



# The RECORDER

## The American Motility Society Newsletter – April 2006

### Message from our AMS President

It has been a busy and productive time for the AMS. The AMS meeting held in September in Santa Monica, CA was very successful and since then several important events have taken place and many others are planned. They include:

- 1) The recent AMS Strategic Planning Meeting in January 2006
- 2) The current Elections for the Nominating Committee.
- 3) The upcoming Joint Society Meeting in September 2006
- 4) The recently formed NIH Digestive Diseases Commission
- 5) The recent Digestive Diseases National Coalition
- 6) An AMS meeting on "Diabetes & the Gut" in March 2007

For this newsletter, I have asked an AMS Council Member in charge of each of these items to write a short paragraph.

Henry Parkman, MD  
President of AMS

### Upcoming Meetings:



**Digestive Disease Week.** May 20-25, 2006 in Los Angeles, CA at the LA Convention Center. Visit our AMS Booth, #2523.

**Fourteenth International Workshop on Electrogastrography (EGG).** May 24-25, 2006. In Los Angeles, CA at the Oxford Palace Hotel (745 S. Oxford Ave). This meeting occurs immediately following DDW starting Wednesday evening at 7 pm.

This annual meeting, although primarily focusing on EGG, has expanded into the areas of evaluation and treatment of gastroparesis, functional dyspepsia, and obesity.

**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, and the International Neurogastroenterology and Motility Group. The **abstract deadline is June 6, 2006**. For further information, visit [www.motilitysociety.org](http://www.motilitysociety.org)



This Joint Society Meeting will showcase cutting-edge research covering a broad range of basic, preclinical and clinical topics in the rapidly expanding field of neurogastroenterology, GI motility, and functional GI disorders. The organizers, comprising members from each of the four societies, have integrated the major themes of each society into sessions that will be relevant and useful to the broad range of attendees – biochemists, molecular and cell biologists, physiologists, immunologists, pharmacologists, behavioral psychologists and psychiatrists, and clinicians. The meeting promises a good interaction and exchange of ideas among participants, especially young investigators.

### Sessions and Symposia during the Joint Society Meeting:

New Concepts in Neurogastroenterology: Cells to Systems  
 Role of Immune Modulation in the Brain-Gut Axis  
 Novel Therapies of GI Motility & Functional GI Disorders  
 Regulation of Appetite and Obesity  
 Electrical Stimulation and Pacing of the GI Tract  
 Novel Molecular Targets and Their Role in GI Symptoms  
 GI Motility Disorders in Children and Adolescents  
 Novel Signaling Pathways in the GI Tract  
 Novel Approaches to Diagnosis  
 Methodologies for Health Care Research

### Elective Workshops before or after the meeting:

Young Investigator's Session on Approaches to Study the ENS  
 Role of Serotonin in GI Motility and Functional Bowel Disorders  
 Brain Imaging and Neurogastroenterology  
 Standardization of the Gastric Emptying Test  
 Understanding the Placebo Response in Clinical Practice & Trials  
 Cyclic Vomiting Syndrome in Adults

Sucampo Pharmaceuticals and Takeda Pharmaceuticals North America are supporting a CME breakfast symposium at the Neurogastroenterology and Motility 2006 Joint International Meeting in Boston on **Saturday, September 16, 2006**. The activity is entitled **New Mechanisms and Novel Concepts in Chronic Constipation** and will be chaired by Dr. Lin Chang. The faculty will lead an interactive discussion of the mechanisms of chronic constipation, new mechanisms of action for the treatment of chronic constipation, and new and emerging therapies for chronic constipation. Please register for this program online at [www.constipationCME.com](http://www.constipationCME.com)



**2007 AMS Meeting on Diabetes and the Gut: Translating Basic Science Research into Clinical Practice.** Meeting Organizer, Anthony Bauer, PhD. March 1-4, 2007 in Our Lucaya, Freeport, Grand Bahamas Island. Clinical and basic science state-of-

the art presentations on diabetes: gut hormones, neuropathy, growth factors, gastroparesis, oxidative stress, obesity, immune dysfunction, alterations in specific gut structures and functions,

metabolic syndrome, and latest management of diabetes will be presented. Noon poster sessions will describe recent progress in research and afternoon oral sessions will highlight novel advances in clinical and basic science topics.

### **The AMS 2005 Scientific Meeting in Santa Monica, CA**

We thank Mark Pimentel and Henry Lin for organizing this meeting that was exciting for both investigators and practicing clinicians.



### **The AMS Young Investigators Award Recipients:**

Christopher Andrews, Laura Anselmi, Radoslav Coleski, Filippo Cremonini, Xiucui Fang, Hee Sun Kim, Baharak Moshiree, Takashi Ohama, Xiangrong Sun, and Hongbing Zhu.



The American Motility Society presented its Distinguished Service and Achievement Award to Frank A. Hamilton, MD, MPH at the Santa Monica meeting. Pictured above are Henry Parkman, Frank Hamilton, and Joseph Szurszewski.

The following inscription is on Frank Hamilton's plaque:  
"The American Motility Society expresses its appreciation to Frank A. Hamilton, M.D., M.P.H. for his advocacy of gastrointestinal motility and the enteric sciences at the National Institutes of Health. With this award, the Society recognizes him for his tireless support and encouragement to members of the

society and for fostering the growth of funding for the field of gastrointestinal motility. Frank has been a stabilizing force in times of uncertainty and a representative of all that is good at the National Institute of Diabetes and Digestive and Kidney Diseases and the National Institutes of Health. With sincere appreciation, from the members of the American Motility Society."

### **The AMS Council Strategic Retreat**

In January 2006, the AMS Council held a retreat in Detroit Michigan to develop a strategic plan for our society. Several topics discussed at this strategic planning meeting were:

- 1) Updating the Mission of AMS
- 2) Increasing Awareness of GI Motility Disorders, Neurogastroenterology, and AMS
- 3) Attracting Young Investigators into the field of GI Motility and Neurogastroenterology: Basic Scientists, Clinical Investigators, and Clinicians
- 4) Future meetings of the AMS
- 5) Journal and Finances

### **The Mission of AMS by Gianrico Farrugia, MD**

The American Motility Society recently celebrated its 25<sup>th</sup> anniversary since its founding. The American Motility Society was founded to promote research in gastrointestinal motility, facilitate the scientific interchange of ideas and information, and promote the careers of young investigators. These founding principles continue to remain central to the mission of the society.

In January, the American Motility Society council met to develop a strategic plan to enable the society to accomplish its goals as well as further its position as the leading organization in the field of neurogastroenterology and gastrointestinal motility. A strategic planning session was felt to be needed in order to determine the direction the organization is going over the next several years, how it's going to get there and how it will know if it got there. As part of this strategic planning session, considerable discussion focused on defining the mission of the American Motility Society in 2006 and in subsequent years. Key principles that emerged were the need to continue with our original mission, which is to promote research at every level in gastrointestinal motility, facilitate the scientific interchange of ideas and information, and promote the careers of young investigators. Also recognized was the increasing need for us to reach out to investigators and practitioners active in our field and to policy makers, advocacy groups, patients and care-givers. It was also felt important to broaden the description of our society to include the enteric sciences and neurogastroenterology.

The Council of the American Motility Society therefore updated its mission to state:

**The mission of the American Motility Society is to advance the study of neurogastroenterology and gastrointestinal motility, to translate the scientific advances to patient care, and to disseminate the knowledge to patients and care-givers in order to improve the diagnosis and treatment of patients with neurogastroenterological and gastrointestinal motility disorders.**

To accomplish its mission, the Council of the American Motility Society defined strategic directions and specific goals of the society. These include:

- 1. To promote research and facilitate scientific interchange of discoveries, ideas and information on gastrointestinal**

**motility, neurogastroenterology, and diseases relating to gastrointestinal motility.**

- To foster excellence in the medical care of patients with gastrointestinal motility disorders.**
- To educate physicians and other health care providers and patients on the advances in the treatment of patients with gastrointestinal motility disorders.**
- To provide training to individuals interested in gastrointestinal motility and the enteric neurosciences.**
- To work with federal and non-federal agencies to fund and support basic and clinical research in gastrointestinal motility and neurogastroenterology.**
- To work with other professional societies, organizations and patient advocacy groups to help achieve the mission and goals of the American Motility Society.**

Over the next several months, task forces will be put together to create action plans and deliverables for each of the strategic directions and goals. It is the intention of Henry Parkman as President of our Society to include as broad and diverse a group as possible for each of the task forces. Please e-mail the American Motility Society ([admin@motilitysociety.org](mailto:admin@motilitysociety.org)) if you have an interest in participating in any of the task forces. We look forward to working together to create an even stronger American Motility Society that will scientifically advance and promote our field, educate and serve the interests of its members as well as patients and care givers.

#### **Revisiting AMS Mission to Reach Basic Scientists by Yvette Taché PhD.**

The past few years have witnessed a growing number of basic scientists directing their research efforts to the understanding of central, peripheral and/or enteric neuronal circuitries regulating gut digestive function in health and experimental models of functional bowel disorders. This has led us to re-examine the scope of the AMS as outlined in the previous column and to consider establishing the AMS as the home for interdisciplinary and translational research in this burgeoning field of neurogastroenterology/motility. Several new initiatives have been reviewed to capture and develop these changes. One relates to make the AMS meetings an attractive forum for basic scientists to present their work. This initiative is already reflected by the broader scope of basic themes to be addressed in the International Meeting in Neurogastroenterology and Motility to be held in Boston this September. It has also been recommended that some components of future AMS meetings incorporate symposia proposed by members and reviewed by the program committee to increase the participation and to cover interest of the membership. In addition, an annual satellite symposia at the Society for Neurosciences (SfN) Meeting may foster interactions between members of the AMS and SfN. Other new initiatives include attracting young scientists with seed grants, providing mentoring by established investigators, and fostering the development of fellowships in neurogastroenterology. These initiatives will be complemented by the AMS making a presence at Congress and NIH to increase awareness and resources to promote basic and translational research in neurogastroenterology/motility as it relates to functional bowel disorders. These new strategies are among the few that were discussed by the Basic Sciences Committee of the AMS composed of Drs Anthony Bauer, Henry Lin, Jay Pasricha and Yvette Taché. AMS members are

encouraged to send comments and input to Dr. Yvette Taché ([ytache@mednet.ucla.edu](mailto:ytache@mednet.ucla.edu)).

#### **Disorders that AMS Represents by Ann Ouyang, MD.**

Critical to setting strategic directions and goals is a definition of the disorders which falls under the scope of the AMS. The name of our journal "*Neurogastroenterology and Motility*" captures the efferent and afferent pathways and the functional unit which encompasses the anatomic scope of our areas of interest. The expanding knowledge of the processes underlying the sensory and motor aspects of disorders previously broadly classified as "motility disorders" and "functional disorders" gives a tantalizing glimpse of a future when these conditions will be classified by pathophysiology rather than by symptoms. Currently, the term "Neurogastroenterology" is not meaningful to most practitioners. We all recognize that these conditions have not captured the interest of physicians, investigators, the NIH or philanthropists to a degree which reflects their impact on quality of life, importance to the burden of health care in this country and the exciting new advances in this area which bring promises of new approaches in treatment. We feel that using the recent advances in knowledge to define our scope of interest will result in a re-invigoration of our field. Our goal is to develop a white paper which will outline those conditions which are felt to be within the scope of interests of our members that will serve as the basis for planning the strategic directions and goals of the AMS for the coming 5 to 10 years. The Clinical Practice Committee of the AMS, which includes Satish Rao and Henry Parkman, along with William Hasler and Ann Ouyang as Council members, invite the input of members of the AMS on this important endeavor to define the disorders that AMS represents and to develop a useful working classification. Please send your ideas/input to Dr. Ann Ouyang ([aouyang@psu.edu](mailto:aouyang@psu.edu)).

#### **Clinical Practice Committee by Satish Rao, MD**

The Clinical Practice Committee has been active in serving the AMS membership and the society in several arenas. First, the committee has helped to develop information brochures regarding the commonly performed tests in GI Motility. These are currently available on the AMS website and can be downloaded for patient use.

Second, a list of Clinical GI Motility Centers of excellence is being developed. These will serve as centers for training in motility for fellows, nurses, technicians and physicians. If you would like to propose your center to be on this list, please notify Satish Rao. This information will become available on the AMS website later this year

Third, the committee has sponsored the creation of an auxiliary membership of the AMS consisting of nurses and technicians involved in the practice of GI Motility. Currently, we are seeking names and contact information for individuals interested in becoming auxiliary members and playing a leadership and educational role. Names and contact information can be sent to Satish Rao ([satish-rao@uiowa.edu](mailto:satish-rao@uiowa.edu)). Membership for the first year will be free and thereafter a nominal fee will be charged. Membership benefits include periodic update of the latest developments in motility, information regarding symposia and courses and discounted fee for participating in AMS sponsored courses and events.

Fourth, the committee is developing a registry of all GI Motility Centers. Interested individuals are invited to contact the AMS for further information ([admin@motilitysociety.org](mailto:admin@motilitysociety.org)). Inclusion of a Center in the registry requires performance of a minimum number



of motility procedures and attendance at AMS sponsored courses and AMS/Auxiliary membership.

Fifth, the committee has successfully lobbied for the creation of several new codes in motility. A new code has been issued for performing small bowel manometry-duodenal manometry CPT 91022. There is also a new CPT code for esophageal balloon distension provocation study CPT- 91040 and a new code for rectal sensation/tone and compliance testing CPT- 91120.

### **Billing and Diagnostic Code Update for GI Motility Testing** **Duodenal motility (manometric) study**

The new duodenal motility billing code 91022 describes the placement of a motility probe into the duodenum with its tip distal to the ligament of Treitz. Duodenal motility is generally measured in both fasting and fed states, and occasionally with and without prokinetic agents. This code is distinct from the existing code 91020 describing gastric motility – they can both be billed together if the test is measuring both – as is generally done with antroduodenal manometry. If an endoscopy is performed for tube placement, 43235 should be used, and if fluoroscopy is performed, 76000 should be used with 91022.

### **Question the Experts - Coding Anorectal Manometry.**

For the evaluation of a patient with constipation, our center recently performed the following tests: Anal Manometry, Anal EMG, Balloon Expulsion Test. How should we code for these? The consensus opinion from four centers is the following:

1. Bill for anorectal manometry as 91122-TC for the technical (hospital) side and 91122-26 for the interpretation (doctor side).
2. Bill for the anal EMG (CPT 51784). Other codes include 90911 for anal EMG with biofeedback, 51785 for needle EMG.
3. Balloon expulsion is not recognized in the CPT book. Use the unlisted diagnostic gastroenterology procedure code 91299 and bill the same RVU's as for a listed similar procedure. You usually need to send in a written procedure note and then be ready to appeal the denials.

### **IFFGD Column by Nancy Norton**

IFFGD is once again taking the lead in IBS Awareness Month, April 2006. We have recently put out a release "Is It Irritable Bowel Syndrome or Something Else?" You may see the article appearing in your local newspaper, as this release is distributed to national and international wire services for print media (or at [www.aboutibs.org/Publications/IBS0206.html](http://www.aboutibs.org/Publications/IBS0206.html)).

The IFFGD were recently cited and quoted in *JAMA*, March 2006, in the Medical News and Perspectives section: "Silence Masks Prevalence of Fecal Incontinence". Fecal incontinence continues to remain hidden in our society. We can not stress enough the importance of asking about fecal incontinence to your patients. Patients are reluctant to speak about it and they have a tendency to not mention it unless the question is asked regarding bowel function and the ability to control their bowels. They may report diarrhea when the underlying problem really is incontinence. We applaud *JAMA* for doing the interviews and raising the level of dialogue around fecal incontinence. We need to continue to do our part in educating patients, improving treatment options, and continuing the research for this underserved patient population.

IFFGD along with AMS participated in the Digestive Disease National Coalition's (DDNC) Public Policy Forum that took place March 13, 2006 in Washington, DC. This annual event is hosted with the intent of educating members of Congress about the needs of the digestive disease community. Members of IFFGD met with the offices of Senators Herb Kohl and Russ Feingold, as well as

Rep. Gwen Moore and Rep. F. James Sensenbrenner. Henry Parkman, MD and his group met with the offices of Senators Arlen Specter and Rick Santorum and Rep. Robert Brady.

We advocated for increasing funding for the National Institutes of Health (NIH) by 5 percent over last year's levels. Specifically, we asked for an increase for the National Institute of Diabetes, Digestive and Kidney Diseases, where the majority of federal funding for digestive diseases takes place. We also focused our concerns on the development of a NIDDK strategic plan for Irritable Bowel Syndrome and support for liver disease and hepatitis research. Other issues included enactment of the Inflammatory Bowel Disease Act, support for the Center for Disease Control and Prevention (CDC) Colorectal Cancer Screening and Prevention Program, and the CDC's hepatitis prevention and control activities.

We had the honor of hearing from Rep. Jesse Jackson, Jr. who received the 2006 DDNC Public Policy Leadership Award for his outstanding support of the digestive disease community. Leadership awards were also presented to Rep. Ben Cardin and Senator Barbara Mikulski for their leadership through the years in expanding colorectal cancer screening under Medicare and supporting NIH and biomedical research.

We thank the members of the American Motility Society for supporting the activities of IFFGD and look forward to working together in the future.

### **AMS in Washington DC at the DDNC Meeting March 2006.**

Pictured below on the left are Dale Dirks - The DDNC Washington Representative of the Health and Medicine Council of Washington, Nancy Norton chairperson of the DDNC, and Henry Parkman, President of AMS. On the right is Henry Parkman with Rep. Jesse Jackson, Jr. who received the 2006 DDNC Public Policy Leadership Award for his outstanding support of the digestive disease community.



### **The 2006 AMS Clinical Course**

The Third Biennial AMS Clinical Course "GI Motility for the Practicing Clinician" held in February 2006 in San Diego was very successful with an attendance of 326 people and 14 exhibitors. Attendees included practicing physicians, clinical investigators, GI fellows, nurses, and other health professionals. The course organizers were Richard McCallum, Satish Rao, and Henry Parkman.

### **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.

### **Vote for the AMS Nominating Committee**

We are starting the process of adding five new members to our AMS Council and voting for the President-elect of our society. A

Nominating Committee is first formed that prepares a slate of candidates for the offices of new AMS councilors and the President-Elect. The Nominating Committee is made up of the following three individuals: 1) Past-President as Chairman; 2) One member appointed by the current President and approved by the Council; 3) One member elected by the membership-at-large.

Presently, the step for our members is to vote for the Nominating Committee Member-at-Large. The two AMS members who volunteered to run for this position are:

Jiande Chen, PhD

University of Texas Medical Branch

Interests: Novel diagnostic and therapeutic approaches for gastrointestinal motility

George Triadafilopoulos, MD

Stanford University School of Medicine

Interests: Esophageal reflux disease, Barrett's esophagus and esophageal motor disorders

Voting takes place on the AMS web site at

[www.motilitysociety.org](http://www.motilitysociety.org). On the home page, click the link **Cast Your Vote** and log in with your Username and Password. If you have forgotten your password, click the link "Forgotten Password" and it will be immediately emailed to you. Votes must be cast by **May 10, 2006**.

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

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

**The National Commission on Digestive Diseases**

The National Institutes of Health has established the "National Commission on Digestive Diseases." This Commission will conduct an overview of the state-of-the-science in the field of digestive diseases research and develop a long-range plan for digestive diseases research consistent with the research mission of NIH. The overall plan will focus on the goal of improving the health of the nation through digestive diseases research and will include specific objectives and goals and a recommended time line for their implementation. The Commission will be composed of 16 members appointed by the Director, NIH and 18 non-voting ex officio members. Of the appointed members, who shall have a broad diversity of scientific and professional experience, 12 shall be knowledgeable about digestive diseases as members of academic or medical research and practice communities involved in digestive diseases research, including individuals in allied health specialties relevant to digestive diseases research.

**Registration of Clinical Trials**

The members of the International Committee of Medical Journal Editors have implemented a requirement that "all clinical trials must be entered in a public registry before the onset of patient enrollment as a condition of consideration for publication" in member journals. Journals participating in this clinical trial

registration include NEJM, Annals Internal Medicine, JAMA. Our several GI journals did not endorse this.

The public clinical trials registries are to help ensure that key information about clinical trials are readily available and to promote public good.

For multi-center trials, it is usually the lead sponsor who should take responsibility for registration. Investigators and sponsors should work together so that a trial is registered only once.

For single-center studies, the PI needs to ensure trial registration.

Protocol Registration System at [www.Clinicaltrials.gov](http://www.Clinicaltrials.gov)  
There are two types of PRS accounts: 1) Organization accounts generally have multiple users and are used to register trials conducted at an organization; 2) Individual accounts are used to register trials conducted by a single investigator.

**Message from Patient Support Groups — Gastroparesis and Dysmotilities Association (GPDA) by Jeanne Keith-Ferris.**

For those in our patient community who suffer from gastroparesis and mid-gut dysmotilities, the door of hope continues to open ever wider. A number of recent factors are generating momentum into an increased recognition for gastroparesis. The willingness of the AMS to reach out to support groups and to provide leadership is strengthening the drive. Here are some AMS highlights and what they mean for patients. The NIH-funded Gastroparesis Clinical Research Consortium centers have now been chosen and are soon to set a course for clinical studies. This undoubtedly will bring wider attention to gastroparesis in the general GI community. As well, the AMS task force's multidisciplinary review article on the treatment of gastroparesis is to be published in the April *Neurogastroenterology & Motility* journal. This pragmatic document will help to enlighten patients and physicians as to their various treatment options. Further, a joint project by the Society of Nuclear Medicine and the AMS to develop consensus guidelines for gastric emptying scintigraphy is seen as vital by our patients. These guidelines will not only help put into place some of the essential building blocks that move clinical studies forward, but will also simplify the lives of patients for gaining a timely diagnosis and having their test results universally accepted.

Some basic building blocks are still needed. From a patients' perspective what is crucial, besides more treatments, is to develop a way to track quality of life in order to build evidence of the disabling effects of upper digestive symptoms, especially of nausea, vomiting and abdominal pain. Such evidence would help to minimize the numerous battles patients must now fight for disability claims, medication coverage; and simply, for a validation of the degree of their suffering.

Finally, the first public service announcement on gastroparesis is targeted to air on radio stations across the US in May. Archie Manning, former NFL quarterback and father to Peyton and Eli Manning, has teamed up with GPDA & GPDA-USA to provide the public service announcement. The Department of Media Relations at the University of Mississippi has graciously provided their studio services. Our association along with the Association of Gastrointestinal Motility Disorders (AGMD) have also proclaimed May as Digestive Motility Awareness Month. Our proclamation is gaining signatures with state governors and provincial ministers. Numerous patient activities are planned.