**Inflammatory Bowel Diseases: Microbiota Versus the Barrier**
Publisher: Karger Publishing
ISBN: 3318025364
Price: $56.00

With the rapid pace of research into the microbiome and the relative inaccessibility of this field to clinicians and non-microbiome researchers alike, references that clearly and concisely summarize the current literature are valuable. It is thus with interest that we reviewed the proceeding of the 188th Falk Symposium titled *Inflammatory Bowel Diseases: Microbiota versus the Barrier*. After reading the table of contents, we were surprised to discover that the volume focused more on the “barrier” than the “microbiota” and devoted half of its chapters to clinical inflammatory bowel disease (IBD) topics.

The book begins with a fascinating chapter tracing current and historical perspectives on IBD that is followed by a general chapter on the microbiota. The book’s strength lies in several well-written chapters on innate immunity with focus on defensins, the mucus layer, and neutrophils, although the chapter on the adaptive immune responses is less detailed.

The remainder of the book then shifts gears to discuss various clinical aspects of IBD, with sections pertaining to diagnostics and prognostics; differences in treatment guidelines between Germany, the United States, and Japan; and medication adverse events. The last section is devoted to emerging microbiota-and barrier-based treatments including informative chapters on probiotics, antibiotics, *Trichuris suis*, and lecithin.

Overall, the book is an unusual assortment of diverse topics that are likely to be of variable interest to the gastroenterologist with a special interest in mucosal immunity and in IBD and of high interest to researchers in the field.

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written, and the definitions which are provided are precise and easy to follow.

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The Gut Solution (For Parents with Children Who Have Recurrent Abdominal Pain and Irritable Bowel Syndrome)
Editors: Lawson MJ and Del Pozo J
Publisher: Lemke Health Partners
Price: $14.99

To begin this review I must disclose that Dr, Lawson and I worked together for 12 years, and we remain in contact. However, I also must disclose that I have been present for much of the discussions that have lead to the development of this, so far, highly successful program for children with irritable bowel syndrome (IBS). The results of this work have been presented as oral presentations at Digestive Disease Week in 2013 and 2014.

The book, aimed at parents of IBS sufferers, is divided into two main sections, the first concerned with “Understanding the Problem” and the second, introduction of the revolutionary program called SEEDs, which has led to a major improvement in the symptoms of children with IBS resulting in fewer contacts with the medical system by those who completed the program.

In the first section, the authors first present an overview of the problem and then discuss the brain-gut axis with emphasis on understanding the pain gate concept. Chapter three discusses the diagnosis of IBS while the fourth chapter reviews potential tests and treatments.

Section two is devoted to the explanation of the SEEDs program with each chapter devoted to the letters in SEEDs: Stress and calming the central nervous system, Education and Communication, Exercise with all fours, Diet-How and what to eat, and Sleep.

Although there are no footnotes to the statements made in the text, the index contains recommendations for further reading, several published sources from 2012 and 2013, including discussion of the FODMAP diet.

This book is easy to read and is written with the lay parent in mind. I recommend it to any parent who has a child with IBS. It would be a good read for adolescents with IBS, as it will help them understand that this disorder is not rare. I also think that pediatric gastroenterologists would benefit from reading this book so that they could recommend the SEEDs approach to the parents of their patients. Finally, adult sufferers of IBS might also benefit, as it would help them cope with their disease.

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The Little GI Book: An Easily Digestible Guide to Understanding Gastroenterology
Author: Douglas Adler MD
Publisher: SLACK Incorporated
Price: $25.95
264 Pages

This book is written in a wonderful conversational style that works well. The author, Douglas G. Adler MD, uses a bit of subtle humor that is not out of place even for a medical text. This particular style is foreshadowed by the book’s subtitle “An Easily Digestible Guide to Understanding Gastroenterology.” Dr. Adler uses this style of writing as a means to emphasize important concepts and drive home potentially difficult-to-remember facts. Following the description of gastric accommodation, Dr. Adler adds a clarifying point, “gastric accommodation is what allows us to enjoy large meals, such as buffets in Las Vegas!” and in his description of the fecal-oral transmission of hepatitis E virus he concludes with “Yuck!.” The reader will not easily forget these concepts. Even the illustrations (cartoons) at the start of each chapter make reading the text an approachable and comfortable endeavor.

The textbook, perhaps more appropriately described as a handbook, covers the basic concepts of clinical gastroenterology. The handbook is divided into 8 chapters organized by organs (esophagus, stomach,
small intestine, colon and rectum, liver, gallbladder and bile ducts, and pancreas) as well as a chapter covering endoscopy. The chapters are organized into subsections that slightly vary, but in general deal with anatomy, physiology, and specific disorders or diseases involving the chapter-specific organ. The anatomy and physiology discussions are brief providing sufficient detail to set the stage for a clear understanding of the pathology of the presented diseases. Given the purpose (stated as a “field guide” to gastroenterology) and length of the handbook, the reader should not expect to find a comprehensive presentation of gastrointestinal diseases. However, those diseases that are included are done so in a clear manner with descriptions of the signs and symptoms, diagnostic evaluation, and treatment. The endoscopy chapter is perhaps the most thorough of all the chapters covering esophagogastroduodenoscopy, colonoscopy, enteroscopy, capsule endoscopy, and endoscopic retrograde cholangiopancreatography.

My main criticism of the handbook is the stated target audience. Dr. Adler emphasizes he “wrote the book for a wide audience” including “residents in medicine and surgery.” However, senior medical students and residents will be disappointed with the depth of coverage of most subjects. In a similar vein, the handbook has limited utility as a pocket reference used on rounds or during direct patient care. It indeed is of a size that can fit into a lab coat pocket (7 x 4 1/4 inches), but there are too few diagrams, tables, lists, and algorithms to be useful as a rapid reference. Dr. Adler includes many endoscopic images that help convey the specific message he is intending. As a minor quibble, the images are black and white, thus rendering them a little less useful to the reader.

Overall, Dr. Adler wrote an easy to digest handbook for those seeking an introduction to gastroenterology. Students (nursing, medical, physician assistant, etc.) will not be disappointed with the material and will enjoy the style of writing. Many will find this handbook a useful adjunct to their medical education.

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John Pohl, M.D., Book Editor, is on the Editorial Board of *Practical Gastroenterology*
FIRST-OF-ITS-KIND MEDICAL DEVICE AVAILABLE TO PATIENTS WHO USE SUPPOSITORY MEDICATION  

Sephure® Ensures Proper Placement of Suppositories and Improves Patient Quality of Life

CONCORD, MA – Jennifer Davagian Ensign, Founder & CEO of Cristcot Inc. in Concord, MA recently launched Sephure®, a first-of-its-kind disposable suppository applicator. Sephure is now available to the millions of people who require suppository medication therapy. Although suppositories have been around for hundreds of years, there is no standard of care for their administration.

Necessity was the mother of invention for Ensign, who was diagnosed with Inflammatory Bowel Disease more than 20 years ago and lived with infrequent flares before her first hospitalization seven years ago. She was prescribed a combination of oral and topical rectal suppository medication for the maintenance of remission. In the beginning, Ensign followed her doctors’ instructions which included lying on the floor for 30-45 minutes twice a day, administering a suppository with a finger and resisting the urgency to expel the medication. Upon standing, she needed to wear protective undergarments because the medicine leaked outside her body. The time and impact on her quality of life was too burdensome for the young mother and business owner, and within three months Ensign completely abandoned her prescribed treatment.

A year-to-the-day from her first hospitalization, Ensign landed back in intensive care where she faced the medical consequences of her non-compliance and the reality of her declining health. Upon leaving the hospital a second time, she was committed to taking her medication as prescribed, but dedicated to living a better quality of life. A master seamstress by trade, Ensign understands how things fit together. Armed with that knowledge and some supplies from her local grocery store and Home Depot, she set to work teaching herself plastic and silicone molding to create a unique suppository applicator. Using her own invention, Ensign was steadfast in taking her medication and found that the new device offered freedom from the burdensome process she was used to. With the new applicator, administering medicine took less than five seconds, she didn’t have to schedule her life around it, and protective undergarments were no longer necessary.

Ensign secured intellectual property and planned to license the technology. But she soon discovered that a medical device like Sephure would need a champion to guarantee that it would be available to the millions of patients who need it. “I knew that licensing would not ensure the commercialization of the product,” Ensign said. “I learned that there are millions of other patients, like me, who are unable to take oral medication, or require topical treatment. It would take a strong advocate to talk about the difficulties of suppository treatment and pave the way for marketing a product that dramatically improves patient quality of life while changing the value proposition for staying compliant with prescribed treatment.”

With patent protection filed in the US and around the globe, Ensign hired engineers to build a full scale production mold for manufacturing in an ISO-13485 facility, filed and received FDA clearance for marketing and distribution in the US and conducted four market research studies. While Ensign’s company Cristcot Inc. is launching the product this year, her company and Sephure have attracted significant industry attention along the pathway to market readiness. In 2012, Cristcot was named as one of five promising emerging life science companies and was awarded an Accelerator Loan by the Massachusetts Life Sciences Center. In 2013, Ensign was invited to give the keynote address and co-chair the International Conference on Gastroenterology and Urology and she was a recipient of Boston’s 2013 “Invented Here” award.

“At first, when I began to share my story, it was difficult talking about something so private in a public forum,” Ensign said. “The response I received was overwhelming. The fact of the matter is that it’s an uncomfortable topic and most patients are suffering in silence, not sharing their struggle even with those closest to them. There is no shame in pain and by telling my story I hope to improve the quality of life for people I don’t know so that they can maintain their privacy yet stay compliant with their treatment.”

About the Device

Sephure works, in part, because of Boyle’s law of physics. The patented device technology, not seen in...
other applicators, allows air to escape the body during the administration of the suppository and withdrawal of the device. Because the medicine is properly placed, it does not leak outside the body and overall administration time is reduced from 45 minutes to less than 5 seconds. Patients do not feel the medication, and therefore can immediately resume daily activities. Because patients do not feel an urgency to expel the medication, laxative suppositories may stay in the body longer to complete their therapeutic effect. For patients taking suppositories for treatment of disease, the medication does not leak outside the body and therefore the need for protective undergarments is minimized or eliminated. Non-adherence to prescribed, long-term medical therapy in the US is estimated to cost up to $100 million each year and accounts for 10% of all hospital admissions. Suppository medication, both prescription and over-the-counter, is used to treat a variety of symptoms and diseases including, but not limited to: Crohn’s Disease, ulcerative colitis, irritable bowel syndrome, hemorrhoids, chronic constipation, mental health disorders, migraine headaches, fever, nausea, and complications related to spinal cord injury. Elderly residents in nursing and long term care facilities customarily receive medications in suppository form and the use of suppository medication will likely increase with our aging population. Sephure applicators are for one time use, are available in two sizes to fit current suppository shapes, and can be ordered in quantities of 10, 30 or 90. A pediatric suppository applicator will be available in late 2014.

To order a trial pack of Sephure or for additional information, please visit: www.sephure.com

NEW OLYMPUS EU-ME2 ULTRASOUND PROCESSOR DELIVERS VERSATILE, COST-EFFECTIVE RESOURCE FOR SHARING ACROSS SPECIALTIES

Ultrasound Imaging Platform Supports Better Detection and Characterization of Lesions in the Gastrointestinal Tract and Airways

CENTER VALLEY, Pa., – Olympus, a precision technology leader in designing and delivering innovative diagnostic and therapeutic solutions in Medical and Surgical procedures, among other core businesses, announced today the launch of the next-generation EU-ME2 Ultrasound Processor, which can integrate endoscopic and endobronchial ultrasound (EUS/EBUS) on a single workstation. The EU-ME2 provides better performance than current solutions and realizes cost savings through cross-departmental functionality for the GI and pulmonary markets.

GI Market/EUS

Olympus is a pioneer of endoscopic ultrasound (EUS), which combines ultrasound technology with endoscopy to better visualize the tissues of the digestive tract and adjacent anatomical structures inside the human body. With EUS, the transducer is endoscopically inserted into the body via the digestive tract, putting it closer to the area of interest to obtain higher resolution images.

For EUS, the EU-ME2 provides outstanding image quality, comparable to a large radiology processor, in a compact model. It is designed to meet the needs of gastroenterologists performing a wide range of EUS procedures. New and enhanced features improve visualization and assist in diagnostic, therapeutic and interventional procedures for cancers and diseases of the GI track and surrounding organs, such as the pancreas, bile duct, liver, spleen and gallbladder.

“EU-ME2 is a major development in the field of pancreatic-biliary endoscopy, as EUS is increasingly being used for accessing the bile duct following a failed cannulation at ERCP,” said Dr. Shyam Varadarajulu, Medical Director of the Center for Interventional Endoscopy (CIE) and Professor of Medicine at the University of Central Florida. “The technology is advanced, compact, versatile and packed with “high-end” features; it seamlessly integrates diagnostic and therapeutic capabilities that will elevate care to the next higher level for years to come.”

According to the American Cancer Society, there are more than 125,000 newly diagnosed cases of gastrointestinal-related cancers each year in the United States with more than 91,000 deaths from these diseases in 2013. In addition, Truven Health estimates that the total number of EUS outpatient procedures will grow 15% from 2011 to 2016 and reach 235,000 procedures.

Pulmonary Market/EBUS

The system also offers full support for endobronchial ultrasound (EBUS) procedures. EBUS allows visualization of the airways and adjacent structures. Along with its predecessor, Olympus’ EU-ME2 is the only platform that offers both linear and radial EBUS capabilities in one ultrasound processor for enhanced procedural and cost efficiencies.

New ACCP Lung Cancer Guidelines recommend EBUS-TBNA (transbronchial needle aspiration) over (continued on page 56)
EU-ME2 Benefits

The versatile EU-ME2 is forward and backward compatible with a wide range of Olympus EUS and EBUS scopes as well as ultrasound miniature probes. Since the processor is appropriate for gastroenterology, pulmonary and thoracic surgery departments, it offers healthcare facilities with a cost-effective resource that can be shared across specialties.

“As healthcare facilities look for ways to improve patient satisfaction while reducing care delivery costs, we are pleased to be able to offer our customers a versatile, state-of-the-art ultrasound platform for GI and pulmonary applications,” said Luke Calcraft, President of the Medical Systems Group at Olympus Corporation.

surgical staging for mediastinal staging of lung cancer as a best first test. EBUS-TBNA offers a nonsurgical solution using real-time ultrasound-guided tissue sampling. In addition, radial EBUS is recommended as an adjunct imaging modality for patients who have a peripheral lung nodule and for whom a tissue diagnosis is required due to uncertainty of diagnosis or poor surgical candidacy. EBUS-TBNA and radial EBUS support procedures for early, minimally invasive diagnosis and lung cancer staging. Both methods are beneficial for patient care and support cost-sensitive goals since each procedure can be performed on an outpatient basis instead of requiring a more complex procedure or surgery.

According to Lung Cancer Alliance data, lung cancer is the leading cause of all cancer-related deaths in the United States among every ethnic group, taking more lives than breast, prostate and colon cancers combined. Only 15% of lung cancer is diagnosed at its earliest and most curable stage, and more than 55% of cases are diagnosed after the cancer has metastasized.

ABBVIE SUBMITS NEW DRUG APPLICATION TO U.S. FDA FOR ITS INVESTIGATIONAL, ALL-ORAL, INTERFERON-FREE THERAPY FOR THE TREATMENT OF HEPATITIS C

- SUBMISSION BASED ON THE LARGEST PHASE III PROGRAM IN GENOTYPE 1 (GT1) HEPATITIS C PATIENTS CONDUCTED TO DATE
- ABBVIE’S INVESTIGATIONAL REGIMEN WAS DESIGNATED AS A BREAKTHROUGH THERAPY BY THE FDA
- ABBVIE PLANS TO SUBMIT APPLICATIONS FOR REGULATORY APPROVAL OF ITS REGIMEN IN THE EUROPEAN UNION IN EARLY MAY

NORTH CHICAGO, Ill., April 22, 2014 /PRNewswire/ -- AbbVie (NYSE: ABBV) submitted its New Drug Application (NDA) to the U.S. Food and Drug Administration (FDA) seeking approval for the company’s investigational, all-oral, interferon-free regimen for the treatment of adult patients with chronic genotype 1 (GT1) hepatitis C virus (HCV) infection. The NDA is supported by data from the largest all-oral,
Meetings Calendar

May 17 - 21, 2014 The American Society of Colon & Rectal Surgeons Annual Scientific Meeting
Westin Diplomat Resort & Convention Center, Hollywood, FL – The American Society of Colon & Rectal Surgeons is the premier society for colon and rectal surgeons and other surgeons dedicated to advancing the science and treatment of diseases and disorders affecting the colon, rectum and anus. More than 1,000 of the Society’s 3,000 physician members are certified by the American Board of Colon and Rectal Surgery. The ASCRS Annual Scientific Meeting is the leading event in the field of colon and rectal surgery and more than 1,800 colorectal specialists are expected to attend. The meeting will include oral and poster presentations, expert panels, symposia, meet the professor breakfasts and many other sessions encouraging audience participation. For more information, visit: www.fascrs.org/annual_meeting

July 15 - 16, 2014 The Kenneth Rainin Foundation 2014 Innovations Symposium Targeting IBD
Union Square Marriott, San Francisco, CA – The Kenneth Rainin Foundation’s 2014 Innovations Symposium: Taming the Microbiome brings together influential and collaborative researchers and institutions, with the common goal of curing Inflammatory Bowel Disease (IBD), a disease that affects five million people worldwide. The annual Symposium provides a nexus of diverse people, ideas and insights with the potential to accelerate and transform IBD research.

A new addition to the Symposium this year is the Rainin Foundation’s Synergy Award, a grant opportunity available only to conference participants. This award was established to encourage synergistic, discovery-oriented projects that feature interdisciplinary collaboration. The Synergy Award will provide $100,000 in research support for one year to each investigator on the team, up to a total of $300,000.

To learn more about the symposium, please visit: rainin-symposium.com

September 16, 2014 Raising C Diff Awareness Conference
Royal Holloway, University of London, Egham Hill, Surrey, England – The C Diff Foundation, a nonprofit organization, is pleased to host the annual “Raising C Diff Awareness” Conference. Tuesday, September 16th, 2014 8:00 am – 4:30 pm
Exhibit Space is limited and Sponsorships are available. For more information contact Nancy C. Caralla, Executive Director at (919) 201-1512 or email the Foundation at: cdiff.foundation@yahoo.com or visit the website: www.cdifffoundation.org
C Diff Foundation: Educating, and advocating for C. diff. prevention, treatments, and environmental safety worldwide.

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VISA, MASTERCARD, AMERICAN EXPRESS ACCEPTED
(continued from page 56)

interferon-free clinical program in GT1 patients conducted to date,\textsuperscript{1} with six Phase III studies that included more than 2,300 patients in over 25 countries.

“This NDA submission is a significant advancement for AbbVie’s HCV development program,” said Scott Brun, M.D., vice president, Pharmaceutical Development, AbbVie. “Based on the robust data that have been generated in our international Phase III HCV program, we believe our all-oral, interferon-free regimen holds the potential to be a promising new therapy for patients living with this chronic infection.”

In May of 2013, AbbVie’s investigational direct-acting antiviral (DAA) regimen with and without ribavirin for HCV genotype 1 was designated as a Breakthrough Therapy by the U.S. FDA. This designation is intended to help expedite the development of drugs for serious or life-threatening conditions and is based in part on preliminary clinical evidence demonstrating a drug or regimen may have substantial improvement on at least one clinically significant endpoint compared to available therapy.

AbbVie plans to submit applications for regulatory approval of its regimen in the European Union in early May.

In the U.S., an estimated 3.2 million people are living with HCV and the infection is most prevalent among those born between 1945 and 1965.\textsuperscript{2}

About AbbVie’s Investigational HCV Regimen

The AbbVie investigational regimen consists of the fixed-dose combination of ABT-450/ritonavir (150/100mg) co-formulated with ombitasvir (ABT-267) 25mg, dosed once daily, and dasabuvir (ABT-333) 250mg with or without RBV (weight-based), dosed twice daily. The combination of three different mechanisms of action interrupts the hepatitis C virus replication process with the goal of optimizing sustained virologic response rates across different patient populations.

Additional information about AbbVie’s Phase III studies can be found on www.clincialtrials.gov

AbbVie’s HCV Development Program

The AbbVie HCV clinical development program is intended to advance scientific knowledge and clinical care by investigating an interferon-free, all-oral regimen with and without ribavirin with the goal of producing high sustained virologic response rates in as many patients as possible, including those that typically do not respond well to treatment, such as previous non-responders to interferon-based therapy or patients with advanced liver fibrosis or cirrhosis.

ABT-450 was discovered during the ongoing collaboration between AbbVie and Enanta Pharmaceuticals (NASDAQ: ENTA) for hepatitis C virus protease inhibitors and regimens that include protease inhibitors. ABT-450 is being developed by AbbVie for use in combination with AbbVie’s other investigational medicines for the treatment of hepatitis C.

About AbbVie

AbbVie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott Laboratories. The company’s mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world’s most complex and serious diseases. AbbVie employs approximately 25,000 people worldwide and markets medicines in more than 170 countries. For further information on the company and its people, portfolio and commitments, please visit www.abbvie.com Follow @abbvie on Twitter or view careers on our Facebook or LinkedIn page.

Forward-Looking Statements

Some statements in this news release may be forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995. The words “believe,” “expect,” “anticipate,” “project” and similar expressions, among others, generally identify forward-looking statements. AbbVie cautions that these forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those indicated in the forward-looking statements. Such risks and uncertainties include, but are not limited to, challenges to intellectual property, competition from other products, difficulties inherent in the research and development process, adverse litigation or government action, and changes to laws and regulations applicable to our industry.

Additional information about the economic, competitive, governmental, technological and other factors that may affect AbbVie’s operations is set forth in Item 1A, “Risk Factors,” in AbbVie’s 2013 Annual Report on Form 10-K, which has been filed with the Securities and Exchange Commission. AbbVie undertakes no obligation to release publicly any revisions to forward-looking statements as a result of subsequent events or developments, except as required by law.