



The RECORDER

The American Motility Society Newsletter – August 2005

Message from our AMS President: Henry P. Parkman, MD

I hope to see you at the upcoming AMS Scientific Meeting in Santa Monica this September. This meeting promises to be exciting with abundant opportunities for interaction between basic science researchers, clinical investigators, and practicing physicians. In addition to the scientific program, this meeting will have a didactic course for physicians in gastrointestinal motility.

Our next scientific meeting will be held September 14-17, 2006 in Boston, Massachusetts and will have a different organizational structure. The AMS will be the host for the many societies and groups interested in GI Motility and Functional GI Disorders. This meeting is a joint venture for the AMS, the Functional Brain-Gut Research Group, European Society of Neurogastroenterology and Motility, and the International Group for Neurogastroenterology and Motility. This meeting will be open to all individuals. The size of the meeting promises a good interaction and exchange of ideas with others, especially for young people deciding whether neurogastroenterology and GI motility are areas they wish to pursue. This type of interaction is important to attract young people in our area. This joint society meeting in Boston is a milestone in bringing together the different societies interested in GI motility and neurogastroenterology. As we move forward, we will continue to have discussions about the optimal format for our meetings.

The AMS is spreading the word about GI Motility Disorders. For this, the AMS has partnered with the International Foundation for Functional Gastrointestinal Disorders (IFFGD), a well-known patient support group. This partnership with the IFFGD and Nancy Norton is young and growing. There are several areas that we are developing. First, patient information sheets on GI motility disorders which will allow patients and patient care providers to learn more about the disorders. The first one developed is on gastroparesis and will be available in September. Others in the planning are on achalasia, chronic intestinal pseudo-obstruction, and Hirschsprung's Disease. Second, the AMS will be tapping into the infrastructure of the IFFGD forwarding requests from media about upcoming news stories on GI Motility to AMS members. Third, patients' requests to the IFFGD for regional GI motility specialists will interact with our developing database of AMS members and their areas of clinical expertise. Finally, the AMS will have a column in the IFFGD newsletter. This will serve as a way to get the word out about the importance of GI motility to the large subscription audience of IFFGD.

I would like to bring to your attention the Third Biennial American Motility Society Course on Gastrointestinal Motility in Clinical Practice, which will be held February 10, 11, and 12, 2006 in San Diego, California. This is a two and a half day program that offers stellar faculty and is an excellent learning opportunity for anyone involved in GI motility testing, clinical

care and research. The course will emphasize new developments in diagnosis, evaluation and treatments of motility disorders and will stress the role and application of these new developments to the practitioner. This course is intended for gastroenterologists in academic and clinical practice, GI fellows, nurses, physician assistants, technicians and medical assistants involved in adult and pediatric GI motility testing and research.

Finally, several members of the AMS council will be rotating off in the upcoming year, and we are looking for new representatives.

Upcoming Meetings:

The 2005 AMS Scientific Meeting will be held September 23-



25, 2005 at the Fairmont Miramar Hotel in Santa Monica, California. The meeting organizers are Mark Pimentel and Henry Lin. A copy of the program is available on the AMS website

www.motilitysociety.org. In addition to the scientific program, the meeting also offers a clinical course in motility with cutting edge discussion on common motility topics for the clinician.

The Third Biennial American Motility Society Course on



Gastrointestinal Motility in Clinical Practice) will be held February 10, 11, and 12, 2006 at the Sheraton San Diego Hotel and Marina in San Diego, California. Course Directors: Richard McCallum, Henry

Parkman, and Satish Rao. This is a two and a half day program that offers stellar faculty and is an excellent learning opportunity for anyone involved in GI motility testing, clinical care and research. Registration can be performed on-line by going to the AMS website at www.motilitysociety.org and clicking the link for registration and further information.

Development of the Enteric Nervous System: Cells, Signals & Genes. Sponsored by New York Academy of Medicine. Meeting Date: March 26-29, 2006. Location: New York, NY. Meeting website: www.anatomy.unimelb.edu.au/devens

Digestive Disease Week. May 20-25, 2006, Los Angeles Convention Center. Abstract deadline is **December 2, 2005**.

Fourteenth International Workshop on Electrogastrography (EGG). May 24-25, 2006, Los Angeles, CA. Immediately following the DDW Meeting. This annual meeting, although primarily focuses on EGG, has expanded into the areas of evaluation and treatment of gastroparesis, functional dyspepsia, and obesity. Abstract deadline is **January 9, 2006**. Information will be on the AMS website in the future.



The Neurogastroenterology and Motility 2006 Joint International Meeting will be held September 14-17, 2006 in Boston, Massachusetts. The AMS are the host sponsors for this first joint meeting of the American Motility Society, Functional Brain-Gut Research Group, European Society of Neurogastroenterology and Motility, International Group for Neurogastroenterology and Motility. The abstract deadline will be **June 6, 2006**. For information, visit www.motilitysociety.org



News from the NIH NIDDK: Judith Podskalny, Ph.D.

The NIH continues to encourage clinical research by supporting career development awards for both junior and mid-career physician scientists.

The **Mentored Patient-Oriented Research Career Development Award (K23)** is aimed at physicians who have recently completed their clinical training and are at the beginning of their research careers. The three to five year award requires a 75% protected time commitment, a research project involving patients, a career development plan, and one or more mentors. The announcement for this program, with application details, was recently updated and can be found at <http://grants.nih.gov/grants/guide/pa-files/PA-05-143.html>.

The **Midcareer Investigator Award in Patient-Oriented Research (K24)** is aimed at clinical scientists at the Associate Professor or Professor level who have a strong track record of performing patient-oriented research as evidenced by their publication record and stature in their field. Applicants need to provide evidence of their mentoring abilities. The award provides salary for 25-50% effort to continue, and to expand, ongoing research and mentoring activities. The K24 is renewable once, thus providing up to 10 years of support. The announcement for this program can be found at <http://grants.nih.gov/grants/guide/pa-files/PA-04-107.html>.

Both the K23 and the K24 programs began in 1999, with over 80 awards issued in each program that year. By 2004, over 950 K23s and over 250 K24s had been awarded NIH-wide. For more information about K23s or K24s in the area of GI motility research, contact Judith Podskalny, Ph.D. in the Division of Digestive Diseases and Nutrition, NIDDK (podskalnyj@mail.nih.gov) or visit the NIDDK training webpage at <http://www.nidk.nih.gov/fund/training/training.htm> or the NIH training webpage at <http://grants1.nih.gov/training/extramural.htm>

Clinically trained professionals or individuals with a clinical degree who are interested in further career development in biomedical research that is not patient-oriented should refer to the Mentored Clinical Scientist Career Development (K08) Award.

IFFGD and the AMS: Nancy Norton

The International Foundation for Functional Gastrointestinal Disorders (IFFGD) is pleased to be actively partnering with the American Motility Society. We have worked individually with many members of the AMS through the years but this new formal partnership presents many opportunities for both organizations. Our educational efforts will benefit not only patients and their families but we hope members of the AMS will view IFFGD as an organization that also benefits the professional community as well.

Since 1991, IFFGD has been actively working on behalf of patients with the medical community, as well as with other

interested parties concerned with motility and functional gastrointestinal disorders. We work at different levels including government and regulators to grass roots efforts in local communities. We look forward to working closely with many of you within the organization as we look to the future and a long standing relationship.



Henry Parkman and Nancy Norton at the AMS Booth at the 2005 DDW Meeting.

The AMS Journal - Neurogastroenterology and Motility

Neurogastroenterology & Motility has had much success over the last several years with an increase in the quality of the journal and an increase in the impact factor from 2.08 in 2002 to 2.549 in 2004! This occurred with a 30% increase in the number of articles from 133 in 2003 to 182 in 2004. Papers published in NGM receive high recognition - over 80% of the articles get cited. There have been several recent changes in our Journal:

The manuscript length should not exceed 4000 words

Joseph Szurszewski has taken over as reviews editor.

Starting in January 2006, more changes will be instituted:

There will be monthly issues starting in January 2006

There will be new sections on scholarly reviews:

Basic and translational already in place;

Clinical reviews

The journal will have discrete sections:

Review

Clinical Neurogastroenterology

Basic Neurogastroenterology

Technical notes

Editorials

Michael Camilleri will bow out as co-editor in 2006 and will be replaced by Jan Tack. The AMS owes Michael a debt of gratitude for his hard work in enhancing the reputation of the journal.

AMS Web site

Visit our updated web site at <http://www.motilitysociety.org>

The AMS website has recently been updated with items on:

- Future meetings on GI Motility and Neurogastroenterology.
- Grant funding possibilities in GI motility
- Patient information sheets on GI motility procedures

Clinical Practice Committee: Satish Rao, MD, PhD

Patient Information Sheets on GI Motility Procedures have been developed for several GI motility procedures. These are located and available for downloading on our AMS web site at www.motilitysociety.org. These can be used for distribution to

patients who are undergoing a GI motility procedure. Presently, seven procedures have been developed:

Esophageal Manometry
Esophageal pH Monitoring
Anal Manometry
Breath Hydrogen Testing
Defecography
Gastric Emptying Scintigraphy
Antroduodenal/Small Bowel Manometry

Patient Information Sheets on GI Motility Disorders will also be available on the AMS website.

AMS Memberships

Ask your colleagues to join the AMS. They can easily join at the AMS website. In addition to copies of the *Recorder*, members get reduced registration fees to AMS meetings and receive *Neurogastroenterology and Motility* as a benefit, that is to say, for the membership fee of only \$100 for Regular membership and \$50 for Trainees, you get a \$250 journal subscription! Share this opportunity with your colleagues. Renewal notices will be going out in November to renew for 2006.

Billing and Diagnostic Code Update

91034 - Esophageal pH monitoring using nasal catheter electrode. The CPT Assistant recently clarified the billing date of this procedure. When 24 hour esophageal pH probe is placed on day one and removed on day two, the date of service and billing for the pH study is day two as that is the day when the data is acquired for evaluation. Thus, if manometry and prolonged pH studies are performed on day one, manometry should be billed on day one and the pH study should be billed on the day when the data is acquired for evaluation. If studies are billed for the same day, best to use separate ICD-9 diagnostic codes.

91037 - Esophageal Function testing using impedance up to 1 hour This code may be billed together with esophageal manometry (91010) since these are two different assessment types. Multiple procedure discounts may apply, so the second procedure may be paid at ½ rate, depending on payor policy).

91038 - Prolonged gastroesophageal impedance testing for > 1 hour and up to 24 hours. Note, a recent editing of this code by CMS prevents billing this together with 91034 (prolonged esophageal pH monitoring).

91035 - Bravo Esophageal wireless capsule pH monitoring Capsule pH monitoring includes “placement, recording, analysis and interpretation”. If the capsule is placed on Monday, and the recorder is removed on Wednesday, then Wednesday is the day when the recording has completed and would be available for interpretation, and thus the date that 91035 should be billed. The reimbursement for 91035 includes a component of physician work for the physical placement of the capsule, which partially accounts for the difference in reimbursement between 91035 and 91034.

Information from Patient Support Organizations

FDA encourages physicians who would like to prescribe domperidone for their patients with severe upper GI motility disorders that are refractory to standard therapy to open an Investigational New Drug Application (IND). An IND is a request for FDA authorization to administer an investigational drug to humans. Such authorization would allow the importation,

interstate shipment, and administration of the drug even though it is not approved for sale in the U.S. Use of this IND mechanism for use of domperidone will also require IRB approval. This information is on the FDA web site at

<http://www.fda.gov/cder/news/domperidone.htm> For questions relating to domperidone INDs, contact Ms. Susan Daugherty, Regulatory Project Manager, Division of Gastrointestinal and Coagulation Drug Products. Ms. Daugherty can be reached at 301-827-7456 or daughertys@cdcr.fda.gov.

The use of Reglan (metoclopramide) has increased since the withdrawal of cisapride from the market in 2000. There has also been the increased recognition about the tardive dyskinesia side effects from long term metoclopramide use. There have been several law suits filed after patients have developed tardive dyskinesia. One of these was against a medical clinic and physicians. Per one patient support organization – “It seems that it may be only a matter of time before a gastroenterologist ends up with a medical malpractice suit about tardive dyskinesia related to Reglan”. In some geographic areas, physicians are having patients sign informed consent that mentions side effects including tardive dyskinesia prior to starting patients on metoclopramide.

Officers of the American Motility Society (AMS)

Henry P. Parkman, MD	President
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AMS Elections

We are soliciting suggestions for people interested in running for the AMS council.