



# The RECORDER

## The American Motility Society Newsletter-February 2005

### Message from our AMS President: Henry Parkman, MD

There has been a lot of behind-the-scenes activity for our American Motility Society. First, our AMS web site has been revised to make navigation easier. I hope you can visit it at <http://www.motilitysociety.org/>. We will be updating our web site on frequent basis so that notices can be posted on the web site. Second, plans are well underway for the 2005 scientific meeting in Santa Monica, CA. Our hosts are Mark Pimentel and Henry Lin. Mark your calendar for this September 23-25, 2005 meeting. Our members may also want to attend the 20<sup>th</sup> International Symposium on Neurogastroenterology and Motility to be held on July 3-6, 2005 in Toulouse, France. Our 2005 Santa Monica meeting was planned so that we can begin to have biennial joint meetings of the major societies interested in GI motility, neurogastroenterology, and functional bowel disorders. The First Biennial Joint Meeting of the American Motility Society, Functional Brain-Gut Research Group, European Society of Neurogastroenterology and Motility, and International Motility Society is being planned for September 14-17, 2006 in Boston, Massachusetts. Third, after the Rochester meeting, a symposium was held on the treatment for gastroparesis. This was a multidisciplinary meeting trying to develop clinical guidelines for treating this disorder. Along these lines, the NIH NIDDK has announced the funding of an NIH Clinical Consortium on Gastroparesis. This is an important step in the recognition of the need for investigation on pathogenesis and treatment of GI motility disorders. On a final note, the AMS is looking for potential sites for its 2007 Scientific Meeting. If you are interested in hosting this meeting, let me know.

### Upcoming Meetings:



**Esophageal Motility and Reflux Evaluation in Clinical Practice: A One-Day American Motility Society Course.** February 12, 2005; Hotel Intercontinental; New Orleans, LA. Course

Organizers: Richard McCallum, Roy Orlando, and Henry Parkman. The course will provide in-depth discussion of the physiology and pathophysiology and treatment of esophageal motility disorders and the spectrum of gastroesophageal reflux disease. Visit <http://www.kuce.org/kumc/emre/> for information.



**DDW.** May 15-19, 2005. Chicago, IL. Visit our AMS Booth #2750 by Foundation Row!



**Thirteenth International Workshop on Electrogastrography (EGG).** May 18-19, 2005 in Chicago, IL at the Feinberg Pavillion, Northwestern University. 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. For information, contact [admin@medpubinc.com](mailto:admin@medpubinc.com).

### **20<sup>th</sup> International Symposium on Neurogastroenterology and Motility** will be held on July 3-6, 2005 in Toulouse, France.

This symposium is organized by the International Group for the Study of Neurogastroenterology and Motility. The aim of this meeting is to bring together basic and clinical scientists, from all over the world involved in all aspects of the physiology and pathophysiology of neurogastroenterology and gastrointestinal motility. Visit <http://neurogastro-sympo.com/> for further information. Abstracts for this meeting are due March 25, 2005.



**2005 AMS Scientific Meeting** will be held on September 23-25, 2005 at the Fairmont Miramar Hotel in Santa Monica, California. The meeting organizers are Mark Pimentel and Henry Lin. The Abstract

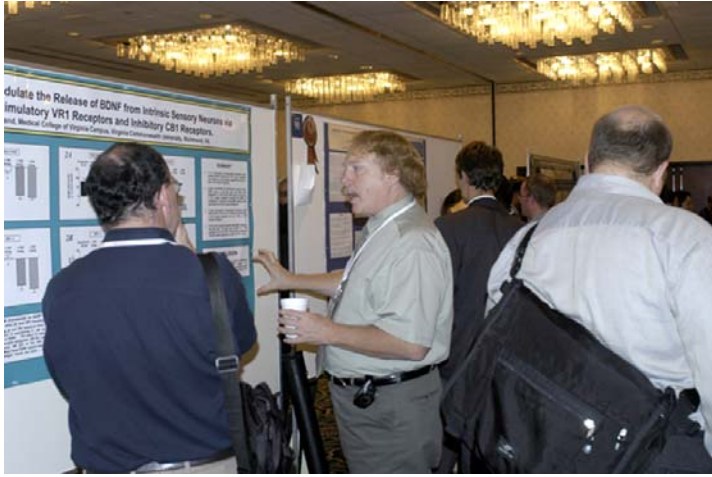
deadline is **June 3, 2005**. Updated information will be on the AMS website [www.motilitysociety.org](http://www.motilitysociety.org).

**Looking for a 2007 Site for the AMS Scientific Meeting:** The AMS is looking for potential sites for its 2007 Scientific Meeting. Usually this is given August to October. If you are interested in hosting this meeting, let the council know.

### **Summary of a Recent AMS Symposium held in Rochester, MN: Gastroparesis: Consensus Guidelines for Treatment**

On September 12, 2004, after the AMS meeting in Rochester, MN, a working group of interdisciplinary experts met to discuss treatment for gastroparesis. Eleven presenters provided talks on a wide range of topics from their area of expertise for the development of a future document on treatment guidelines for gastroparesis. Each presenter reviewed the literature for their selected topic in order to provide an evidence based approach, and to share clinical experience and opinion. Discussion and critique followed. Presenters and their topics included: Jay Pasricha, "Assessing Severity of Gastroparesis & Therapeutic Targets"; Richard Bernstein, "Diabetic Issues"; William Hasler, "Antiemetic Agents"; Richard McCallum, "Prokinetic Agents"; Charlene Prather, "Evolving Therapies Including Botox"; Robert Twillman, "Pain Control"; Kevin Olden, "Psychotropic Agents and Psychological Issues"; Carol Rees-Parrish, "Dietary and Nutritional Support, Tubes & TPN"; Edy Soffer, "Gastric Electrical Stimulation"; Jameson Forster, "Surgical Treatments"; and Teresa Cutts, "Psychological Issues and Patient concerns". The next aim of this AMS project is to provide concise practical guidelines with treatment algorithms.

## Highlights of the 2004 AMS Meeting in Rochester, MN.



Poster Session discussion.



Plenary session.



**Our 2004 AMS Young Investigator Awardees along with Drs. Gianrico Farrugi and Chung Owyang:** SA Baker, F Cremonini, SK Ghosh, VJ Horvath, M Kang, CM Kreiss, MC L'Heureux, CM McKay, K Monaghan, M Overhaus, SJ Park, SM Skoog, GQ Song, R. Tutuian, M Wouters, and B. Yang.

### Notes from the NIH NIDDK

NIDDK recently released an RFA inviting applications for the establishment of the Gastroparesis Clinical Research Consortium. The consortium will consist of a network of 4 to 6 clinical centers and one data-coordinating center, which will work cooperatively to conduct clinical research to elucidate the pathophysiology and develop better treatments for this condition. The total amount to be awarded is \$3 million per year for 5 years. This RFA will use the NIH cooperative agreement (U01) mechanism which involves the NIDDK staff in monitoring the study.

Each clinical center applicant will propose two studies for the consortium in their application. However, no study will be carried out until the consortium has been funded and met and the steering committee has approved studies to be carried out by the consortium. Complete details on this RFA are available at <http://grants2.nih.gov/grants/guide/rfa-files/RFA-DK-05-004.html>. If interested, please submit a letter of intent by **February 10, 2005**. The applications are due March 10, 2005. For further information, please contact Dr. Frank Hamilton at (301) 594-8877. Email: [fh14e@nih.gov](mailto:fh14e@nih.gov) or Dr. Stephen James at 301 594-7680.



Thanking the current president and welcoming the new president. Drs. Henry Parkman (left) and Dr. Chung Owyang (right).

### Notes from the Hill – AMS at the DDNC

The Digestive Disease National Coalition (DDNC) held its fall meeting in November 2004. The DDNC is an organization comprised of 25 health organizations and professional societies concerned with the diseases of the digestive tract. The Coalition with Nancy Norton as the chairperson, promotes a strong federal investment in digestive disease research, patient care, prevention and public awareness. The DDNC supports increased funding for the NIH, and specifically the NIDDK. The DDNC also has been urging NIDDK to develop an IBS strategic plan and to raise awareness on Motility Disorders. Plans are also underway in Congress for a new Digestive Disease Commission, which serves as a template for digestive disease research at NIDDK. At the DDNC meeting AMS President, Henry Parkman, presented information about the AMS. He concluded his presentation by stating that the main issue that the DDNC can help AMS achieve is to increase the awareness of the impact of gastrointestinal motility disorders on the health of US citizens. This would then allow the needed increase in funding for scientists and clinicians who can apply new technologies to the better understanding and treatment of GI motility disorders.

The Digestive Disease National Coalition, the leading public policy advocacy organization in our nation's capital for persons affected with digestive diseases, invites you to participate in our 15th Annual Public Policy Forum on March 6 - 7 in Washington,



DC. This annual event brings together patients, health care providers, industry representatives, lawmakers and their legislative staff for two days of educational programs, legislative updates and advocacy training. Our objective is to brief participants from around the country on Federal health care legislation and policy and provide the opportunity to educate Members of Congress on issues of concern to the digestive disease community. Information about this event is at the following web site <http://www.ddnc.org/>

### **Training Positions Available**

There is a new career development award that is available at Mayo Clinic College of Medicine through the NIH Roadmap initiative providing seven institutions to establish multidisciplinary Clinical Research Training programs.

The program at Mayo Clinic College of Medicine supports salaries of scholars at the senior fellowship - junior faculty level for 2-5 years. It is not subject to the same salary caps as other K awards (K23, K08, etc). The program provides a structured and mentored environment to launch the careers of individuals committed to a career in academic clinical or translational research. A complete description of the program and application process is on the web at: <http://www.mayo.edu/msgme/clinical-research-scholars.html>

A number of highlights of this program are:

- \* It is focused on launching academic careers; preparing an R01 (or equivalent) grant application is part of the program
- \* It provides generous salary support for 75-100% protected time
- \* It provides a \$25,000 annual research budget (direct costs for supplies above salary)
- \* Scholars will be connected with two mentors representing the interdisciplinary focus of the training program.
- \* There are outstanding mentors available
- \* Any Mayo Faculty member with a research program is available as part of the mentoring team.
- \* It is focused on developing interdisciplinary research investigators - these are the investigators of the future.

Please feel free to pass this information on to any of your colleagues or trainees that might be interested. This is a truly a unique opportunity. The American Motility Society is interested in bringing along the next generation in the study of enteric neuroscience and gastrointestinal motility.

Please note the next deadline is **March 1st** for the July 1st, 2005 start date. Contact Michael Camilleri ([camilleri.michael@mayo.edu](mailto:camilleri.michael@mayo.edu)), Sherine Gabriel (PI), David Warner (Co-PI) or Karen Weavers of Mayo Clinic.

### **AMS Web site**

Visit our updated web site at <http://www.motilitysociety.org>  
The AMS website is entering its next phase - a resource for fostering communications between AMS members on both clinical and research matters as well as a portal of access to the expertise of our membership. Suggestions for our AMS web site are welcome.

### **AMS Elections**

At the September 2004 AMS meeting, three new AMS councilors were announced: Gianrico Farrugia, MD; Yvette Tache, PhD; and Jay Pasricha, MD. Congratulations to all three!

### **Research Committee: Anthony Bauer, PhD**

The American Motility Society (AMS) and its membership recognize that the interactive complexity of many gastrointestinal diseases and their underlying pathophysiological processes can be best elucidated through a comprehensive interdisciplinary systems

approach (for example, diabetes, obesity, pain, etc.). Hence, the AMS Research Committee has proposed to the AGA that we jointly develop an intellectual discussion forum that would provide a synergistic interaction between interdisciplinary investigators in the form of an annual "Neurogastroenterology and Motility Cutting Edge Forum" (NAMCE Forum) starting in 2006. This would be a unique meeting experience, which would be arranged around a selected *innovative* translational research topic. Criteria for topic selection will be an emerging or longstanding clinical/scientific topic that could benefit from an interdisciplinary approach in order to generate new avenues of research from a novel perspective. The selected topic would be jointly decided upon by the AMS Research Council and AGA's Motility and Nerve Gut Interactions Section with solicited input from our many joint members and NIH. The NAMCE Forum would consist of expert interdisciplinary presentations with a subsequent guided discussion forum on the implications/application to neurogastroenterology and motility research. This forum will not be a collection of thematically arranged state-of-the-art lectures, but a dynamic interactive interdisciplinary learning experience that would be difficult to arrange in the context of the traditional DDW experience. In the best interest of our overlapping memberships, the AMS has suggested that this half-day, pre-DDW Forum take place on the Saturday before the normal scientific start of Digestive Diseases Week. We look forward to the AGA's response to our proposal.

### **AMS Membership Drive**

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 Non-Trainee and \$50 for Trainee a year, you get a \$250 journal subscription! Share this opportunity with your colleagues.

### **Billing and Diagnostic Code Update**

#### **New CPT Codes for 2005**

- |       |  |
|-------|--|
| 91034 | Esophageal pH monitoring using nasal catheter pH electrode (replaces 91032, 91033 starting January 2005)   |
| 91035 | Esophageal pH monitoring using mucosal attached telemetry pH probe (Bravo pH system) (replaces 91032, 91033)   |
| 91037 | Esophageal Function testing using gastroesophageal impedance for up to 1 hour  |
| 91038 | Prolonged gastroesophageal impedance testing for > 1 hour and up to 24 hours   |
| 91040 | Esophageal balloon distension provocation testing to evaluate patients with atypical chest pain  |
| 91120 | Rectal balloon provocation to measure sensory, motor, and biochemical function of rectum in patients with IBS, constipation, and/or fecal incontinence.                        |
| 43257 | Upper endoscopy with delivery of thermal injury to LES (Stretta procedure)   |
| 91065 | Breath hydrogen testing for lactose intolerance, has been modified to include testing for fructose intolerance, bacterial overgrowth, and evaluation of oro-cecal transit time |

#### **CPT Codes still in effect**

- |       |  |
|-------|--|
| 91010 | Esophageal manometry   |
| 91011 | Esophageal manometry with stimulant (edrophonium)            |
| 91012 | Esophageal manometry with acid perfusion (Bernstein testing) |
| 91122 | Anorectal manometry  |
| 90911 | Biofeedback training during anal manometry and/or EMG        |
| 45391 | Flexible sigmoidoscopy with endoscopic ultrasound            |
| 91132 | Electrogastrography  |
| 91133 | Electrogastrography with provocative testing (e.g., meals)   |
| 43263 | ERCP with sphincter of Oddi manometry                        |
| 0008T | Endoscopic suturing of the esophagogastric junction          |

91299 Unlisted diagnostic gastroenterological procedure

Note: 26 modifier is for professional services component  
TC modifier is for technical component

### **Information from Patient Support Organizations**

#### **Notes from the literature:**

Erythromycin, one of the most widely prescribed antibiotic medications and one used as a prokinetic agent due to its motilin-agonist properties, has been linked to cardiac death in a study in the *New England Journal of Medicine* published in 2004.

Erythromycin taken alone doubled the risk of cardiac arrest and the drug taken with certain other medications increased the risk of cardiac arrest by more than five times. This translates to six deaths for every 10,000 people taking erythromycin for the typical two weeks while on the other drugs. The acute risk seems to come from other drugs slowing the breakdown of erythromycin, which increases its concentration. At high levels, erythromycin traps salt inside resting heart muscle cells, prolonging the time until the next heartbeat starts, and sometimes triggering an abnormal, potentially fatal, rhythm. The study found that several drugs in particular caused increased risk of cardiac arrest when combined with erythromycin. These drugs included verapamil, diltiazem, clarithromycin, fluconazole, ketoconazole and itraconazole. AIDS drugs called protease inhibitors and grapefruit juice should also be avoided when using erythromycin. The problem seems unique to erythromycin as amoxicillin by itself or with other drugs showed no added risk of cardiac risk.

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

Henry P. Parkman, MD	President
William Hasler, MD	Treasurer
Ann Ouyang, MD	Secretary
Anthony Bauer, PhD	Councilor
Gianrico Farrugia, MD	Councilor
Henry C. Lin, MD	Councilor
Jay Pasricha, MD	Councilor
Satish S. C. Rao, MD	Councilor
Yvette Tache, PhD	Councilor
Chung Owyang, MD	Past-President
Robert W. Summers, MD	Past-Past-President
Joseph H. Szurszewski, PhD	Past-Past-Past President

### **AMS Newsletter**

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