiasm for science and discovery still remains a cornerstone of the organization. In addition to the biennial postgraduate course, with its emphasis on clinical issues, I would like to organize a yearly basic science workshop or symposium. The research committee has been given the task of selecting suitable topics, which may include stem cell technology in motility research, microarray gene analysis to identify the genetic basis for some motility disorders, and tissue engineering.

Ensuring that support funds will continue to be available for young investigators interested in clinical and basic research is the top priority of my term in office. Last year Janssen Pharmaceuticals generously provided \$100,000 to fund four highly promising feasibility studies. This year, I am delighted to announce that Novartis Pharmaceuticals has tentatively agreed to donate \$1,000,000 to AMS to support research. In addition to providing support for young investigators, I would also like to use this extremely generous gift to encourage translational research and promote basic science discovery which ultimately may have clinical applications.

Dr. Henry Lin, chair of the membership and public relations committee, has been working hard on formulating a vigorous recruitment strategy with the goal in mind of doubling our membership in the next couple of years. Henry Lin is collaborating with other members of the society on developing a website to facilitate interaction between the leadership, members, and potential members.

This is a very exciting time for the organization. The challenges are immense but opportunities abound. I look forward to working with all of you. Please contact me ([cowyang@umich.edu](mailto:cowyang@umich.edu)) if you have concerns for the AMS to address.

### **Clinical Practice Committee; Robert Summers, MD**

The committee is working on a process to develop a GI motility data-base. The elements of such a system will include protocols for test standardization and a web-based data management, and would be facilitated by an industry-standard computer file format, developed under the auspices of the AMS. Such a system would have tremendous value for investigators and clinicians to share and accumulate data. It would be available to members of the AMS and possibly to the international community as well. The major application would be for collaborative research projects. However, additional applications might also include projects such as the development of a large group of normal values for each of the tests or the ability for larger centers to provide analytic services off-site motility testing laboratories. The CORI project, a repository for endoscopic data, has a proven track record of what can be done with such a data base.

Much work must be done before the project becomes a reality, however, significant progress has already been made. The clinical testing documents are nearly complete and several have been submitted and accepted for publication. These will serve as the standardized protocols. Dr. Richard Gilbert and his committee have developed a unique file format, termed GIML, or GI Markup Language, to mediate data import/export between computers independent of the system manufacturer. GIML is constructing to allow the sharing of clinical data between testing laboratories without the need to reveal proprietary software formats. The committee has worked with the instrument manufacturers, who are fully in support of the creation of this file format, and, in fact, are beginning to incorporate it into their software. We presume that they will also use the clinical testing documents to develop standardized reports. In addition, work is continuing to develop a web-site. Funding is being sought to support the further development of the data-base. Such development will include measures to maintain confidentiality of patient data, a server to function as a centralized and secure data repository, and support for a data and web-site manager.

### **Neurogastroenterology and Motility; Michael Camilleri, MD**

Neurogastroenterology and Motility is now the official journal of the American Motility Society and the European Society for Neurogastroenterology and Motility. The journal's mission is to serve as the vehicle for publication of manuscripts and abstracts from meetings in the fields of neurogastroenterology and motility. The journal aims to span the disciplines from population studies/health science research through clinical or patient-oriented research to basic science investigation.

There are currently 230 subscribers belonging to the American Motility Society, 193 to the European Society for Neurogastroenterology and Motility, and 420 others. The journal's current impact factor is 2.081, ranking 13<sup>th</sup> of the 45 journals in the field of gastroenterology and hepatology. The journal is, therefore, strong editorially, especially in the basic enteric neuroscience field. However, it still can grow in the area of clinical and health science research and it is vulnerable financially. It requires the commitment of the members and scientific community to submit to the journal the full spectrum of manuscripts that will enhance its financial position, including reprint sales and advertising.

To facilitate communication with the journal office, the publisher (Blackwell Science Publishers) has established the facility for electronic submission and review. The system is called

Manuscript Central and it is already an established medium with documented success with other journals to which our authors submit papers, such as Gastroenterology and American Journal of Physiology.

Blackwell Science is not for sale, contrary to reports in the press. It has already demonstrated its commitment to the field and the societies, and has partnered proactively with the journal's Management Committee appointed by the two societies.

On behalf of David Grundy (Co-Editor) and Michael Schemann (Reviews Editor), I invite you to submit your work to Neurogastroenterology and Motility. The life of any society is illustrated by the vibrancy and impact of its journal. My personal goal is to double the impact factor and bring the journal into the black by the end of my four-year term as Editor.

### **Billing and Coding Corner for GI Motility Testing; Henry Parkman, MD and Alin Botoman, MD**

This portion of the newsletter provides a forum for discussion related to billing and coding for GI motility tests. This issue will deal with anal manometry.

New constipation ICD-9 Diagnostic Codes for 2002:

Constipation, unspecified	564.00
Slow transit constipation	564.01
Outlet dysfunction constipation	564.02
Other constipation	564.09

Some ICD-9 codes for anorectal manometry include:

Fecal incontinence:	787.6
Constipation:	564.0_ (see above for 5 digit constipation codes)
Colostomy Complication, unspecified:	569.60
Functional Diarrhea:	564.5
Anal Spasm:	564.6
Hirschsprung's Disease:	751.3
Megacolon, other than Hirschsprung's:	564.7
Neurogenic bowel:	564.81
Anal fissure	565.0

CPT codes for anal manometry and biofeedback are:

Anorectal Manometry:	91122
Anorectal biofeedback with manometry:	90911
Note:	91122 (manometry) is mutually exclusive with 90911 (biofeedback).
Anal EMG using needle:	51785
Anal EMG, other than needle:	51784
Note:	90911 is the code for the anal manometry with or without EMG. If do both, one can only bill for 90911.

Medicare approves anorectal biofeedback for fecal incontinence (Dx 787.6), but not for constipation. If the patient is undergoing biofeedback for constipation, an alternative is to bill only anal manometry for the biofeedback sessions, however this may raise questions on repeat procedures. Some centers have the patient sign a form beforehand, making them aware that the biofeedback is not a covered benefit, and that they are responsible for the cost.

The AGA has recently unveiled a new AGA Coding and Billing Answer Line. The answer line can be accessed by email at [ckatzoff@gastro.org](mailto:ckatzoff@gastro.org), or by telephone at 1-888-241-6552 or FAX at 301-654-5920.

## **Officers of the American Motility Society (AMS)**

Chung Owyang, MD	President
Robert W. Summers, MD	Past-President
Joseph H. Szurszewski, PhD	Past-Past President
James P. Ryan, PhD	Treasurer
Sushil K. Sarna, PhD	Secretary
Kenton M. Sanders, PhD	Councilor
Peter J. Kahrilas, MD	Councilor
Henry C. Lin, MD	Councilor
Charlene M. Prather, MD	Councilor
Sean M. Ward, Ph.D.	Councilor
Henry P. Parkman, MD	Councilor

## **AMS Newsletter**

Suggestions and contributions for the AMS Newsletter can be directed to Henry Parkman ([hparkman@nimbus.temple.edu](mailto:hparkman@nimbus.temple.edu)).

## **Information on Patient Support Organizations**

### **CYCLIC VOMITING SYNDROME ASSOCIATION (CVSA)**

CVS is an unexplained disorder of children and adults first described by Dr. Samuel Gee in 1882. There are stereotypical, prolonged attacks of severe nausea, vomiting and prostration with no apparent cause. Vomiting occurs relentlessly (5-10 times an hour at the peak) for hours to days (1-4 most commonly). The sufferer is typically well between episodes. Because of the dearth of medical literature about CVS, many patients and families still suffer in isolation.

CVSA exists to: 1) provide support; 2) promote, facilitate and fund research; and 3) increase knowledge about CVS. CVSA has been able to support research with funding, investigative support and access to our Registry and membership database. Highly scrutinized use of funds coupled with the extraordinary commitment, compatible personalities and dogged determination, has brought surprisingly productive scientific results. Our main advisor, Dr. B. Li, (Pediatric GI) is leading a focused, cross specialty effort that will undeniably lead to several exciting new findings in pursuit of a cure for CVS. Current areas of research now include the incidence of mitochondrial disease with CVS; CRF and the stress cascade; and the periaqueductal gray matter in migraine variants. The International Cyclic Vomiting Program at Children's Memorial Hospital in Chicago opened its doors under the direction of Dr. Li. CVSA works in collaboration with the hospital making more of an impact with media.

The leadership of CVSA has a reputation of being devoted, energetic, frugal, and visionary – a group of grassroots activists whose ideals have turned into accomplishments. We are forcibly driven by the severity and urgency imposed by the disease itself, and undeniably motivated by the needs of patients and families suffering from CVS around the world. We have no intentions of slowing down our efforts and are delighted to be collaborating with the AMS for patient diagnosis, care and education.

Kathleen Adams, RN. Co-founder & President  
email: [kadams@mcw.edu](mailto:kadams@mcw.edu)

Debra Waites, Executive Director  
[cvsadwaites@cvsasonline.org](mailto:cvsadwaites@cvsasonline.org)

Cyclic Vomiting Syndrome Association USA/Canada  
phone: 262-784-6842. FAX: 262-821-5494

Web page: <http://www.cvsasonline.org>

# AMS Ballot

The AMS Council is recommending a change in the constitution. The current term of the president is two years. With the increase in activities of the AMS and new programs being initiated, the current term of two years is too short. It takes time to develop ideas, initiate programs and carry them out and then two years have passed and the next president starts all over again. If the change is adopted by the membership, Dr. Owyang's term will be extended for another two years and the term of subsequent presidents will be four years.

## PROPOSED CONSTITUTIONAL CHANGE:

The term of the president will be four years.

Check one:

Agree       Disagree

## PRESIDENT ELECT (four year term): Vote for one

Michael Camilleri      \_\_\_\_\_

Peter Kahrilas      \_\_\_\_\_

## SECRETARY (six year term): Vote for one

Sean Ward      \_\_\_\_\_

Ann Ouyang      \_\_\_\_\_

## TREASURER (six year term): Vote for one

Alin Botoman      \_\_\_\_\_

William Hasler      \_\_\_\_\_

## COUNCILORS (four year terms) Vote for three

Gervais Tougas      \_\_\_\_\_

Edy Soffer      \_\_\_\_\_

Jack Grider      \_\_\_\_\_

Richard McCallum      \_\_\_\_\_

Satish Rao      \_\_\_\_\_

Anthony Bauer      \_\_\_\_\_

## NOMINATING COMMITTEE Vote for one

Joe Murray      \_\_\_\_\_

Pankaj Pasricha      \_\_\_\_\_

All of the above candidates have been contacted and have agreed to serve if elected.

*Please sign here:* \_\_\_\_\_

## *Return the completed ballot to:*

**Dr. Sushil Sarna  
Division of Gastroenterology  
Department of Internal Medicine  
University of Texas Medical Branch  
301 University Boulevard  
1108, The Strand  
Galveston, TX 77555-0632**