**Advanced Digestive Endoscopy: Practice and Safety**

Peter B. Cotton, Editor

The title of this textbook, *Advanced Digestive Endoscopy: Practice and Safety*, is misleading. This is not a textbook that teaches the performance of advanced endoscopic procedures such as ERCP, EUS, and enteroscopy, nor is it a textbook that particularly dwells on minimizing complications associated with endoscopic procedures. Rather, this is a very practical guide on many of the basic aspects of endoscopic procedures, covering topics such as endoscopy suite organization, sedation and monitoring, infection control, credentialing, etc. Its contents will be of special interest to directors of endoscopy units, endoscopic trainees, and endoscopy unit managers.

The chapters in this textbook are a potpourri. Earlier chapters that discuss endoscopy unit design, equipment, and documentation will be instructive for individuals involved in the building of a new unit or renovating existing units. Chapters on infection control and credentialing serve as references for endoscopy unit managers. Other general chapters on sedation, electrosurgery, and pathology cover basic issues that are relevant to all of us who practice basic endoscopy.

The chapters have been written by experts with a special interest in particular topics. Many of them have thought carefully about the subject for years and the reader is treated to a wealth of information. I found the chapter on the principles of electrosurgery written by Drs. Gunder Furin and Karl Grund to be particularly informative. Their description of the effects of electricity on biological tissue is one of the clearest chapters I have read on this topic. The diagrams and figures illustrating the principles make it easy to understand difficult concepts. I would recommend this chapter to trainees as well as practitioners who often do not comprehend the settings of electrosurgical generators or the principles behind the performance of polypectomies, sphincterotomies, or tissue ablation.

Another notable chapter is the one on gastrointestinal pathology written by Dr. David Levy. This chapter is a self-contained mini textbook. It contains numerous micrographs of normal as well as pathological gastrointestinal mucosal histology. The chapter emphasizes the value of close communication between gastrointestinal endoscopists and pathologists.

Dr. Peter Cotton, the editor, is an internationally renowned endoscopist who is noted for his pioneering research and skills in ERCP. He also has championed the performance of quality endoscopy by emphasizing the importance of clear documentation, communication, collaboration, and training. These basic principles, which affect all endoscopic procedures, are explained in detail in a clear format. Numerous illustrations and photographs complement the structured text, making this textbook an easy practical read.

Although not a comprehensive treatise on either the practice or the safety of advanced digestive endoscopy, this text will be a useful addition to the library of those interested in gastrointestinal endoscopy. Practicing endoscopists, trainees, and unit managers will find topics of interest in the variety of chapters. They will undoubtedly learn something of value that will improve their practice of gastrointestinal endoscopy.

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Highlights from the Annual Scientific Meeting of the American College of Gastroenterology, Orlando, FL, 2008

One Year of GATTEX™ Therapy Safely Reduces Parenteral Nutrition Dependence for Patients with Short Bowel Syndrome

Results Presented at American College of Gastroenterology Annual Meeting Show Majority of Responders Continued to Benefit from GATTEX in Phase 3-Extension Study

NPS Pharmaceuticals, Inc. presented positive one-year data from a Phase 3-extension study of GATTEX™ (teduglutide), an investigational product for patients dependent upon parenteral nutrition due to short bowel syndrome (SBS). SBS is primarily caused by intestinal resection and the subsequent inability to maintain oral fluid, electrolyte, and nutrient balances. The results showed GATTEX was well tolerated out to one year and provided the ability to safely reduce parenteral nutrition (PN) dependence. In addition, 75 percent of patients who responded to GATTEX during the first 24 weeks of therapy maintained their response, with many having further reductions in their PN volume. Three patients who gained independence from PN during the first 24 weeks of therapy remained off PN at week 52 and one additional patient was weaned from PN during the 28-week extension phase. These patients had so far remained PN-independent for periods ranging from 0.5 to 3.5 years.

The data were presented during an oral presentation on “Treatment Out to 1 Year with a GLP-2 Analog, Teduglutide, Safely Reduces Parenteral Nutrition (PN) Needs in PN-Dependent Short Bowel Syndrome (SBS) Patients” by Richard Gilroy, M.D., Assistant Professor of Medicine, Division of Gastroenterology/Hepatology, The University of Kansas Medical Center.

“After one year of therapy with GATTEX, patients with short bowel syndrome were able to dramatically reduce, and in some cases eliminate, their dependence on parenteral nutrition,” said Dr. Gilroy. “Beyond the inconvenience of parenteral nutrition dependence, this patient population has many morbidities and even mortality associated with their therapy. GATTEX data to date suggests that patients could reduce their reliance on PN therapy, and likely thereby lessening PN-associated complications. Improvements in quality of life I suspect will follow and this should free them from parenteral nutrition’s inconvenience. I believe this will lead to a reduction in days from PN per week. The growing body of data regarding GATTEX continues to support its development as a first-in-class drug.”

Ironwood and Collaborators Present Preclinical Data Demonstrating That Cyclic GMP Alleviates Intestinal Pain

Data Presented at ACG Annual Scientific Conference

Ironwood Pharmaceuticals (formerly Microbia) presented data from a pair of preclinical studies delineating the role that cyclic guanosine monophosphate (cGMP) plays in alleviating intestinal pain. These studies demonstrate that cGMP inhibits intestinal pain in a preclinical model of intestinal hyperalgesia and desensitizes colonic afferent nerves in a similar model of experimental colitis. These results are from separate, ongoing collaborations with Dr. Michael Pezzone of the University of Pittsburgh’s Division of Gastroenterology, Hepatology, and Nutrition and Dr. Lionel Bueno of the Neuro-Gastroenterology & Nutrition Unit at the National Institute for Agricultural Research (INRA) in Toulouse, France.

Ironwood is actively exploring the role of cGMP in the control of intestinal function and is currently developing therapeutic agents that act through this mechanism. Ironwood’s first cGMP modulator, linaclotide, acts in the intestine to increase intracellular and extracellular cGMP levels by stimulating guanylate cyclase C. Linaclotide is currently being evaluated in a comprehensive Phase 3 program by Ironwood and its partner Forest Laboratories for its potential to treat irritable bowel syndrome with constipation (IBS-C) and other gastrointestinal disorders. In a Phase 2b study in patients with IBS-C, linaclotide reduced abdominal pain and improved bowel habits.